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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health**

Tuesday, March 19, 2019

8:30 a.m.

State Capitol, Conference Room 329

On the following measure:

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

Chair Mizuno 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 or Division). The PVL appreciates the intent of proposed H.D. 1 and offers comments.

The purposes of this bill are to: (1) establish licensure of midwives; (2) exempt native Hawaiian healers from licensure requirements; (3) temporarily exempt birth attendants from the licensure requirements until July 1, 2023; 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 proposed H.D. 1, which provides a delayed implementation date of July 1, 2020. This delayed implementation of the licensure program will give the Division ample time to hire staff and create appropriate forms and applications to ensure the program is fully operational.

In addition, the PVL requests the following amendments to proposed H.D. 1:

- Page 15, line 3: Replace the term “authorized scheduled legend drugs” with “non-controlled legend drugs,” as the latter term clearly sets forth the prohibition on using any controlled substance.
- Page 21, line 2: Adding the sum of \$146,000. This amount will support one administrative assistant (\$85,000 salary, including fringe) and one secretary (\$61,000 salary, including fringe). As the DCCA is a non-general funded department, the appropriation from the general revenues of the State of Hawaii will provide seed money to implement this new regulatory program until the appropriate monies are collected from licensing fees.
- Page 21, line 7: Adding the sum of \$73,000. This amount will support two 0.5 full-time equivalent (0.5 FTE) positions, including an administrative assistant and a secretary to continue the program.

Finally, the PVL requests an “upon approval” effective date for the entire bill, as the delayed implementation date eliminates the Division’s need to request prior funding.

Thank you for the opportunity to testify on this bill.



**Written Testimony Presented Before the
House Committee on Health
March 19, 2019 8:30 a.m.**

**by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

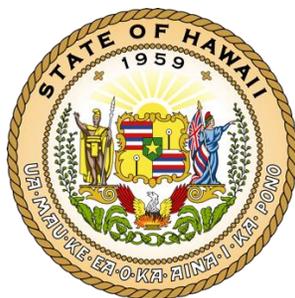
**WRITTEN COMMENTS
SB 1033, SD2 Proposed HD1, Relating to the Licensure of Midwives**

Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health, thank you for this opportunity to provide **written comments related to this bill, SB 1033, SD2, proposed HD1 with regard to exemptions for advanced practice registered nurses (APRNs), only.** This measure, if enacted, establishes licensure of midwives.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

The Center for Nursing prefers the method to which Certified Nurse Midwives are described in the exemptions, as it appears in the proposed HD1. Certified Nurse Midwives are licensed under Chapter 457 and regulated by the Hawai'i Board of Nursing. The proposed HD1 establishes, clearly, that Certified Nurse Midwives are exempt from this new chapter, "Midwives", so long as they hold a valid license under Chapter 457.

Thank you for the opportunity to provide written comments related to this measure.



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 Health
Tuesday, March 12, 2019, at 8:30 a.m. in Room 329

Dear Chair Mizuno, Vice Chair Kobayashi, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports the intent of SB1033 SD2, which seeks to create access to safe midwifery care and incorporates amendments 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. No regulations means that only those with socioeconomic class privilege have meaningful 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

SB-1033-SD-2

Submitted on: 3/17/2019 9:42:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Caranguian	Wearing and Caring, LLC	Oppose	No

Comments:

Aloha,

It seems ridiculous to continue to oppose and write in my opposal knowing that the majority of votes were "oppose," and yet you all just keep passing this bill through. Your actions are asinine as you are wholeheartedly ignorning our voices. As a business owner in the birth field who supports birthing persons in however they choose to birth I forsee negative outcomes happening with this bill.

The evidence shows that homebirth is safe. The evidence shows that when the in-hopsital professionals collaborate with the out-of-hospital professionals, the community grows and thrives. It is underwhelming seeing the power of hierarchy systemic abuse happening because of your actions to pass this bill. By passing this bill you are allowing more abuse in-hospital to happen as these "professionals" do not have to report any negative outcomes. Have you sat down and looked at the rates of interventions and cesareans that happen in hospitals in Hawaii? Have you educated yourself on what bodily autonomy is? Because it seems you have not. It shows you are not aware of the systemic issues our birthing person's are facing when it comes to the choices they have.

By moving forward with this bill I know these things will happen: Midwives will still practice and still call themselves midwives. They will still work and still help families. By oppressing their practice, you are going to hurt more birthing persons because in the case of emergencies these midwives and birthing persons will be too hurt and scared to seek in-hospital care. No collaboration, no safe outcomes. Furthermore, you are looking at more birthing persons doing freebirth. Do you know what freebirthing is? It is when a birthing person decides to birth at home with no professional help. This means they don't even seek the support of a homebirth midwife who is trained! There is more risk when we speak about freebirthing because some birthing persons are not educating themselves or they are using social media outlets to help them birth their child at home. Social media does not give accurate information. By passing this bill you are approving that freebirthing is an optimal option.

Again, I support any women's choice regarding where and how they birth and who they birth with. But I more so support more optimal methods to birth: in and out of hospital options!

I do not support this bill. It silences birth professionals of color. It silences womanly bodily autonomy. It hurts our community.

I urge you to reconsider passing this bill. Oppose it and stop this bill. It is not evidence based.

Mahalo,

Courtney Caranguian



Midwives Alliance of Hawaii

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

MIDWIVESHAWAII@GMAIL.COM MIDWIVESALLIANCEOFHAWAII.COM

3/15/19

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

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to 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) § -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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;—~~
- ~~(2) Advising a parent as to the progress of childbirth;—~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and—~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is:~~ any of the following:

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced-practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or

~~(4)~~ (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; and

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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 outdated and narrow language of SB1033 SD2 HD1 Proposed, based on Oregon statute, to define "midwife" and "midwifery". Oregon licensing statute defining "midwifery" has not been updated since 1993, which is prior to certified professional midwives and certified midwives being recognized and certified. Hawai'i should not look to another state's language that is outdated and does not meet the ICM and national standards. There is written documentation as far back as 1900 – 1550 BCE recording midwives' occupational skills and provision of midwifery; we do not look to this time frame to define our statutes because it is outdated. The legislature states in the preamble to SB1033 SD2 HD1 Proposed "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 include a more well-rounded scope of practice to include family planning, interconception 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 strongly urge you to amend SB1033 SD2 HD1 Proposed 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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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March 15, 2019

To: House Committee on Health, Representative John M. Mizuno, Chair, and
Representative Bertrand Kobayashi, Vice-Chair

From: American Academy of Pediatrics, Hawaii Chapter

Re: Support for SB 1033 SD2 Relating to the Licensure of Midwives

Hearing: March 19, 2019, 8:30 am, Conference Room 329, State Capitol

Dear Representatives Mizuno and Kobayashi and members of the committee:

The American Academy of Pediatrics, Hawaii Chapter, **supports** SB 1033 SD2 Relating to the Licensure of Midwives. 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.

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.

Safety of women and children is the key issue behind this legislation. Women may still elect for home births under this legislation, but they will be assured that their midwives are at the highest level of professional training. We urge you to pass this legislation from your committee.

Thank you for the opportunity to provide testimony.

SB-1033-SD-2

Submitted on: 3/17/2019 2:54:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed

This bill is flawed because it requires midwives to have certifications that they can not get in the State of Hawaii in order to get licensed.

I am an example of a skilled midwife who will be forced to give up my practice if this bill passes. I have done my apprenticeship under an experienced and qualified midwife, I have attended and graduated from a midwifery school. I get continuing education every year. I have the same level of education as a CM or CPM but I WOULD NOT QUALIFY FOR LICENSURE under SB1033 because my preceptor was not "approved" by MEAC or ACME and my school was not accredited by either organization either.

Back when I was getting my education these requirements did not exist in Hawaii. Now I am being punished even though I have done nothing wrong. I have dedicated the last 15 years to being the safest, most responsible midwife possible considering the limited options in Hawaii. I have also dedicated myself to serving one of the most underserved populations in Hawaii: The childbearing women of Ka‘Å« on the Big Island. This is an impoverished community with extreme traveling distances to medical maternity care.

I've invested all of my resources into my midwifery education and service over the last 15 years while also raising my own family. Now I am in my mid-forties and if this bill passes I will have to go back to square one and go back to school. I will have to leave the state, if not for school then at least for apprenticeship. There is NO WAY that I will be able to fund that. I will have to give up my work as a midwife. This community will loose it's only skilled homebirth midwife. Instead of having a safe, planned out of hospital birth with me they may choose an unattended birth with no skilled attendant. Or they may give birth in an ambulance attended by EMT's who have had a day or two of training in labor and delivery.

I am perfectly happy to disclose my education and experience. In fact I always do to every client I work with. This bill assumes sneakiness and dishonesty on the part of Hawaii midwives. It also assumes lack of qualifications. This bill was

created by people who aren't a part of the homebirth community in Hawaii. If the State wishes to license and regulate midwives they will absolutely have to widen the requirements. This bill is too narrow. It will not raise the quality of midwifery care in Hawaii. It will take away options for families.

Every year we face these narrow, constrictive bills and every year we scramble to try to explain why they won't work. Why not put an end to this? Create a task force and include representatives from the homebirth community. Obstetricians and Nurse Midwives are not members of the homebirth community. You need consumers and home birth midwives on the task force. And you need to have representatives from the outer islands. Our circumstances on the outer islands are very different from Honolulu. It is morally reprehensible to make these kinds of legal limitations on womens choices without hearing from the women on the outer islands.

Thank you for representing me and the childbearing women of Hawaii Island in this matter.

Tara Compehos

SB-1033-SD-2

Submitted on: 3/17/2019 3:27:38 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryttani Godoy	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 5:37:41 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John G Webster	Individual	Comments	No

Comments:

I live in Wisconsin. I am happy to live in a state that requires certification for midwives. In Hawaii any man or woman can say "I am a midwife and can deliver your baby." He or she may have never delivered a baby or have no training in how to deliver a baby. Hawaii must have certification for midwives to ensure that they have training in how to deliver a baby!

My name is Babatunji Heath,

I oppose SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 because they are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission *only* to CNMs, CMs or CPMs to call themselves midwives and does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

I also stand on all my previously submitted testimony regarding this bill and it's counterpart in the House.

PLEASE, don't make the mistake in assuming this legislation will improve home births or birth in general. It will do the opposite. It is dangerous as well as being a violation of women's right to chose how they give birth.

Mahalo

SB-1033-SD-2

Submitted on: 3/17/2019 6:23:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Re: Opposition to SB1033 HD1 Proposed

Please oppose this proposition SB1033 HD1. I am a mother of three beautiful, healthy, children ages 9, 7, and 4. All were born with the presence and support of the same midwife/naturopathic doctor. Two were born in my home. My birthing options would have been possible without the practice of my midwife/naturopathic doctor. I would like to preserve my rights as a woman and a mother to choose my own birthing option. I feel that this proposition is discriminatory and disrespects my rights. Please oppose.

Mahalo,

Bonnie Parker

SB-1033-SD-2

Submitted on: 3/17/2019 6:58:41 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sayaka Blakeney	Individual	Oppose	Yes

Comments:

One of the beautiful culture of Hawaii is that there are so many variations of birth workers with different backgrounds and cultures.

This bill violets the human right to give birth with whom the MOTHER decided to leave the care with and trust. The government should not have control over that basic human rights and should leave the decision to the MOTHER who is giving birth.

I had had two horrible birth experiences in the hospital where it could have been avoided only if I and the medical staffs at the hospital knew more about the "natural birth" which almost is 0 experienced by the medical training and the training required by this bill.

I am uncomfortable that this bill is even being discussed by any men who have never, and will never be in the position to be giving birth and understand how it feels to have the sacred most important life changing moment of women's lives.

I strongly am am opposed to this bill that is misleading, problematic, and is rude to the culture of this beautiful islands of Hawaii.

SB-1033-SD-2

Submitted on: 3/17/2019 7:16:51 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ndaya	Individual	Comments	No

Comments:

This bill will make my acquaintance Rachel Curnel Struempf, a traditional midwife in Hawaii island and president of the Hawai'i Midwifery Council, and the other midwives like her illegal. This version was a good attempt at a reasonable bill, but there are multiple areas of concern. It is clear that we need a more comprehensive solution that includes ALL voices, and it is far too complex to try to resolve before the end of Session. It really would be a disservice to pass legislation without fully understanding how it will impact people on all islands.

SB-1033-SD-2

Submitted on: 3/17/2019 7:47:00 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed

My name is Laine Hamamura and I oppose bill SB1033 SD2 HD1. Please DO NOT pass this bill! I personally have had one hospital birth and three out-of-hospital births and all births were beautiful, healthy, safe, and peaceful. I have had women attending my births with excellent knowledge, long-standing experience, and superior skill and they will not be protected by the passing of the bill as it is currently worded. I myself have attended a birth and supported the mother, father, and baby and would be criminalized if this bill were passed and I truly believe people should have the freedom to support each other in birth without this type of OVER REGULATION. I am in favor of women being able to choose when and with whom they want to birth with and where.

Having a baby is a normal life stage process, not a medical condition, and families deserve the CHOICE as to who they want to be present or support them in this process. There is great value in all different types of people or practitioners doing "midwifery like" care, and I would not want to limit this care to licensed practitioners or make only certain choices the only legal options. I hope to be a doula someday and would like to know I am not breaking the law if a baby comes while the mid-wife is on the way to the birth.

Please stop this bill from passing as it will limit women's legal options and criminalize some presently practicing midwives. A simple amendment to this bill is not a possibility because of all the problematic areas within it.

SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are disrespectful and discriminatory and do NOT preserve birthing options for the people of Hawaii. The legislature granting the permission to call themselves midwives only to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Thank you for hearing and respecting my testimony which is in OPPOSITION to SB1033 SD2 HD1.

SB-1033-SD-2

Submitted on: 3/17/2019 8:35:45 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Hawaii birth testimony 2019Mar17

RE: SB1033 SD2 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 and all versions) for the following reasons:

- * this bill is disrespectful and discriminatory. It grants the title midwife only to CNM.
- * this bill does NOT preserve birthing options for the people of Hawaii. The bill would not support or respect the invaluable wisdom of ALL other types of practicing midwives who have been serving communities since the beginning of time.
- * this bill would affect my right as a homebirth parent to choose my unlicensed attendant.
- * this bill will make my midwife friends illegal. Making midwives illegal makes birth UNSAFE for Hawaii.
- * 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

SB-1033-SD-2

Submitted on: 3/17/2019 8:46:27 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Brilhante	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:46:48 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I strongly urge the legislators to adopt MAH's recommended amendments.

SB-1033-SD-2

Submitted on: 3/17/2019 9:20:59 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha,

I am writing in strong opposition against SB1033 SD2. SB1033 and all the versions of it is **disrespectful and discriminatory** and **does NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time. It is very important that you consider the rights of many others in the homebirth community and include us in a working group. How i choose to birth is my choice, not the state.

Thank you

SB-1033-SD-2

Submitted on: 3/17/2019 11:16:06 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Arlea Trahan	Individual	Oppose	No

Comments:

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 11:31:46 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha,

I am writing in opposition of SB1033. As a kanaka maoli and a licensced/beard certified health care practitioner, I am appalled at legislation that would limit the rights on traditional midwives. Women have been birthing babies without western intervention since the begining of humanity. Giving birth is not a medical emergency. It is a naturall process and every woman has the human right to choose how she wants to hanau. For some, a western setting is prefered and sometimes optimal if they are high risk. But for the majority of women, the environment that home birth provides has far greater potential for positive outcomes than a hospital birth. An aboriginal midwife needs no validation from a western system to continue a cultural practice of helping a mother navigate her birth. This is a sovereign right that has no place being legislated against. Please oppose SB1033.

Mahalo,

Jennifer Noelani Ahia

SB-1033-SD-2

Submitted on: 3/17/2019 11:55:31 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 12:09:55 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 12:41:51 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malaea Spencer	Individual	Oppose	No

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 Proposed as it stands. • I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”. • I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure. • PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to prove

SB-1033-SD-2

Submitted on: 3/17/2019 12:03:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karlie Valdez	Individual	Oppose	No

Comments:

Midwives are essential and provide far superior care to that received in a hospital setting....especially the care available on this island. What an injustice to get rid of midwives for women! This would be a real step backwards. As a lawyer and a mother who has received mediocre care for her baby in the community hospital here I oppose this bill.

SB-1033-SD-2

Submitted on: 3/17/2019 1:10:26 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Josephine Keliipio	Individual	Oppose	No

Comments:

Is licensure that necessary?

The American medical system already KILLS over 100,000 people every year. Everyone in the system is licensed yet the amount of people harmed is at epidemic levels. How come?

Mahalo,

Josephine Keliipio

Kailua Kona, HI

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair
Conference Room 329 Hawaii State Capitol 415 South Beretania Street Honolulu, HI 96813
Time: Thirtieth Legislature Regular Session of 2019 Tuesday, March 19, 2019 at 8:30am

From: Leah Hatcher CPM (Kauai)

**TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED
RELATING TO THE LICENSURE OF MIDWIVES**

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

Thank you for the opportunity to provide comments. **I strongly urge legislators to adopt MAH's recommended amendments.**

I 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; I 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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language, **I strongly recommend MAH's recommended amendments.**

Sincerely,
Leah Hatcher CPM
Kauai

To:

Representative John M. Mizuno, Chair & Representative Bertrand Kobayashi, Vice Chair
COMMITTEE ON HEALTH

SB 1033, SD2 Proposed HD1 Status

Tuesday, March 19, 2019

8:30AM, Conference Room 329

Aloha. I, Sruthi Vijayakumar, thank you for the opportunity to submit testimony in **SUPPORT** of SB1033, SD2 which establishes licensure of midwives as well as temporarily exempts birth attendants and exempts Native Hawaiian healers from licensure requirements.

I am currently a Master of Social Work candidate at the University of Hawai‘i Mānoa. As a daughter of two immigrants and a young woman who one day wants to be a mother, I wish to see my local government open up options for women and their families to make crucial decisions regarding pregnancy.

My mother had my younger sister and I later in life, which set the ground for many birthing complications. My mother chose the hospital route both times. In the case of my sister’s birth, hospital attendants attempted to mitigate these complications through a concoction of drugs, and eventually a Caesarean section. The C-section left my mother weak and in terrible mental health. My mother suffered from post-partum depression and the added factor of a C-section set her with negative self-image. In addition, she returned to work soon after delivery and was in immense pain healing from the surgery. As an immigrant she was not aware of other options such as midwives, that can be equally sufficient methods to birthing. This bill provides mid-wife birthing credibility through credential regulation. Government establishment of licensure rules allows mid-wives to become a legitimate alternative to hospital birthing. In this light many women and their families can safely turn to these options rather than simply settling for hospitals.

The Business of Birthing documentary presents how hospitals have become inclined to efficiency and profit (2007). C-sections are heavily pushed for because they bring in money, and even traditional hospital practices such as back-lying positions are for convenience of care providers. However, mid-wives promote natural birthing processes such as the squat position for ease on mother and faster delivery of the baby. It is crucial for mother and baby health, to have various alternatives in order to promote a society that supports healthy pregnancies. This bill furthermore creates options by temporarily exempting birth attendants and presenting cultural humility in Native Hawaiian healer exemption. Hospitals, and even midwives alone, may not be the best fit for certain populations. I stand by SB1033, SD2 and hope to see it successfully passed. Let the State of Hawaii grow in expanding women’s personal medical decisions.

Mahalo for your support of SB1033, SD2.

Sruthi Vijayakumar
sruthikv@hawaii.edu

SB-1033-SD-2

Submitted on: 3/17/2019 2:16:37 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Crowson	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 2:41:57 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Owens	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 2:06:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tan, ND, MAcOM, LAc	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 3:00:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith I Ojukwu	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

6.) In addition, please send this to each of the following Health Committee Chair, Vice Chair and members emails:

Chair John Mizuno 586-6050 <mailto:repmizuno@capitol.hawaii.gov>
Vice Chair Bert Kobayashi 586-6310 <mailto:repkobayashi@capitol.hawaii.gov>
Rep Della Au Bellatti 586-9425 <mailto:repbelatti@capitol.hawaii.gov>
Rep Nadine Nakamura 586-8435 <mailto:repnakamura@capitol.hawaii.gov>
Rep Joy San Buenaventura 586-6530 <mailto:repsanbuenaventura@capitol.hawaii.gov>
Rep Calvin Say 586-6900 <mailto:repsay@capitol.hawaii.gov>
Rep James Tokioka 586-6270 <mailto:reptokioka@capitol.hawaii.gov>
Rep Gene Ward 586-6420 <mailto:repward@capitol.hawaii.gov>

SB-1033-SD-2

Submitted on: 3/17/2019 3:06:18 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nalu Compehos	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 2:59:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kamali Compehos	Individual	Oppose	No

Comments:

From: [Celine Consoli](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 10:42:13 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Celine Consoli
Email	cfconsoli@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Amber Woolsey](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:56:44 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Amber Woolsey

Email mommyinthegarden@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

-
- 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.
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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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Sarah Snyder](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:53:28 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Sarah Snyder
Email srslater1@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Jessica Pojas](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:55:04 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Pojas
Email	jess.pojas@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Jessica Santiago](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:18:57 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Santiago
Email	kaileikoa09@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Tami Winston](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:27:26 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tami Winston
Email	kauakeaw@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Crystal Homcy](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:35:08 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Crystal Homcy
Email	cravegreens@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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- 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” 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.❖

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Kristina Boccio](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:41:18 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kristina Boccio
Email	kristina.boccio@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Simone Derow-Ostapowicz](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:26:32 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Simone Derow-Ostapowicz

Email simonederow@yahoo.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Angela Smith](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:42:19 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Angela Smith
Email	noelanihulamom@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Nizhoni Tohe](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 5:26:26 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Nizhoni Tohe
Email	Nizhonirain@gmail.com

Type a question Aloha
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committee members,

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From: [Gina Kan](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:49:19 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Gina Kan
Email	respectrootswoman@gmail.com

Type a question Aloha
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committee members,

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From: [Maria Diessner](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:47:44 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maria Diessner
Email	mariadiessner@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

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From: [Meggie Patton](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 12:31:32 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Meggie Patton
Email	mpatton@sterlingcollege.edu

Type a question Aloha
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committee members,

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

HAWAII MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA.

EST. 2015

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

The Hawai'i Midwifery Council stands in **STRONG OPPOSITION** of SB1033sd1.

The Hawai'i Midwifery Council (HMC) currently represents the majority of Hawai'i's midwives. We are an organization formed in 2015 in response to the Midwives Alliance of Hawai'i's misrepresentation and exclusion of multiple types of midwives by their current board.

Legislation for midwives is a sensitive and tricky endeavor. We appreciate what is attempting to be done but there is a very clear lack of understanding for the role and accurate definition of a midwife. **There are only 2 types of midwives, nurse midwives and direct entry midwives.** This bill would unfairly disallow almost one-half of the state's direct entry midwives from obtaining a license or even using their title "midwife." SB 1033sd1 will unreasonably restrict entry into the licensed profession of midwifery by ALL qualified persons by disallowing already long-time practicing direct entry midwives to obtain a license. In many parts of the state there is already inadequate access to specialty healthcare; this bill would also further compromise many of the states birthing parents and their children.

HMC has worked tirelessly with ALL of the state's midwives to write a version of this bill that we ALL approve of and support, and in turn it will have the support of the families we support and serve. This version covers ALL direct entry midwives, not just a small subsection as the currently proposed draft does. This version was emailed to each committee member on Sunday. We respectfully ask that you replace the wording of SB1033HD1 with the draft submitted by HMC.

Midwives were asked to take the initiative and develop a registry and complaints process for our clients. We HAVE accomplished this! HMC working with the Hawai'i Home Birth Collective have created a thorough registration process that includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai'i Elders Council.

Please work with the state's midwives through this process. Please do not pass a substandard bill with plans to address its inequality in 3 years. We urge you to deeply consider this important decision, it is not a simple or straightforward thing to require certification and licensure of ancient knowledge. If our version is unacceptable, please bring ALL parties involved together in a working group, we can find a resolution that doesn't leave any midwife behind in the process. Please be sure that this time you invite a homebirth consumer, a non-certified direct entry midwife, and a representative each of Hawai'i Homebirth Collective and Hawai'i Midwifery Council to take part in the working group.

Together we can pass a great bill the first time around.
Please do not support SB1033HD1.

Mahalo for your time,

Rachel Curnel Struempf, DEM

President, Hawai'i Midwifery Council

Hawaiimidwiferycouncil@gmail.com

(808)990-8025

SB-1033-SD-2

Submitted on: 3/17/2019 4:17:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Oppose	No

Comments:

Use the Hawai'i Midwifery Council's version of SB1033 (posted in comments for your review) instead of the currently proposed SB1033HD! Do not to pass a badly written, problematic bill, MAKE IT A WORKING GROUP!!!

www.WeAreOne.cc

SB-1033-SD-2

Submitted on: 3/17/2019 6:12:52 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ida Darragh	North American Registry of Midwives	Support	No

Comments:

The North American Registry of Midwives strongly supports SB 1033 to license Certified Professional Midwives, including the amendments proposed by the Midwives Alliance of Hawai'i. This bill includes licensure language supported by United States Midwifery Education, Regulation, and Association (US MERA), which is based on the competencies of the International Confederation of Midwives. This licensure language has also been endorsed by the Midwives Alliance of North America, the National Association of Certified Professional Midwives, the Midwifery Education Accreditation Council, the American College of Nurse-Midwives, and the American Midwifery Certification Board. This criteria for licensure in your bill is similar to midwifery licensure bills which have passed in the last two years in Alabama, Maine, South Dakota, Michigan, and Kentucky. Passing this bill will include Hawai'i in the 33 states that license direct-entry midwives in the US. Please support this bill.

March 17, 2019

To: Representative Mizuno, Chair
Representative Kobayashi, Vice Chair
House Committee on Health

From: Laura Nevitt, Director of Public Policy
Hawaii Children's Action Network

Re: **S.B. 1033– RELATING TO THE LICENSURE OF MIDWIVES.**
Hawaii State Capitol, Room 329 , March 19, 2019, 8:30 AM

HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write to provide comments with strong recommendations to S.B. 1033 SD2 HD1 proposed, which would establish licensure of midwives. Exempts Native Hawaiian healers from licensure requirements. Requires registration for current practicing midwives by 1/1/2024, and thereafter full licensure must be obtained. Provides provisional licensure until full licensure can be obtained. Provides penalties for violation of registration and licensure requirements. Appropriates funds from the compliance resolution fund. Effective 7/1/2050. (SD2)

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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language (see Midwives Alliance of Hawaii for specific language).

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 outdated and narrow language of SB1033 SD2 HD1 Proposed, based on Oregon statute, to define "midwife" and "midwifery". Oregon licensing statute defining "midwifery" has not been updated since 1993, which is prior to certified professional midwives and certified midwives being recognized and certified. Hawai'i should not look to another state's language that is outdated and does not meet the ICM and national standards

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 strongly urge you to amend SB1033 SD2 HD1 Proposed 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.

REGULAR SESSION OF 2019

Hearing date Tuesday, March 19, 2019 at 8:30 am Room #329

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

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members Representative Belatti, Representative Nakamura, Representative San Buenaventura, Representative Say, Representative Tokioka, and Representative Ward,

My name is Mari Stewart. I am the founder of Birth Believers and I am a well educated, apprenticeship trained traditional midwife who has taught and trained thousands of island families about evidence based childbirth for the last 40 years!

I am in **Strong Opposition of SB1033 SD2 HD1 Proposed** as it stands.

I will attempt to keep this brief, but would appreciate your time in looking through the points below that clearly indicate just a few of the areas which magnify and identify how flawed this bill is and why it should not be passed through this committee.

- If there was truly an interest in perpetuating and promoting our Hawaii midwives, then the **Exemption Section 6 point 2** should read: "A student midwife is one who is currently under the direct supervision of a midwife preceptor" to allow the NARM and NARM and MANA approved PEP pathway of training. NARM's Portfolio Evaluation Process (PEP) is an educational evaluation process that includes verification of knowledge and skills by qualified preceptors. As it is currently stands its flawed language eliminates all ability for Midwives to train here in Hawaii.
- This bill will make me illegal in 2023 if the legislature fails to come back and pass further legislation to allow me to practice legally. **PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4.** If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.

- The Hawaii Regulatory Licensing Reform Act states that “**Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;**” which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.
- This flawed bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. My right to practice as a Biblical midwife has been written into my church's bylaws since its inception.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.
- EVERY draft and version of this bill has been wildly different than all other versions, so it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.
- Other states like Utah, New Mexico, and Texas all regulate their midwives without requiring certification, but this bill requires certification in order to be licensed, and that kind of certification is not readily available in Hawaii. The bill's authors obviously know this, because the preamble states that the legislature intends to enact another statute in the next 3 years that will license and allow all types of midwives, but passing this law as-is will make most homebirth midwives illegal in 3 years if the legislature fails to pass a better law by 2023.”

Once again, thank you for your time and service to our State by hearing and listening to the voices of your constituents and by supporting our Island families by denying passage of **SB1033 SD2 HD1 Proposed** as it stands.

Sincerely,
 Mari Stewart
 Birth Believers

SB-1033-SD-2

Submitted on: 3/17/2019 5:09:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Briggs	Birth Embodied Midwifery	Oppose	No

Comments:

As a practicing Licensed Midwife in the state of California I am familiar with midwifery legislation and how it can detrimentally effect various individuals and communities. The current version of SN1033 has not sufficiently covered the needs of traditional, Indigenous, midwives. It is important that these midwives are given the chance to speak directly to the needs of their communities. It is inappropriate to dictate colonized, state, licensure upon these midwives and their communities.

Thank you.

Heather Briggs

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

COMMITTEE ON HEALTH

Tuesday, March 19, 2019 8:30 a.m. Conference Room 329

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.
- **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” 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.
- **Transfer delays are increased** when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- **Kanaka Maoli traditional practices are not protected.** 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.
- **This measure is full of legal gray areas; gray areas are what lawsuits are made of.**

- **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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing:

“...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>

Here are some other major problems with SB 1033 SD2:

- **The definition of “traditional midwife” is extremely problematic.**
 - First, this definition is not traditional at all, in any sense of the term or by any cultural standard.
 - **Cultural practices are almost always spiritual in nature.** For this reason, they must be defined according to the mandates of culture, and not by external requirements that do not fit that culture (See Kahuna Statement). This applies to all cultures.
 - *“low risk pregnancy”* is an arguable term, hotly debatable at best. It is not defined in this bill. This is likely to cause severe conflict in implementation.
 - *“provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery”* is just a mess. First, real traditional midwives would not even have access to the language of said disclosure, much less a computer or printer to print them out. Second, the whole sentence is grammatically confusing. This requirement, in essence, is that a traditional midwife with hundreds of years of culture behind her, gives out a paper saying she is not a real midwife.
 - *“does not use legend drugs and devices”* is redundant, as these are already prohibited, and not available except by prescription.

- “*does not advertise as a midwife*” is problematic, as the term “advertise” is not defined here, and its boundaries are very unclear.
- The entire term is externally defined, which **goes 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).
- **Astronomical cost issues have not been addressed.**
 - This committee has an obligation to pass only measures that are feasible.
 - **\$203,000** per year (DCCA’s estimate) for 13 licensed midwives is just not feasible, especially when these costs would be passed on to the families they serve.
 - There is no measurable benefit to consumers for this cost, as a “licensed midwife” is essentially the same as a “NARM-Certified Midwife” .

Additionally, existing concerns (in the first version of the bill) remain.

- Consumers are not helped by this measure, which would **limit choices, raise prices, and provide no measurable safety benefits** .
- The **exemptions do not actually exempt anyone** currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Some of the provisions are **unconstitutional**.
- 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 lack of protection of traditional practices afforded by the bill’s exemptions is serious.

The Kahuna Statement referenced above clarifies this. As stated above, the protections outlined under Papa Ola Lokahi are speculative and do not currently exist. It is inappropriate for the State to mandate or even suggest what Kanaka Maoli as a community should consider a cultural

practice, and the renowned kupuna who laid the foundation for this consideration made that clear. As a student of both Papa Henry Auwae (the master healer who led the original group who wrote the Kahuna Statement that Papa Ola Lokahi's Kupuna Council system is based on) and Dr. Kekuni Blaisdell, who founded much of the original efforts that Papa Ola Lokahi itself was based on, I am alarmed by this.

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.

Over-regulation of traditional midwives who are not Kanaka Maoli affects Kanaka Maoli practices severely. 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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

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.

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 for more information.

SB-1033-SD-2

Submitted on: 3/18/2019 12:55:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Home Birth Collective	Hawaii Home Birth collective	Oppose	Yes

Comments:

Aloha,

We are in strong opposition of SB1033SD2 HD1 Proposed as it stands. We will bring a hard copy of our suggested amendments to the hearing on 3/19/19 at 8:30 so that members can have it directly in front of them when we are testifying. We believe there will be hundreds of opposing testimony as there have been at other hearings on this issue, and it will be easier to find if we bring it with us.

The Hawaii Home Birth Collective provides accountability for hawaii home birth midwives through registration, informed consent, individual testing standards, peer review, a grievance process and data collection.

HD1 proposed discriminates against midwives who are neither a CPM or CM. It does not appreciate or respect other direct entry midwives or allow them to continue calling themselves midwives, even though that is who they are known as to the communities they have been serving for 10-50 years. This draft suggests a name change to "birth attendant" which we feel will confuse the community more.

We are asking that this draft be amended to allow all midwives to continue to call themselves midwives and include a definition for "registered midwife - midwives registered with the self regulated Hawaii Home Birth Collective and Elders Council," and then include an exemption for registered midwives.

Thank you for your careful consideration in this matter.

Hawaii Home Birth Collective and Elders Council

Gentle Beginnings Midwifery

Regular Session of 2019

kalokomidwife@gmail.com

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

Gentle Beginnings Midwifery has been offering safe, midwife attended home births since 2004. None of our direct entry midwives are certified. The currently proposed SB1033hd1 will force every single one of us out of business.

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 SB1033hd1 becomes law. While we appreciate the intent behind the effort to provide licensure, SB1033hd1 was clearly not written by someone who understands who a direct entry midwife is, or what they do in the context of home birth.

We are all founding members of both the Hawai'i Midwifery Council, and the Hawai'i Home Birth Collective. None of us are, or have been associated with the organization known as MAH in the past 7 years; due to a lack of equality, fair representation, and advocacy for all direct entry midwives by its board.

We are all think that the SB1033hd1 version of this bill is poorly written and not very thoroughly thought out. There are too many problematic areas to merely suggest a change or two. SB1033hd1 needs to be gutted and have the Hawai'i Midwifery Council's version inserted. We are all very much in support the Hawai'i Midwifery

Council's version of SD1033 as it is currently written. It provides; a very clear and concise pathway for 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 on Sunday.

We are also 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 midwives who qualify for licensure bear such a heavy financial burden. If the all of the approximated 34 direct entry midwives in Hawai'i were licensed, the annual fee would need to be over \$6,000 for each midwife. This financial burden will force some midwives out of practice.

Please do not pass a substandard bill with the plan to go back and address its lack of understanding at some time in the next 3 years. **Pass a GOOD bill the first time**, and if you cannot do this, make this bill a working group that includes all types of midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council. Together we CAN pass a great bill!

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

Blessings,

The Midwives of Gentle Beginnings Midwifery



Hawaii Women's Coalition

COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

TIME: 08:30 am

PLACE: Conference Room 329

Aloha Chair Mizuno, Vice Chair Kobayashi and members,

The Hawaii Women's Coalition supports SB1033 in its original form, but has concerns about the proposed HD1.

This bill should follow the recommendations of the 2017 audit which noted that Professional Midwives' "work directly impacts—and can endanger—the health and safety of both mothers and babies. Given the nature of the work performed by midwives, we recommend that the Legislature consider establishing a mandatory licensing framework for all midwives, not just Certified Professional Midwives, to protect the consumers of the services, i.e., the mothers and newborns."

The proposed HD1 seems to include definitions of Midwife and Midwifery that are so broad that licensure would become meaningless. We must remember that licensure is about protecting the consumer NOT the livelihood of those who are for all intents and purposes practicing medicine without standards or oversight.

We support the Midwives Alliance of Hawaii in requesting that the Committee adopt their suggested amendments that define "Midwives" and "Midwifery" to meet current international standards.

We are reprinting the suggested amendments below:

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

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



Hawaii Women's Coalition

"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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

- (1) A certified nurse-midwife holding a valid license under chapter 457;



Hawaii Women's Coalition

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced~~

~~practice registered nurse license as a certified nurse midwife pursuant to chapter 457;~~

~~(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;~~

~~(2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;~~

~~(3) (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or~~

~~(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:~~

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e) (b)~~ Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an~~



Hawaii Women's Coalition

9) § - 11. Authority to purchase and administer certain legend drugs and devices:
(Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

Mahalo for the opportunity to testify,

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

SB-1033-SD-2

Submitted on: 3/18/2019 12:27:25 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Kimata ND	Sacred Healing Arts LLC	Oppose	Yes

Comments:

Aloha,

We at Sacred Healing Arts Stronly oppose SB1033SD2 Proposed HD1

This draft is flawed in so many ways, if you are unwilling to defer this bill or form a working group to improve it and bring it back next year, we suggest you take the amendments proposed by the Hawaii Home Birth Collective or convert the draft to the SD3 version from the Hawaii Midwifery Council. The fact that every draft of this bill has been so widely different must make it obvious that this issue is a complex one. As we have said before, a working group would be an important step in resolving this problem.

Mahalo,

Sacre Healing Arts LLC

Please oppose.

Hawaii Holistic Midwifery
Darby Partner Certified Professional Midwife
PO Box 1600 Kealahou, HI 96750 (808)313-2428
www.unfoldinglotus.com birthbliss@gmail.com

Regular Session of 2019
SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in STRONG OPPOSITION

Dear House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

Aloha, my name is Darby Partner. I am a CPM, and a traditional and holistic midwife. I have been in practice on the Big Island for 5 1/2 years.

Midwifery is an ancient practice, and the paths to becoming a homebirth midwife are diverse, and so are the ways that each midwife practices.

Although I am CPM that could qualify for licensure I strongly oppose this bill for the following reasons:

1) This bill would make many of my midwife colleagues illegal. I personally know they are excellent midwives, I have worked along side many of them. It would be a disservice to the birthing families of Hawaii if they were no longer able to legally serve families.

2) This bill was written without discussing it with me, or most of the other midwives in the state. Please include all of the midwives in the state in the writing of the bill about our profession. We need a bill that can respect all different types of midwives.

3) Please consider Hawaii Midwifery Council's bill instead. I support the bill written and submitted by Hawaii Midwifery Council.

I believe there should be an official working group of ALL the stakeholders involved. I support this working group to write a new bill that is respectful to all the midwives of Hawaii.

Please also consider the Hawaii Homebirth Collective's statements. The HMC & the HHBC are organizations that I am a member of, and stand behind. They both represent the majority of the midwives in the state.

Thank you very much for your time and consideration,

Darby L. Partner, CPM

Kona Coast LLL

Regular Session of 2019

(808) 325-3055

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

The Kona coast LLL is a breastfeeding organization that has been offering statewide free breastfeeding support and education for almost 30 years.

It is our opinion that SB1033hd1 is written poorly, that it has very problematic language, and it is not very well thought out. This proposed draft eliminates around half of the states currently practicing midwives from obtaining a license.

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

How will the midwives forced out of practice continue to support their ohana? Think about that, approximately half of the state's direct entry midwives will no longer legally be able to pursue their livelihood if SB1033hd1 becomes law. The draft was obviously written by someone who has no idea what a direct entry midwife is, or what they do in the context of home birth.

We support the Hawai'i Midwifery Council's version of SD1033. It provides a pathway for all direct entry midwives to seek licensure, promotes using practices, and a provides a process for the handling of consumer complaints. A copy of this draft was emailed to each committee member on Sunday.

Please do not pass a poorly written and planned out bill and just plan to go back and address its numerous problems at some date time in the next 3 years. **Pass a GOOD bill the first time.**

If you are unable to write an acceptable bill this year, please turn this bill a *working group* that includes all types of midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council. Together we CAN pass a great bill!

Mahalo

From: [Elisa Spring](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:57:30 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Elisa Spring
Email	elisa@sacredrelating.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Nancy Holbrook](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:26:09 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Nancy Holbrook
Email	nancy_holbeook@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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- 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Tara Mattes](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 11:26:00 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tara Mattes
Email	taramattes3@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Mary Betsellie](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 11:01:14 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Mary Betsellie
Email	dreamstar360@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/17/2019 4:48:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

From: [Lauran Chapple](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:09:28 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lauran Chapple
Email	lauranjb@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Pua Case](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:00:37 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Pua Case

Email puacase@hawaiiintel.net

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Michelle Fuller](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:54:54 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Michelle Fuller
Email	mblair27@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Wen Yu](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:05:40 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Wen Yu
Email callmeecho@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Ye Nguyen](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:20:51 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ye Nguyen
Email	dryenguyen@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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SB-1033-SD-2

Submitted on: 3/17/2019 7:18:45 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ivy Clinger	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 4:27:06 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Mandelstam	Individual	Oppose	No

Comments:

This bill will severely limit and damage the options available for couples to give birth in the state. Given that the US medical system is already behind 30-40 other countries when it comes to an infant mortality rate, it seems ridiculous to put even more insistance on Western Medical training which does not have a clear safer advantage over traditionally mid-wifery. My wife juest gave birth 5 months ago, and the assistence of our Midwife was invaluable, both in the services she provided, as well as making us feel at ease, and comfortable in the entire process. This bill would make practices like hers illegal, and provides absolutely no alternatives for those who would like to bring their offspring into the world in a natural and/or sacred environment. Further, there are no programs in the state to even allow mid-wives to get this certification, meaning that any practitioner would need to leave the island for training. Given the instances of medical professionals returning ot the islands after training, this would lead to more patictioners leaving the island and FAR LESS choice for expectant mothers to seek for assitence. This would also lead to far more women not getting any asstance or help with their births, and thus increasing the infant mortality rate.

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-SD-2

Submitted on: 3/17/2019 7:32:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pavel Yushin	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:36:46 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Sims	Individual	Comments	No

Comments:

I strongly urge legislators to adopt the Midwives Alliance of Hawaii's recommended amendments utilizing the International Confederation of Midwives definitions of midwife and midwifery.

Thank you,

Susan Sims CNM

SB-1033-SD-2

Submitted on: 3/17/2019 7:37:15 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:40:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roxanne Wada	Individual	Support	No

Comments:

I support this bill and strongly recommend MAHs amendments.

If it wasn't for midwifery care with my first child I truly believe I would've ended up with a cesarean and a traumatic birth experience. I had a very long labor, which I was prepared for because it runs in my family and the hospital is not well equipped to handle very long labors, but because I had a midwife, I was able to labor at home and then deliver in the hospital with no complications or interventions other than an epidural. That is a REALLY big deal in Maui where our hospital does not allow VBACs, and the emergency care is limited.

I had a wonderful, empowering birth experience, with excellent care, without taking up a bed in the hospital unnecessarily. My midwife was with me from the beginning through postpartum and she would answer any concern at any time of the night and take the time to discuss diet and any questions I had. I have never had as good a care from any other provider, ever.

I deeply wish that midwives were licensed in HI. I am now pregnant a second time, and we cannot afford a midwife this time around. My care has not been as personal, helpful or enjoyable because my doctors are overloaded and stressed out. They have no time to really listen to my concerns because they have so many patients! I so wish I could have a midwife through my insurance!

Please please approve this bill with MAH amendments! The women of Hawaii will thank you a hundred times over!

SB-1033-SD-2

Submitted on: 3/17/2019 7:58:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
katie Breen	Individual	Oppose	No

Comments:

Midwifery is an ancient practice. When one hears this word they think of a person that has obtained this honorable title through countless hours, dedicated time accumulating into a wide range of experience, & not some systematic process of schooling, training, & testing. Any simple online inquiry shows the same basic principles of this mission & includes nothing of any specific standardized path of entry into this life besides observation & practice.

Midwifery is an ancient act, placing strength in this tried and true process, prioritizing the knowledge that people learn the MOST through observing & doing and being out in the field, not reading in books & answering cold questions in the classroom. This mission should be kept in this honor. This process does place substantially more responsibility where it should, on the client. Instead of a sterile, vigorously charted & standardized process with threats to variation, this unique birth choice jumpstarts the transition to parenthood by encouraging one to do their own due diligence on thorough research and asking thoughtful questions, trusting nature's process and their intuition, and then deliberately choosing what & WHO is best for themselves, their developing child, & overall family.

Personally the privilege of midwifery in Hawaii was essential in shaping & providing my optimal childbirth experience. The increasing numbers of clients & inquiries, & the overwhelming demand for the current acting island midwives shows the need for this care is only growing. I join this group striving for this gift of CHOICE to continue on for my sisters, for my daughters, & for the accumulating group of individuals who are choosing a unique & deliberate entry into our physical world for their child, and looking for a different experience for themselves, and their family.

SB-1033-SD-2

Submitted on: 3/17/2019 8:08:36 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Gallagher Felix	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice-Chair Kobayashi and members of the committee,

I urge you to amend SB1033 SD2 HD1 as proposed by the Midwives Alliance of Hawaii in order to effectively establish a regulatory program for the practice of midwifery. As a nurse practitioner in the area of women's health, I am concerned that leaving midwifery unregulated leaves families who chose midwifery services from those who are not already regulated (CNMs who are also APRNS) in an unsafe situation. The families have no way to know, other than through word of mouth, whom they can trust to provide them with skilled and competent care. This seems particularly incongruous considering the level of regulation which our state has in place for others who provide health care and health related services to our citizens.

Please support the families of Hawaii having the opportunity to receive their care from midwives who meet well developed standards.

Mahalo for your attention to this measure,

Jane Gallagher Felix, MSN, APRN WHNP

SB-1033-SD-2

Submitted on: 3/17/2019 8:14:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:14:28 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Koohan Paik	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:21:26 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sheena Duarte	Individual	Oppose	No

Comments:

From: [Twinkle Borge](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:14:16 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Twinkle Borge
Email	twinkleborge@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Hannah Ashley](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:09:53 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Hannah Ashley
Email	hannahashleylmt@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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- 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.
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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Laura Acasio](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:07:53 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Laura Acasio
Email	laura.acasio@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/17/2019 3:39:13 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I am a home birth mother and I oppose this bill. This bill is FLAWED and will make access to midwifery care & homebirth even more difficult.

The Hawaii Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;" which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.

It is ridiculous that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name.

EVERY draft and version of this bill has been wildly different than all other versions, it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Mahalo,

Chalé Turner

Ewa Beach resident & homebirth mother

SB-1033-SD-2

Submitted on: 3/17/2019 4:09:09 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Madison Haynes	Individual	Oppose	No

Comments:

Midwifery is such an important and needed service. It should be the woman's choice as to whether she has an OB or midwife, or both. NOT the governments decision to decide for her. I had a midwife and OB at my sons birth and for my next birth, I will have only a midwife and doula. It should be the woman's choice. No one elses.

SB-1033-SD-2

Submitted on: 3/17/2019 4:49:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sean Wilson	Individual	Oppose	No

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives i

SB-1033-SD-2

Submitted on: 3/17/2019 5:00:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Webster	Individual	Comments	No

Comments:

As a grandmother I feel it is supremely important to have certified midwives available for my grand daughters and all women; their safety depends upon it. Thank you.

SB-1033-SD-2

Submitted on: 3/17/2019 6:34:18 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
nicole floyd	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 6:41:12 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Individual	Oppose	No

Comments:

Testimony from Ms. Alexandra Kisitu, M.A., C.D, PhD Candidate, Health Lifestyles and Childbirth Researcher

Aloha Committee,

My name is Alexandra Kisitu, and I am a researcher and PhD candidate at the University of Hawaii at Manoa. My dissertation research specializes in homebirth in Hawaii, and I am also a certified doula, birthkeeper, researcher, and mother to two children born outside of the hospital. I am submitting my testimony in STRONG OPPOSITION to SB1033 SD2.

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.

It is 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 birthworkers, to implement this bill. The DCCA has repeatedly determined that this bill is financial unfeasable.

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 Hawaiian 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 safer and is NOT going to make birth more accessible and is NOT going to make 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 an 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-SD-2

Submitted on: 3/17/2019 7:00:14 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Rueda	Individual	Oppose	No

Comments:

To Whom it May Concern,

This bill is disrespectful and discriminatory to the birthing options of the people of Hawaii. There is a self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i. This bill is taking away a right that we have to chose who supports us in our births. A midwife is a person who is trained to assist a woman during childbirth. These women do that and more. I have never felt more safe, more secure, more guided and more educated then with my midwives during my pregnancy. These women are built up with knowledge, and mana. I oppose Bill SB1033 and ask that you respect and support all midwives who have been serving their community.

Thank you.

SB-1033-SD-2

Submitted on: 3/17/2019 7:04:55 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shaeralee-Tiare Manosa	Individual	Oppose	No

Comments:

I oppose SB1033 and its intentions. it only includes CPM and CM's (of which there are none in Hawaii), and it appears to offer exemptions but they aren't exempting ANYONE, The bill states that they will be changing the laws in 3 years to regulate other birth professionals... a bill has already been written, a version that is acceptable to everyone! You should choose to use the Hawai'i Midwifery Council's version of SB1033 instead of the currently proposed SB1033HD! I urge that you DO NOT pass a badly written, problematic bill, and MAKE IT A WORKING GROUP!!!

It is evident, that those proposing this bill have ulterior motives because the bill name could be easily mistaken as the bill written by The Hawaii Midwifery Council. I believe that being transparent shows that one is truthful and honest, while hiding behind a similar bill name displays that they are being sneaky.. that alone should be an implication that this bill is not for the people, but for those who do business.

All political power of this State is inherent in the people and the responsibility for the exercise thereof rests with the people. All government is founded on this authority. [*Am Const Con 1978 and election Nov 7, 1978*]

SB-1033-SD-2

Submitted on: 3/18/2019 4:31:27 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

From: [Mitsuko Hayakawa](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:03:27 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mitsuko Hayakawa
Email	foodsovereigntynew@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [soraya applegate](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:57:04 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name soraya applegate
Email sorayafaris@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Lisa Martin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:53:59 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lisa Martin
Email	casadycats@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with an “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
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From: [Mike Wong](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:49:44 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Mike Wong
Email	suntzuwong@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Karen Murray](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:35:26 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Karen Murray
Email	kmurray.tesimony@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [cindy freitas](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 9:45:39 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	cindy freitas
Email	hanahanai@hawaii.rr.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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From: [Tammy Chang](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:54:05 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tammy Chang
Email	tamacha@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Kaiulani Cook](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:00:17 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kaiulani Cook
Email	lanicook@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
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From: [Jennifer Rodwell](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:53:45 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jennifer Rodwell
Email	jrodwell@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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SB-1033-SD-2

Submitted on: 3/17/2019 4:19:15 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lola O.	Individual	Oppose	No

Comments:

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to prov

From: [Molly McLaughlin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:12:14 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Molly McLaughlin
Email	mollyirene42@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Summer-Lee Yadao](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:10:15 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Summer-Lee Yadao
Email	sumlove808@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Tatiana Young](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:10:14 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tatiana Young
Email	youngtk@hawaii.edu

Type a question Aloha
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From: [matthew noe](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:15:57 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	matthew noe
Email	navadwip999@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Yun Yi](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:12:31 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Yun Yi
Email yi.yunkyong@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [KELly Stern](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:05:30 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	KELly Stern
Email	goldielocksyogi@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Mie Omori](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:02:16 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Mie Omori

Email mie.omori@ilwulocal142.org

Type a question

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“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Francesca Caires](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:34:30 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Francesca Caires
Email	francescacaire@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Tonya Coulter](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:27:35 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Tonya Coulter
Email tonyacoulter@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Wai'ala Ahn](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:24:59 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Wai'ala Ahn
Email	waiala.ahn@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Richard DeLeon](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:23:22 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Richard DeLeon
Email	kekaukike@msn.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Dea Rackley](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:22:08 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Dea Rackley
Email	kumukahi77@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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From: [Deb Mader](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:20:27 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Deb Mader
Email	orchid6128@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/16/2019 9:32:13 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

"I strongly urge you to adopt Midwives Alliance of Hawaii's recommended amendments"

SB-1033-SD-2

Submitted on: 3/16/2019 5:09:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Comments	No

Comments:

I strongly urge the Health committee to adopt Midwives Alliance of Hawaii's proposed amendments.

SB-1033-SD-2

Submitted on: 3/16/2019 7:19:59 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Please oppose this.

All midwives should be able to care for pregnant women and babies.

Traditional midwives are my preferred choice

thank you

SB-1033-SD-2

Submitted on: 3/16/2019 9:31:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha, there are many problems with SB1033SD2 proposed HD1, the most distressing is the disrespectful and discriminatory fashion in which it is written. This act says the director shall grant to a person the permission to use the title "midwife." which will mean that women like myself who have identified themselves as midwives, serving the community for 30-50 years will now have to stop calling themselves midwife, what thousands of people know and love them as, for no other reason than the legislature feels they must redefine who they are, and make them conform to a nurse or certified form of midwifery. I feel it is very important to respect, preserve, and perpetuate the midwifery model of care in it's non-nurse or certified form and continue to offer THIS as a birthing choice for the people of Hawaii.

I will be testifying in person and will reserve my additional comments for that time.

Sincerely,

Lori Klmata ND Midwife

SB-1033-SD-2

Submitted on: 3/17/2019 1:21:13 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:27:27 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bethany Sylvester	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date Tuesday, March 19, 2019 at 8:30 am Room #329

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

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members Representative Belatti, Representative Nakamura, Representative San Buenaventura, Representative Say, Representative Tokioka, and Representative Ward,

My name is Mari Stewart and I am in **Strong Opposition of SB1033 SD2 HD1 Proposed** as it stands.

I am a mother of two and a grandmother of 5 who attended and assisted at all five of my grandchildren's births. Two were born in the hospital. Three were born at home. I am a birth worker, I am a doula, I am a childbirth educator, I am a pastor, and I am a well educated, apprenticeship trained midwife.

I will attempt to keep this brief, but would appreciate your time in looking through the points below that clearly indicate just a few of the areas which magnify and identify how flawed this bill is.

- This bill will make me illegal in 2023 if the legislature fails to come back and pass further legislation to allow me to practice legally. **PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4.** If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.
- The Hawaii Regulatory Licensing Reform Act states that **"Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;"** which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.

- This flawed bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. My right to practice as a Biblical midwife has been written into my church's bylaws since its inception.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.
- EVERY draft and version of this bill has been wildly different than all other versions, so it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.
- Other states like Utah, New Mexico, and Texas all regulate their midwives without requiring certification, but this bill requires certification in order to be licensed, and that kind of certification is not readily available in Hawaii. The bill's authors obviously know this, because the preamble states that the legislature intends to enact another statute in the next 3 years that will license and allow all types of midwives, but passing this law as-is will make most homebirth midwives illegal in 3 years if the legislature fails to pass a better law by 2023."

Once again, thank you for your time and service to our State by hearing and listening to the voices of your constituents and by supporting our Island families by denying passage of **SB1033 SD2 HD1 Proposed** as it stands.

Sincerely,
Pastor Mari Stewart
The Ark Christian Center

SB-1033-SD-2

Submitted on: 3/17/2019 6:07:03 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janice Staab	Individual	Oppose	No

Comments:

From: [Julie Stowell](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:53:37 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Julie Stowell

Email julie@lomikai.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Kathryn Benjamin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:07:20 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kathryn Benjamin
Email	katy.benjamin@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- 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” 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.❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/18/2019 4:36:42 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 10:57:32 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Porter	Individual	Oppose	No

Comments:

Aloha Congress,

I have given birth at home 2 times in the last 3 years here in Hawaii. Having the freedom to work with midwives culturalally trained is an important part of the process and journey of birth. I 100% oppose this bill and find it disrespectful and discriminatory against all practicing midwives with certified or traditional wisdom. It does NOT give Hawaiian pregnant women freedom of choice to chose what's best for her family and would seriously and dangerously limit her access to the care she desires. Please oppose and vote NO on SB1033 and all revisions.

Mahalo for your kokua in preserving Hawaiian women's rights.

Ashley Porter

SB-1033-SD-2

Submitted on: 3/17/2019 9:40:13 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Suzanna Kinsey	Individual	Oppose	Yes

Comments:

REGULAR SESSION OF 2019

Hearing date March 19, 2019

830 a.m. Room 329

Testimony IN OPPOSITION of SB1033 Relating to the Licensure of Midwives

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and 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.

At this recent midwifery seminar, there were 15+ midwives and not a single midwife represented who I am. There was one Hawaiian midwife, myself who is a visible minority, and everyone else was white. It felt very alienating to stand out so obviously on my own. In Hawaii! No midwife to represent me is reflected in the restrictions of bill SB1033 and it's exemptions. My rights to traditional and cultural homebirth midwives would not be protected in the exemptions of this bill as I do not fit into the exemptions - most notably, I am not Native Hawaiian nor do I identify with a distinct culture or religion that would have a midwife available to attend to me. I believe I am typical of many women in Hawaii.

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 impossible to achieve certification by July 1, 2023 which is barely 4 years away. Most programs are 4 years long and require a year of prerequisite classes as well. This is 5 years of schooling! I would also 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!

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 create a working group that includes ALL birth attendants and homebirth consumers. Please oppose SB1033 as it is proposed.

Thank you,

Suzanna Kinsey

SB-1033-SD-2

Submitted on: 3/17/2019 9:46:58 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Ye Nguyen	Individual	Oppose	Yes

Comments:

Aloha Representatives,

My name is Ye Nguyen. I am a licensed naturopathic physician, midwife, doula, and home birth mother of 2. I believe in freedom of choice.

I oppose SB1033, SD 2, relating to licensure of midwives.

This bill is extremely flawed on so many levels.

On a personal level, I will no longer be able to call myself a midwife. I have had the honor and privilege to apprentice under a respected traditional midwife in my community, who has practiced for 50 plus years. One of my other teachers, is a naturopathic physician and midwife who has practiced for over 30 years would also be made illegal.

The education that I have received through my naturopathic medical university, midwifery schools & workshops are as invaluable as the training that I have received from my apprenticeships. And yet, because I choose not to become a CPM or CNM or CM, I will no longer be able to call myself a midwife.

What right does the state of Hawaii decide who is to be called a midwife? How can the government, basically take the word "midwife" and redefine it to mean only if you are licensed by the state of Hawaii, can you call yourself one?

I believe in integrative medicine. I have had the honor to work alongside some amazing Ob/Gyns, CNMs, labor and delivery nurses, CPMs, traditional midwives, biblical midwives, naturopathic physician midwives, and cultural midwives in hospital and home birth settings.

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. We need an official working group of ALL the stakeholders involved to come up with a new bill that can respect all

different types of midwives. I want to support my CPM sisters, who want to be licensed. But not if it ends up making all other midwives who do not fit that mold, illegal.

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.

Each mother who chooses a home birth, is as unique and special as the midwife whom she chooses. The person that she invites into her home, to support her during this very sacred time is someone that she trusts deep in her heart, whether or not they are licensed.

Please seriously consider, opposing this bill. This is an extremely complex topic, not something to be taken lightly.

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 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

SB-1033-SD-2

Submitted on: 3/17/2019 9:51:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Izabela Lyles	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 10:10:05 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wen Yu	Individual	Oppose	No

Comments:

I oppose this bill!

SB-1033-SD-2

Submitted on: 3/17/2019 10:23:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ramona Hussey	Individual	Oppose	Yes

Comments:

Good Morning Chair Mizuno, Vice Chair Kobayashi, and Health Committee Members.

I am Ramona Hussey, former attorney, child advocate, and homebirth mom, and I am opposed to this PROPOSED new version of SB1033.

I believe this is the 5th version, most of which are radically different from one another.

This particular version 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 2024 to get licensed. That will be the end of traditional midwives.

Why is this important? Because it is traditional midwives who help women like me - those women who want to give birth at home with a skilled birth attendant, and don't want to use the medical facilities at a hospital. The continued existence of Traditional Midwives is also important to those women who live on neighbor islands, who live far from a birthing center, or who don't have health insurance. Those women rely on Traditional Midwives for their prenatal and birthing care.

Many other states allow Traditional Midwives to continue to help women give birth, and do NOT outlaw the traditional practice of midwifery. We have looked at both the Oregon and Utah midwifery laws, and there are others. Why is Hawaii so punitive? Why can we not learn from other States and model our law on their treatment of Traditional Midwives?

The Proposed 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 our homebirths, because there are NO educational programs in Hawaii for those experienced and skilled Traditional Midwives to become ‘certified’.

This version also has ADDED more punitive restrictions for the Certified Professional Midwives (CPMs) who might become licensed thru this system. I’ll let the CPMs speak to those restrictions.

But for us Homebirth Mothers, this latest, new and different, and WORSE version of SB 1033 is the most persuasive argument yet for the proposition that we desperately need an Official Task Force which can work out the multiple problems with these bills and create a licensing law which will meet the concerns of the Legislature AND the homebirth community. This Task Force MUST include all voices -- not just the medical establishment, but real homebirth mothers, and Traditional Midwives. I would be happy to serve on such a Task Force.

I urge you to vote NO on this Revision. And to create a Task Force to address this issue.

SB-1033-SD-2

Submitted on: 3/17/2019 10:43:44 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 9:11:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristin Wilson	Individual	Oppose	No

Comments:

I oppose SB1033 as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

6.) In addition, please send this to each of the following Health Committee Chair, Vice Chair and members emails:

Chair John Mizuno [586-6050](tel:586-6050) <mailto:repmizuno@capitol.hawaii.gov>
Vice Chair Bert Kobayashi [586-6310](tel:586-6310) <mailto:repkobayashi@capitol.hawaii.gov>
Rep Della Au Bellatti [586-9425](tel:586-9425) <mailto:repbelatti@capitol.hawaii.gov>
Rep Nadine Nakamura [586-8435](tel:586-8435) <mailto:repnakamura@capitol.hawaii.gov>
Rep Joy San Buenaventura [586-6530](tel:586-6530) <mailto:repsanbuenaventura@capitol.hawaii.gov>
Rep Calvin Say [586-6900](tel:586-6900) <mailto:repsay@capitol.hawaii.gov>
Rep James Tokioka [586-6270](tel:586-6270) <mailto:reptokioka@capitol.hawaii.gov>
Rep Gene Ward [586-6420](tel:586-6420) <mailto:repward@capitol.hawaii.gov>

Anyone in your home (even kids and teens!!!) with an email address can submit an opposition statement. Please take a few minutes and support women who should be able to choose where they birth and with whom.

SB-1033-SD-2

Submitted on: 3/17/2019 9:24:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Friebel	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:52:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wai'ala Ahn	Individual	Oppose	No

Comments:

Aloha

House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.

- 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” 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.

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ½

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ½ 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.

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

Mahalo for your time and consideration on such an important and personal matter.

Please Strongly Oppose this bill.

A. Wai'ala Ahn

SB-1033-SD-2

Submitted on: 3/17/2019 9:40:07 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Annie Domko	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 10:26:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed!

SB-1033-SD-2

Submitted on: 3/17/2019 10:18:03 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Fallon Averette	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

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

How will the midwives forced out of practice continue to support their ohana? Approximately half of the state's direct entry midwives will no longer legally be able to pursue their livelihood if SB1033hd1 becomes law. The draft was obviously written by someone who has no idea what a direct entry midwife is, or what they do at a home birth.

I support the Hawai'i Midwifery Council's version of SD1033. It provides a pathway for all direct entry midwives to seek licensure.

Please do not pass a poorly written and planned out bill and then plan to have to go back and address its numerous problems at some later date in time.
Pass a GOOD bill the first time.

Or, possibly turn this bill a *working group* and push on for greatness! Please include all types of direct entry midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council.

Together we CAN make a great bill!

Mahalo,

Gabe Struempf

SB-1033-SD-2

Submitted on: 3/18/2019 4:50:11 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeremy Armstrong	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:37:55 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Madina Lawlis	Individual	Oppose	No

Comments:

Aloha,

My name is Dr. Madina Lawlis and I am a clinical pharmacist married to the most wonderful medical doctor, Dr. C. Brent Lawlis. Together, with all of our professional medical experience, we CHOSE to birth our precious daughters in Hawaii with the most incredible midwife, Dr. Lori Kimata. Birthing at home with our midwife with no medical interventions was one of the best and most powerful decisions that we have ever made as parents. We have three daughters and all of our precious gifts were born at home with the help of a midwife. Each one of our experiences was life changing, beautiful, surreal, powerful, peaceful, SAFE, just to give a few adjectives of the thousand positive ones that I could write you. I have found a passion in showing other mothers that they do have a choice over their bodies, and their babies, and their birthing experiences. It should be common knowledge that the US is the most DANGEROUS place in the developed world for a mother to give birth in. This is not due to midwives and home births, but due to the failing OB/GYN care that these precious mothers and babies are receiving, causing PTSD and major trauma, inability to bond, inability to breastfeed due to stress or further complications. More mothers die in the US than any other developed country. Please reconsider this bill and consider why women in our country are dying while giving birth. I strongly oppose this bill. If you have any questions or need further comments, please do not hesitate to call me at (337) 794-6648

Sincerely,

Madina Lawlis, Pharm D, birthing advocate

SB-1033-SD-2

Submitted on: 3/18/2019 5:44:18 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marian Seliquini	Individual	Comments	No

Comments:

TO: House Committee on Health

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Marian Seliquini, Certified Midwife

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into

the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ⁱⁱ

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

- (b) conducting births on the midwife's own responsibility;^[i]
- (c) provision of advice and information regarding care for newborns and infants
- (d) providing counseling, support and advice regarding sexual and reproductive health, and;
- (e) 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 HI, including drug regimens, and;
- (f) consistent with the ICM 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;
- (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

I am attaching a copy of my resume as an example of my status as a Certified Midwife employed in New York state.

Sincerely,

Marian Seliquini, Certified Midwife

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

ii Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

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

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Margaret Ragen, CM Candidate

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."ⁱ Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ⁱⁱ

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and the Hawai'i Work Group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;

- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;ⁱ
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;
 - (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made.

Recently, I visited the Big Island and sought out professional affiliations with an eye toward beginning to work in the islands, when it is legally possible. I also spoke with family and friends who universally agreed expansion of licensed care providers to protect the public is needed. Though I currently live in Brooklyn, NY, I have been visiting Hawaii since the early 80s, visiting family and waiting for an entry-point to have a professional life there. I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Margaret Ragen, CM & CLC Candidate
Brooklyn, NY

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

ⁱⁱ Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS one. 2018 Feb 21;13(2):e0192523.

SB-1033-SD-2

Submitted on: 3/18/2019 4:25:49 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, as a Certified Midwife I can not support the bill until ammendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ii

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

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

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- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;
 - (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Karen Kelly, M.S., Certified Midwife

SB-1033-SD-2

Submitted on: 3/18/2019 3:45:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Honorary Committee

I am submitting testimony IN OPPOSITION to SB1033 and here is why.

1. I have been present for the many hearings this subject has been scrutinized over since 2014. I hear what the medical midwives want, and I hear what the traditional midwives want, but more importantly, as I sit in these hearings I listen to what the people of Hawaii want. This bill is not a collaboration of these key “stake holders”. This bill is written to absolutely EXCLUDE Traditional Midwifery practices (and infect demotes and renames them) and the families they serve. The people of Hawaii have told legislators year after year that they want CHOICE, not limits! The people have risen, year after year to say, WE LOVE THE DIVERSITY OF MIDWIVES HAWAII OFFERS ITS FAMILIES!!!
2. This bill is NOT in favor of Hawaii or its people. It redefines the term “midwife”, narrowing the scope of the practice to 2 different pathways of education (CNM being excluded). CPM - Which used to be about core competencies, has become a largely medically driven modality of midwife providing care to a family outside of the hospital. And CM - which is legal to practice in 6 total states in the United States mainland and is a graduate degree not unlike the CNM graduate degree. Opening up these two pathways alone and eradicating the majority of the current home birth/Traditional Midwives is certainly not in favor of the people of Hawaii. In addition, the re-written, narrow definition of “Midwife” represents only the modern faction of midwives listed above. Redefining a word slowly rewrites history, erasing pasts, weakens skill sets and community bonds, slowly and quietly erodes centuries of birthing knowledge and trust in the process. Erasing history is very dangerous territory on so many levels, resulting in ethnic and cultural cleansing.
3. Does the State of Hawaii want to enact a law that removes the majority of access to services already present and trusted by its people? With this bill, the only way to provide “adequate” education is the relocation/displacement of native residents to the mainland United States. In fact it only includes one of the two pathways to

CPM certification. It favors the MEAC accredited schooling route to certification over the PEP process (apprenticeship model). With the exclusion of the PEP process, there is NO LOCAL ACCESS TO THE EDUCATION REQUIRED! The lack of local access to the education is discriminatory and classist. With that said, even with the PEP process, this education pathway is extremely limited locally. Exporting residents and importing transplants further erodes the cultural practices and understandings that are specific to Hawaii. In addition, in regards to Hawaii law, it is against the law to force regulation and licensing on a profession if there is no direct pathway to obtain that license in a reasonable and timely manor.

4. The start date of this bill is extremely problematic. There is no way the Traditional Midwives who are presently practicing could obtain a certification in by January 2020 and an incredible feat to obtain by 2023. This does not provide a reasonable timeframe to even attempt to relocate to obtain a CPM certificate, or attend a graduate program to become a CM, or attend nursing school and a graduate program to become a CNM. What does this do for Hawai'i's families in the next several years being forced to chose a birth plan that doesn't suit them or a midwife who may not understand or align with the family due to the lack of cultural sensitivities or integration into the community. There will be a major shortage in care providers, and with some neighbor islands already lacking resources or access to care, this becomes dangerous for our rural citizens. New mainland midwives are less likely to settle in these remote areas due to lack of resources, cash flow, or other modern niceties which may leave some of our rural areas completely out of access to good care.
5. What happened to the grandmother clause? There's decades of successful birth stories with extremely well loved, educated, and experienced midwives on all islands. If they cannot leave to get the education, what happens to these wise women and all the knowledge and experience they carry with them? How can the legislation find a way to honor these midwives, too.

So what are some solutions?

Really we need to ask ourselves, what is the intention of this bill?

1. If it is truly to allow for recognition of someone's graduate degree or completion of a national certification, then we need to "trim the fat" so to speak. Write a bill which recognizes these professions instead of attempting to redefine/colonize the word midwife. Allow CMs and CPMs (with the inclusion of the PEP process) access and be able to practice to their fullest extent and scope...AND...leave the rest out!
2. Create a registry through Hawaii Home Birth Collective! If this bill is intended to regulate "safety standards", as it is currently written, it will do no such thing. Limiting freedoms only forces extremes. The reality is that in the United States, maternal mortality rates are at an all time high, and families are skeptical about mainstream birth practices. WOMEN WANT CHOICE!

3. Include all “stakeholders” in the conversation. We should all be communicating with one another and not through a liaison. An actual working group to hash out this topic so we don’t have to do this again. Create meaningful legislation that can meet the needs of all women and the variety of midwives serving them.

Thank you for your time and energy in this matter. It is my great hope that you will vote with your people and OPPOSE THIS BILL!

With Aloha,

Jaymie
of Two & Traditional Midwife

Homebirth Mother

SB-1033-SD-2

Submitted on: 3/18/2019 2:25:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 4:09:00 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

My name is Paolo Morgan, I am a registered and active voter. I was born at home with a non-certified direct entry midwife in 1979. One of my earliest childhood memories is the birth of my sister in my childhood home in 1985. My son and daughter were also born at home with a non-certified direct entry midwife.

All non-nurse midwives are called direct entry midwives. An uncertified midwife is still a midwife. It is insulting to a very important group of women if you insist that a midwife can no longer use the title “Midwife” because they lack a relatively new credential; or that they have to practice as a traditional birth attendant to be exempt from breaking the law, which doesn’t allow them to work within their specific training and skillset.

Midwives were asked to take the initiative and develop a registry and complaints process for consumers. They all got together and did this by creating a thorough registration process under the Hawai’i Home Birth Collective which includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai’i Elders Council.

I support the Hawai’i Midwifery Council’s version of SD1033. It includes very clear and concise ways for all direct entry midwives to seek licensure and practice within their personal skillset. Please consider using their well thought out and thorough bill in place of SB1033hd1. This process should not eliminate over one-half of the practitioners it is attempting to license.

Please work with the state’s midwives through this process; do not pass a substandard bill with plans to address its inequality at some time in 3 years. Pass a GOOD bill the first time and if you cannot do this, create a working group that includes all types of midwives as well as members from the Hawai’i Home Birth Collective and the Hawai’i Midwifery Council.

Mahalo for your time,
Paolo Morgan

SB-1033-SD-2

Submitted on: 3/17/2019 10:47:16 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
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 Mizuno, Vice Chair Kobayashi 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. 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.

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

My name is Rachel Curnel Struempf. I have 5 children and we have had the joy of living on the Big Island for the past 25 years. I began my journey to become a midwife after the hospital birth of my first child. I wanted to offer a different experience to birthing families.

I have been a direct entry midwife in Kona for the past 15 years. If SB1033hd1 passes, I will no longer be able to legally provide for my family by safely practicing my trained profession of midwifery. This is unacceptable.

Stated simply, I exist. I deserve to be included in this process. Midwives like me are being excluded from our livelihood. Midwives with 30-40 YEARS of experience are being forced to retire because they predate the certification this bill requires. This shows deep disrespect to a group of honest, dedicated, and hardworking women in our state. This is shameful.

The Hawai'i Midwifery Council worked with ALL of the state's direct entry midwives to write a version of the HB1033 bill that we ALL approve of and support. This version covers ALL direct entry midwives, not just a small subsection that the currently proposed draft does. This version was emailed to each committee member on Sunday by HMC. I respectfully ask that you replace the wording of SB1033HD1 with the draft submitted by HMC.

Midwives were asked to take the initiative and develop a registry and complaints process for our clients. We HAVE accomplished this by creating a thorough registration process with the Hawai'i Home Birth Collective which includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai'i Elders Council.

Please work with the state's midwives through this process; do not pass a substandard bill with plans to address its inequality in 3 years.

Please deeply consider this important decision. It is not a simple or straightforward thing to require certification and licensure of ancient knowledge. Please bring ALL parties involved together for a working group; we **can** find a resolution that includes all midwives in the process. This time, please invite a homebirth consumer, a non-certified direct entry midwife, and a representative each of Hawai'i Homebirth Collective and Hawai'i Midwifery Council to take part in the working group.

Mahalo for your time,

Rachel Curnel Struempf, DEM

kaloko4@aol.com



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 Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019
PLACE: Hawaii State Capitol, Conference Room 329

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: COMMENTS**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made.

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."¹ 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."¹ 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified

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

professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title “midwife”.

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawaii ACOG wants to support this bill as we feel the licensure of the midwifery profession is long overdue in Hawaii. We are one of the few states that does not recognize this profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

- SB 1033_SD2_HD1 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of transfers in the event that complications arise, and we have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor’s Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore,
 - Under section 4 “Powers and duties of the director” (page 8), we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.
- Other amendments recommended by the Midwives Alliance of Hawaii in their written testimony.

Thank you for the opportunity to testify.

SB-1033-SD-2

Submitted on: 3/18/2019 7:28:45 AM

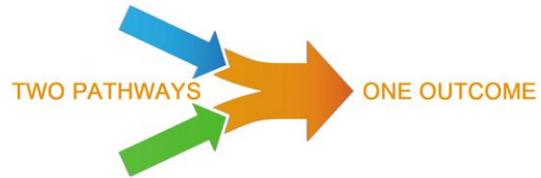
Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alyssa	Indie Birth Association	Oppose	Yes

Comments:

We oppose SB1033. Licensure of midwives does in fact impede one's ability to incorporate or provide cultural practices. Required licensing hurts midwives, and it hurts birthing women due to forced regulations and unnecessary "one size fits all" protocol. With the onset of licensing, many women become "risky" of a natural home birth (by the system, that is) and find that their only choice is to give birth either in a hospital or unassisted at home; and they choose the latter. It is a woman's birth right to decide who she has at her birth. Licensing steals this right because it eradicates traditional midwifery which is the true midwifery, leaving women to choose between a medicalized birth with a licensed midwife (licensed midwifery IS medical midwifery), or birthing by herself. Birth is not a medical event. It is a social, family event. Medicalizing this experience is dangerous. Please do not implement this colonization. This is an issue of human rights.

Committee of Midwife Advocates for the Certified Midwife (CM)



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

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Karen Jefferson, CM, MS, FACNM, Chair

Dana Perlman, CNM, DNP, FACNM, Vice-chair

ACNM Committee of Midwife Advocates for Certified Midwives

RE: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawai'i Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawai'i Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."¹ Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care, according to a recent study.²

The original language of this bill, HB 490, SB 1033 introduced 1/22/19, represented years of interdisciplinary work and compromise. It reflects optimal public policy to include midwifery among the licensed professions that contribute their expertise to decrease maternal and infant mortality, promote health and prevent disease. We unequivocally support this original language.

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and disincentivizes formal education and national certification. As currently written, the bill will enable ongoing practice of birth attendants without simultaneously enabling midwifery practice that meets minimal international norms, as agreed to by the interdisciplinary Hawai'i work group, and every midwifery organization in the United States. The

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

² Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

International Confederation of Midwives (ICM) educational standards provide a framework for minimum education and licensure requirement for midwives in order to protect the public and ensure an adequate midwifery work force. ICM standards form the basis for improved health outcomes and qualified workforce around the world. Therefore, if reinstating the original language is politically untenable, we 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 demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife"; in accordance with the International Confederation of Midwives (ICM) global education guidelines, all midwives applying for initial licensure are required to complete an educational pathway seeking accreditation or accredited by the Midwifery Education Accreditation Council (MEAC), the Accreditation Commission for Midwifery Education (ACME), or another accrediting agency recognized by the United States Department of Education as defined, or demonstrate successful completion of a Midwifery Bridge Certificate consisting of continuing education in emergency skills for pregnancy, birth and newborn care and other midwifery topics addressing the ICM Core Competencies, as determined by US MERA;

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made.

We submit this testimony on behalf of the American College of Nurse-Midwives committee charged with increasing access to Certified Midwives, congruent with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists, US-MERA task force agreements, ACNM standard setting documents, and Certified Midwives' graduate education and board certification.

Thank you for the opportunity to testify.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebekah Botello	Birth Belivers	Oppose	Yes

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:

HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 8:23:11 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bekah Botello	Birth Believers	Oppose	Yes

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

•I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

•I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

•I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

• PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:

HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 8:21:14 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aoki Birthing Care	Aoki Birthing Care	Oppose	No

Comments:

The PROPOSED HD1 is FLAWED. Every draft and version of this bill has been wildly different than all other versions clarifying the fact that this bill needs far more time to be thoroughly thought through and organized as this issue is very complex. This is not how policies should be made. Solution is an OFFICIAL WORKING GROUP with the DCCA, where ALL homebirth midwives (CPMs, DEMs) are voting members, including Traditional Midwives, Native Hawaiian Midwives and homebirth mothers. As these bills are trying to regulate the homebirth community, it makes the most sense for a reliable, experienced & qualified homebirth people to make up a homebirth working group. And to consider consultation with other non-homebirth providers. And a reminder about "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons" stated in the Hawaii Regulatory Licensing Reform Act. As this bill will restrict entry by qualified persons, does not state clearly the affordability of the license, and there is not accessible route to certification in the state of Hawai'i. Please remove the words "On or before July 1, 2023" from Section 6 (b)4, as this will make long standing practicing midwives illegal. Grandmother clause means to accept midwives who existed long before any law was written.

SB-1033-SD-2

Submitted on: 3/18/2019 7:45:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/19/19, at: 8:30am, Room #329

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

IN OPPOSITION

Aloha HLT Chair Mizuno, HLT Vice Kobayashi, 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. SB1033 SD2 HD1 is a FLAWED bill and creates new issues because the language is flawed in many ways. This bill has gone through many amendments and it keeps getting worse. Without input from ALL affected stakeholders, this bill will continue to be flawed
2. 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 not allow me to identify as a "midwife". I have been a Certified Professional Midwife for over 13 years and I am a midwife! You cannot legally prevent me from the title that I have earned through my schooling.
3. SB1033 SD2 HD1 limits birth practitioners who are adhering to the Midwifery Model of Care from calling themselves "midwives". Clients understand their birth practitioners to be their "midwife". According to this bill as written it would be illegal to call their practitioner "midwife".
4. I am also a NARM preceptor, and midwife preceptor for MEAC accredited schools. 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 students who are in Hawaii.

5. I support the perpetuation of ALL forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. Licensure.

6. 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.

7. The fee required for a small number of midwives seeking licensure would be exorbitant. I oppose this proposed bill because many of the changes made are flawed. SB1033 SD2 HD1 removed any requirement that fees be "reasonable or necessary. This bill allows DCCA to change the fee amount at any time with only 1 hearing and little notice. This bill gives vague powers to DCCA in their regulation: there is no appeal process for any decisions made by the DCCA, DCCA is allowed to require "any other information...to investigate qualifications for licensure" without limits.

8. This version of the bill is very vague and thus flawed in it's restrictions for CPM's: for example: CPM can lose their license if they fail to comply with "any law in a manner such that the director deems the applicant to be an unfit or improper person to hold a license. This is vague and could be discriminatory.

9. I am one of the founding elder members of the Hawai'i Home Birth Collective,LLC that has in excess of 25 practicing midwives compared to Midwives Alliance of Hawai'i that has only 3 listed on their website. Hawai'i Home Birth Collective,LLC is inclusive of all types of midwives who abide by the "midwives model of care" and has an "elder council" with elders/kapuna on every island to answer grievances and complaints from the consumer and other parties. We have instituted processes for informed consent, emergency plans and processes for self regulation for all registered midwives.

10. 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.

Please oppose SB1033 SD2 HD1 as it stands.

Sincerely,

Selena Green, CPM, owner
Hale Kealaula, LLC
[Www.halekealaulallc.com](http://www.halekealaulallc.com)

AFFILIATE OF



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

3/17/19

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

From: Hawaii Affiliate of the American College of Nurse Midwives

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

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

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made. We thank you for all the time and work you have put into this legislation and ask you to consider the following.

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

The US MERA is a coalition comprised of representatives of national midwifery associations, credentialing bodies, and education accreditation agencies to include: Accreditation Commission for Midwifery Education (ACME), American Midwifery Certification Board (AMCB), American College of Nurse-Midwives (ACNM), International Center for Traditional Childbearing, Midwifery Education Accreditation Counsel (MEAC), Midwives Alliance of North America (MANA), National Association of Certified Professional Midwives (NACPM), and North American Registry of Midwives. Together this coalition created guiding documents (below), based on the International Confederation of Midwives global standards, detailing standards for regulation, licensure, midwifery education and essential competencies for basic midwife practice. **We cannot support this bill without the education requirements set forth by this coalition being included.** [Principles for Model US Midwifery Legislation and Regulation \(2015\)](#), and [Statement on the Licensure of Certified Professional Midwives \(CPMs\) \(2015\)](#).

While we thank the committee for including Certified Midwives in the bill, we are concerned with the limited scope of practice outlined for CMs. **Both CMs and CNMs have the identical ACNM defined scope of practice and follow the American College of Nurse Midwives' (ACNM) standards and code of ethics for midwifery.** Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections;

and prescribing medications, including all forms of pain control medications and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics, OB/GYN practices, birth centers, and private homes.

Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals and families of Hawai'i. State legal and regulatory frameworks should recognize midwifery care as an important option for women's healthcare services. To this end I have provided additional information regarding the education, certification and licensure requirements relating to the CM credential.

Education

The accreditation body for graduate programs educating both CNMs and CMs is the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. In the United States, approximately 40 programs educate midwives who will be candidates for certification from the American Midwifery Certification Board (AMCB) upon graduation. While many of these programs are in colleges of nursing, two are colleges of health professions and educate students from a variety of backgrounds in addition to nursing (i.e., State University of New York Downstate and Thomas Jefferson University). These two programs require additional prerequisite education in science and social science for students entering the program from fields other than nursing, and include basic health skills for midwifery in the program. These basic health skills courses and most prerequisites are waived for nurses: nurses have learned basic health skills and completed the same prerequisite education prior to or during their undergraduate level nursing programs. The graduate curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. All ACME accredited midwifery education programs are required to be within or affiliated with regionally accredited colleges or universities.

Board Certification

Graduates of ACME accredited midwifery programs are eligible to sit for the national certifying exam given by the AMCB. Both the CNM and CM programs are accredited by the National Commission for Certifying Agencies and candidates sit for the identical certification exam. The only difference between the credential granted is whether the applicant presents an active RN license at initial examination. AMCB uses ACNM Core Competencies as well as a task analysis to guide examination construction. According to AMCB's website, "The Task Analysis Survey, created by the American Midwifery Certification Board, describes tasks performed by CNMs and CMs who have been certified within the last five years and practice in the United States."

Licensure

Included in the enclosures below is a table with links to the statute and regulations enabling CM practice. Without licensure, it is difficult to attract CMs to education programs due to the cost of a rigorous graduate level education. Expanding access to licensure for CMs is one way to address provider shortages for women needing maternity and primary care providers in Hawai'i while increasing access to the benefits of midwifery model care. ACNM has several position papers regarding the licensure and regulation of midwifery practice and these are also available in the attachments to this letter. You will also note that the joint statement between the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists, enclosed, recognizes both CNMs and CMs equally and calls for robust licensure in line with our education and training as well as access to insurance reimbursement and hospital privileges.

Respectfully,

Executive Board of HAA

Colleen Bass, President

Carmen Linhares, Vice-President

Annette Manant, Secretary

Celeste Chavez, Treasurer

Jenny Foster, Health Policy co-chair

Emily Simpson, Health Policy co-chair

Enclosures:

[ACNM Standard Setting Documents](#)

[Competencies for Master's Level Midwifery Education](#)

[ACNM Definition of Midwifery and Scope of Practice](#)

[ACNM Core Competencies for Basic Midwifery Practice](#)

[Fast Facts About Certified Midwives](#)

[Joint Statement of Practice Relations Between ACNM & ACOG](#)

[Midwives of ACNM](#)

[CM State Practice Table](#)

[Midwifery Comparison Chart](#)



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

March 18, 2019

Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019, 8:30 AM
Hawaii State Capitol, Conference Room 329
415 South Beretania Street

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

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

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

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 would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

We 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

~~(1) A certified nurse-midwife holding a valid license under chapter 457;~~

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

~~(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;~~

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program ~~providing midwifery services~~ under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or

~~(4)~~ (5) A person acting as a birth attendant on or before July 1, 2023, ~~acting as a birth attendant and~~ who:

4) § - 6. Exemptions: (Page 12 Line 1)

~~(c)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines and~~ anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

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.

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.

SB-1033-SD-2

Submitted on: 3/18/2019 8:20:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Dye	Anne Dericks, ND	Oppose	Yes

Comments:

Aloha,

This bill is FLAWED and I am writing in STRONG OPPOSITION to SB1033.

There are many reasons this bill is flawed and here are a few of them.

- The Hawaii Regulatory Licensing Reform Act states that **“Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;”** which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.
- It is unacceptable that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. I want my midwife to be able to call herself a midwife. The Webster definition states a midwife: "someone who assists women in childbirth". That is what these women are doing. They are not claiming they have certification or education they do not.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance. I currently have many of my office materials stating that I am a midwife. It is deeply inconsiderate to require that this all be changed overnight!
- EVERY draft and version of this bill has been wildly different than all other versions! It is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Thank you for taking the time to listen to my concerns and understand how this bill is flawed.

Please OPPOSE SB 1033!

Mahalo,

Dr. Anne Dericks

SB-1033-SD-2

Submitted on: 3/18/2019 7:20:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 7:42:40 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
adaure ezinne dawson	Individual	Oppose	Yes

Comments:

Honorable committee members I oppose this bill because It is a flawed bill for many reasons. The one that stands out to me is that it would effectively eliminate to only path to CPM licensure that is available in Hawaii due to its statement that a student must be enrolled in a MEAc accredited institution. NARM provides a pathway to midwifery certification through a distance learning portfolio evaluation process (PEP) all clinicals are included and required. If a National Certification pathway is not honored in the state of of Hawaii then this bill has immense flaws. Once again it is shwing discrimination to a group of people seeking midwifery skills in a traditional way by blocking their ability to become CPMs. I am currently training in this model and on this pathway to becoming a direct entry midwife Im in my third phase and you would take away all the work that I have been putting in for the last 2 years to become a fully certified midwife. This is not right.

Thank you for your time.

Adaure Dawson

SB-1033-SD-2

Submitted on: 3/18/2019 7:03:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 Proposed as it stands. I OPPOSE this bill as it stands, as it limits the "Birth practitioners" who adhere to the Midwifery Model of Care from calling themselves "Midwives". The State of Hawaii does not have the authority to take away a National title that was earned by appropriate schooling, testing and meets the standards of the National Association of Registered Midwives (NARM).

SB-1033-SD-2

Submitted on: 3/18/2019 7:13:42 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Minton	Individual	Support	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:38:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lily Dalke	Individual	Comments	No

Comments:

TO: House Committee on Health

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Lillian Dalke, MS CM LM

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high

likelihood of leading to improvements in maternity care according to a recent study. (1)

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;**
- (2) Advising a parent as to the progress of childbirth;**
- (3) Rendering prenatal, intrapartum, and postpartum care; and**
- (4) Making newborn assessments**
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and**

interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility (2);

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Lillian Dalke, MS CM LM

(1) Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

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

SB-1033-SD-2

Submitted on: 3/18/2019 7:33:53 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sydney Covell	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:51:32 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kayla Kahalewai	Individual	Oppose	No

Comments:

Aloha,

I am in strong opposition of this bill and it's companion bill HB490.

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

I am a mother of a two year old and pregnant with another on the way. The exemption is not sufficient and would disallow me the choice to select the midwife I have built a strong relationship with over time to serve me in my birth.

This bill is poorly written and fails to represent all midwives in the industry here in Hawaii.

SB-1033-SD-2

Submitted on: 3/18/2019 6:48:30 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jamie Palmer	Individual	Oppose	No

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 6:50:55 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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. We do know, however that the United States spends more money on pregnancy care and also have the highest maternal mortality rate in the developed world (and both numbers are climbing) with those parallel models of care prioritized in this bill. Protecting the many complexities of the midwifery model of care may be Hawaii's unique opportunity to SAVE mothers!
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 scopes of practice eventually limit our freedoms of normal, physiological birthing processes. The state licenses dictate what a woman can or can't do, its no longer based on the woman's intuitions or morals or individual needs. Licensure can remove freedoms of women having twins without a c-section, vaginal births after cesareans, etc, regardless of her midwife's skill set or experience.
5. Though desired licensure does not insure health insurance covering midwifery practices, as proven by previous testimonies from health care providers.
6. The definitions of "midwife" as listed in this bill, take the namesake of birthing culture which has been around to thousands of years, and claims them under the new licenses, all of which have been around for less hundred years and some like CPM have been available for only thirty. 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 a CPM that has done 75 births and done some basic research has more experience and expertise than "traditional midwives" here on island with hundreds to thousands of births, let alone longer positive influences in our local community. 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. 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.
8. This bill keeps getting 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.
9. This bill now does not allow all paths towards licensed midwifery, and is removing options of education through preceptors which is the primary and only of obtaining this type of education in Hawaii.
10. Exceptions listed should not have time limits.
11. 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 if she chooses a midwife. Please vote NO on SB1033 and prevent wasting more time in our legislation with this issue as is.

Mahalo nui loa

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

SB-1033-SD-2

Submitted on: 3/17/2019 11:09:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

To whom it may concern:

I oppose SB 1033 in all its forms. But the version of SB1033_HD1_PROPOSED is especially horrendous: it essentially turns the vast majority of traditional midwives into outlaws. There is a 4 year exemption for "birth attendants" to be able to get the required education but my understanding is that this education is (1) expensive (2) only available out of state; and (3) it would take longer than 4 years!

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 who come from states where the specific education mandated for certification is available. It is unfair, it is a form of colonialism, and it is cultural genocide.

Sincerely,

Ben Kinsey

LATE



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

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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 Health**

Tuesday, March 19, 2019

8:30 a.m.

State Capitol, Conference Room 329

On the following measure:

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

Chair Mizuno 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 or Division). The PVL appreciates the intent of proposed H.D. 1 and offers comments.

The purposes of this bill are to: (1) establish licensure of midwives; (2) exempt native Hawaiian healers from licensure requirements; (3) temporarily exempt birth attendants from the licensure requirements until July 1, 2023; 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 proposed H.D. 1, which provides a delayed implementation date of July 1, 2020. This delayed implementation of the licensure program will give the Division ample time to hire staff and create appropriate forms and applications to ensure the program is fully operational.

In addition, the PVL requests the following amendments to proposed H.D. 1:

- Page 15, line 3: Replace the term “authorized scheduled legend drugs” with “non-controlled legend drugs,” as the latter term clearly sets forth the prohibition on using any controlled substance.
- Page 21, line 2: Adding the sum of \$146,000. This amount will support one administrative assistant (\$85,000 salary, including fringe) and one secretary (\$61,000 salary, including fringe). As the DCCA is a non-general funded department, the appropriation from the general revenues of the State of Hawaii will provide seed money to implement this new regulatory program until the appropriate monies are collected from licensing fees.
- Page 21, line 7: Adding the sum of \$73,000. This amount will support two 0.5 full-time equivalent (0.5 FTE) positions, including an administrative assistant and a secretary to continue the program.

Finally, the PVL requests an “upon approval” effective date for the entire bill, as the delayed implementation date eliminates the Division’s need to request prior funding.

Thank you for the opportunity to testify on this bill.



**Written Testimony Presented Before the
House Committee on Health
March 19, 2019 8:30 a.m.**

**by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

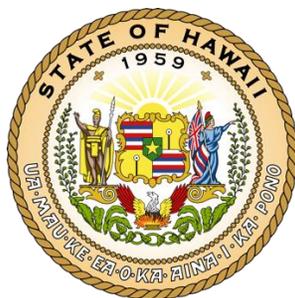
**WRITTEN COMMENTS
SB 1033, SD2 Proposed HD1, Relating to the Licensure of Midwives**

Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health, thank you for this opportunity to provide **written comments related to this bill, SB 1033, SD2, proposed HD1 with regard to exemptions for advanced practice registered nurses (APRNs), only.** This measure, if enacted, establishes licensure of midwives.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

The Center for Nursing prefers the method to which Certified Nurse Midwives are described in the exemptions, as it appears in the proposed HD1. Certified Nurse Midwives are licensed under Chapter 457 and regulated by the Hawai'i Board of Nursing. The proposed HD1 establishes, clearly, that Certified Nurse Midwives are exempt from this new chapter, "Midwives", so long as they hold a valid license under Chapter 457.

Thank you for the opportunity to provide written comments related to this measure.



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 Health
Tuesday, March 12, 2019, at 8:30 a.m. in Room 329

Dear Chair Mizuno, Vice Chair Kobayashi, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports the intent of SB1033 SD2, which seeks to create access to safe midwifery care and incorporates amendments 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. No regulations means that only those with socioeconomic class privilege have meaningful 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

SB-1033-SD-2

Submitted on: 3/17/2019 9:42:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Caranguian	Wearing and Caring, LLC	Oppose	No

Comments:

Aloha,

It seems ridiculous to continue to oppose and write in my opposal knowing that the majority of votes were "oppose," and yet you all just keep passing this bill through. Your actions are asinine as you are wholeheartedly ignorning our voices. As a business owner in the birth field who supports birthing persons in however they choose to birth I forse negative outcomes happening with this bill.

The evidence shows that homebirth is safe. The evidence shows that when the in-hopsital professionals collaborate with the out-of-hospital professionals, the community grows and thrives. It is underwhelming seeing the power of hierarchy systemic abuse happening because of your actions to pass this bill. By passing this bill you are allowing more abuse in-hospital to happen as these "professionals" do not have to report any negative outcomes. Have you sat down and looked at the rates of interventions and cesareans that happen in hospitals in Hawaii? Have you educated yourself on what bodily autonomy is? Because it seems you have not. It shows you are not aware of the systemic issues our birthing person's are facing when it comes to the choices they have.

By moving forward with this bill I know these things will happen: Midwives will still practice and still call themselves midwives. They will still work and still help families. By oppressing their practice, you are going to hurt more birthing persons because in the case of emergencies these midwives and birthing persons will be too hurt and scared to seek in-hospital care. No collaboration, no safe outcomes. Furthermore, you are looking at more birthing persons doing freebirth. Do you know what freebirthing is? It is when a birthing person decides to birth at home with no professional help. This means they don't even seek the support of a homebirth midwife who is trained! There is more risk when we speak about freebirthing because some birthing persons are not educating themselves or they are using social media outlets to help them birth their child at home. Social media does not give accurate information. By passing this bill you are approving that freebirthing is an optimal option.

Again, I support any women's choice regarding where and how they birth and who they birth with. But I more so support more optimal methods to birth: in and out of hospital options!

I do not support this bill. It silences birth professionals of color. It silences womanly bodily autonomy. It hurts our community.

I urge you to reconsider passing this bill. Oppose it and stop this bill. It is not evidence based.

Mahalo,

Courtney Caranguian



Midwives Alliance of Hawaii

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

MIDWIVESHAWAII@GMAIL.COM MIDWIVESALLIANCEOFHAWAII.COM

3/15/19

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

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to 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) § -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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;—~~
- ~~(2) Advising a parent as to the progress of childbirth;—~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and—~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is:~~ any of the following:

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced-practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or

~~(4)~~ (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; and

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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 outdated and narrow language of SB1033 SD2 HD1 Proposed, based on Oregon statute, to define "midwife" and "midwifery". Oregon licensing statute defining "midwifery" has not been updated since 1993, which is prior to certified professional midwives and certified midwives being recognized and certified. Hawai'i should not look to another state's language that is outdated and does not meet the ICM and national standards. There is written documentation as far back as 1900 – 1550 BCE recording midwives' occupational skills and provision of midwifery; we do not look to this time frame to define our statutes because it is outdated. The legislature states in the preamble to SB1033 SD2 HD1 Proposed "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 include a more well-rounded scope of practice to include family planning, interconception 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 strongly urge you to amend SB1033 SD2 HD1 Proposed 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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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March 15, 2019

To: House Committee on Health, Representative John M. Mizuno, Chair, and
Representative Bertrand Kobayashi, Vice-Chair

From: American Academy of Pediatrics, Hawaii Chapter

Re: Support for SB 1033 SD2 Relating to the Licensure of Midwives

Hearing: March 19, 2019, 8:30 am, Conference Room 329, State Capitol

Dear Representatives Mizuno and Kobayashi and members of the committee:

The American Academy of Pediatrics, Hawaii Chapter, **supports** SB 1033 SD2 Relating to the Licensure of Midwives. 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.

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.

Safety of women and children is the key issue behind this legislation. Women may still elect for home births under this legislation, but they will be assured that their midwives are at the highest level of professional training. We urge you to pass this legislation from your committee.

Thank you for the opportunity to provide testimony.

SB-1033-SD-2

Submitted on: 3/17/2019 2:54:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed

This bill is flawed because it requires midwives to have certifications that they can not get in the State of Hawaii in order to get licensed.

I am an example of a skilled midwife who will be forced to give up my practice if this bill passes. I have done my apprenticeship under an experienced and qualified midwife, I have attended and graduated from a midwifery school. I get continuing education every year. I have the same level of education as a CM or CPM but I WOULD NOT QUALIFY FOR LICENSURE under SB1033 because my preceptor was not "approved" by MEAC or ACME and my school was not accredited by either organization either.

Back when I was getting my education these requirements did not exist in Hawaii. Now I am being punished even though I have done nothing wrong. I have dedicated the last 15 years to being the safest, most responsible midwife possible considering the limited options in Hawaii. I have also dedicated myself to serving one of the most underserved populations in Hawaii: The childbearing women of Ka‘Å« on the Big Island. This is an impoverished community with extreme traveling distances to medical maternity care.

I've invested all of my resources into my midwifery education and service over the last 15 years while also raising my own family. Now I am in my mid-forties and if this bill passes I will have to go back to square one and go back to school. I will have to leave the state, if not for school then at least for apprenticeship. There is NO WAY that I will be able to fund that. I will have to give up my work as a midwife. This community will loose it's only skilled homebirth midwife. Instead of having a safe, planned out of hospital birth with me they may choose an unattended birth with no skilled attendant. Or they may give birth in an ambulance attended by EMT's who have had a day or two of training in labor and delivery.

I am perfectly happy to disclose my education and experience. In fact I always do to every client I work with. This bill assumes sneakiness and dishonesty on the part of Hawaii midwives. It also assumes lack of qualifications. This bill was

created by people who aren't a part of the homebirth community in Hawaii. If the State wishes to license and regulate midwives they will absolutely have to widen the requirements. This bill is too narrow. It will not raise the quality of midwifery care in Hawaii. It will take away options for families.

Every year we face these narrow, constrictive bills and every year we scramble to try to explain why they won't work. Why not put an end to this? Create a task force and include representatives from the homebirth community. Obstetricians and Nurse Midwives are not members of the homebirth community. You need consumers and home birth midwives on the task force. And you need to have representatives from the outer islands. Our circumstances on the outer islands are very different from Honolulu. It is morally reprehensible to make these kinds of legal limitations on womens choices without hearing from the women on the outer islands.

Thank you for representing me and the childbearing women of Hawaii Island in this matter.

Tara Compehos

SB-1033-SD-2

Submitted on: 3/17/2019 3:27:38 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryttani Godoy	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 5:37:41 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John G Webster	Individual	Comments	No

Comments:

I live in Wisconsin. I am happy to live in a state that requires certification for midwives. In Hawaii any man or woman can say "I am a midwife and can deliver your baby." He or she may have never delivered a baby or have no training in how to deliver a baby. Hawaii must have certification for midwives to ensure that they have training in how to deliver a baby!

My name is Babatunji Heath,

I oppose SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 because they are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission *only* to CNMs, CMs or CPMs to call themselves midwives and does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

I also stand on all my previously submitted testimony regarding this bill and it's counterpart in the House.

PLEASE, don't make the mistake in assuming this legislation will improve home births or birth in general. It will do the opposite. It is dangerous as well as being a violation of women's right to chose how they give birth.

Mahalo

SB-1033-SD-2

Submitted on: 3/17/2019 6:23:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Re: Opposition to SB1033 HD1 Proposed

Please oppose this proposition SB1033 HD1. I am a mother of three beautiful, healthy, children ages 9, 7, and 4. All were born with the presence and support of the same midwife/naturopathic doctor. Two were born in my home. My birthing options would have been possible without the practice of my midwife/naturopathic doctor. I would like to preserve my rights as a woman and a mother to choose my own birthing option. I feel that this proposition is discriminatory and disrespects my rights. Please oppose.

Mahalo,

Bonnie Parker

SB-1033-SD-2

Submitted on: 3/17/2019 6:58:41 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sayaka Blakeney	Individual	Oppose	Yes

Comments:

One of the beautiful culture of Hawaii is that there are so many variations of birth workers with different backgrounds and cultures.

This bill violets the human right to give birth with whom the MOTHER decided to leave the care with and trust. The government should not have control over that basic human rights and should leave the decision to the MOTHER who is giving birth.

I had had two horrible birth experiences in the hospital where it could have been avoided only if I and the medical staffs at the hospital knew more about the "natural birth" which almost is 0 experienced by the medical training and the training required by this bill.

I am uncomfortable that this bill is even being discussed by any men who have never, and will never be in the position to be giving birth and understand how it feels to have the sacred most important life changing moment of women's lives.

I strongly am am opposed to this bill that is misleading, problematic, and is rude to the culture of this beautiful islands of Hawaii.

SB-1033-SD-2

Submitted on: 3/17/2019 7:16:51 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ndaya	Individual	Comments	No

Comments:

This bill will make my acquaintance Rachel Curnel Struempf, a traditional midwife in Hawaii island and president of the Hawai'i Midwifery Council, and the other midwives like her illegal. This version was a good attempt at a reasonable bill, but there are multiple areas of concern. It is clear that we need a more comprehensive solution that includes ALL voices, and it is far too complex to try to resolve before the end of Session. It really would be a disservice to pass legislation without fully understanding how it will impact people on all islands.

SB-1033-SD-2

Submitted on: 3/17/2019 7:47:00 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed

My name is Laine Hamamura and I oppose bill SB1033 SD2 HD1. Please DO NOT pass this bill! I personally have had one hospital birth and three out-of-hospital births and all births were beautiful, healthy, safe, and peaceful. I have had women attending my births with excellent knowledge, long-standing experience, and superior skill and they will not be protected by the passing of the bill as it is currently worded. I myself have attended a birth and supported the mother, father, and baby and would be criminalized if this bill were passed and I truly believe people should have the freedom to support each other in birth without this type of OVER REGULATION. I am in favor of women being able to choose when and with whom they want to birth with and where.

Having a baby is a normal life stage process, not a medical condition, and families deserve the CHOICE as to who they want to be present or support them in this process. There is great value in all different types of people or practitioners doing "midwifery like" care, and I would not want to limit this care to licensed practitioners or make only certain choices the only legal options. I hope to be a doula someday and would like to know I am not breaking the law if a baby comes while the mid-wife is on the way to the birth.

Please stop this bill from passing as it will limit women's legal options and criminalize some presently practicing midwives. A simple amendment to this bill is not a possibility because of all the problematic areas within it.

SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are disrespectful and discriminatory and do NOT preserve birthing options for the people of Hawaii. The legislature granting the permission to call themselves midwives only to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Thank you for hearing and respecting my testimony which is in OPPOSITION to SB1033 SD2 HD1.

SB-1033-SD-2

Submitted on: 3/17/2019 8:35:45 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Hawaii birth testimony 2019Mar17

RE: SB1033 SD2 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 and all versions) for the following reasons:

- * this bill is disrespectful and discriminatory. It grants the title midwife only to CNM.
- * this bill does NOT preserve birthing options for the people of Hawaii. The bill would not support or respect the invaluable wisdom of ALL other types of practicing midwives who have been serving communities since the beginning of time.
- * this bill would affect my right as a homebirth parent to choose my unlicensed attendant.
- * this bill will make my midwife friends illegal. Making midwives illegal makes birth UNSAFE for Hawaii.
- * 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

SB-1033-SD-2

Submitted on: 3/17/2019 8:46:27 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Brilhante	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:46:48 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I strongly urge the legislators to adopt MAH's recommended amendments.

SB-1033-SD-2

Submitted on: 3/17/2019 9:20:59 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha,

I am writing in strong opposition against SB1033 SD2. SB1033 and all the versions of it is **disrespectful and discriminatory** and **does NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time. It is very important that you consider the rights of many others in the homebirth community and include us in a working group. How i choose to birth is my choice, not the state.

Thank you

SB-1033-SD-2

Submitted on: 3/17/2019 11:16:06 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Arlea Trahan	Individual	Oppose	No

Comments:

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 11:31:46 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha,

I am writing in opposition of SB1033. As a kanaka maoli and a licensced/beard certified health care practitioner, I am appalled at legislation that would limit the rights on traditional midwives. Women have been birthing babies without western intervention since the begining of humanity. Giving birth is not a medical emergency. It is a naturall process and every woman has the human right to choose how she wants to hanau. For some, a western setting is prefered and sometimes optimal if they are high risk. But for the majority of women, the environment that home birth provides has far greater potential for positive outcomes than a hospital birth. An aboriginal midwife needs no validation from a western system to continue a cultural practice of helping a mother navigate her birth. This is a sovereign right that has no place being legislated against. Please oppose SB1033.

Mahalo,

Jennifer Noelani Ahia

SB-1033-SD-2

Submitted on: 3/17/2019 11:55:31 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 12:09:55 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 12:41:51 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malaea Spencer	Individual	Oppose	No

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 Proposed as it stands. • I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”. • I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure. • PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to prove

SB-1033-SD-2

Submitted on: 3/17/2019 12:03:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karlie Valdez	Individual	Oppose	No

Comments:

Midwives are essential and provide far superior care to that received in a hospital setting....especially the care available on this island. What an injustice to get rid of midwives for women! This would be a real step backwards. As a lawyer and a mother who has received mediocre care for her baby in the community hospital here I oppose this bill.

SB-1033-SD-2

Submitted on: 3/17/2019 1:10:26 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Josephine Keliipio	Individual	Oppose	No

Comments:

Is licensure that necessary?

The American medical system already KILLS over 100,000 people every year. Everyone in the system is licensed yet the amount of people harmed is at epidemic levels. How come?

Mahalo,

Josephine Keliipio

Kailua Kona, HI

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair
Conference Room 329 Hawaii State Capitol 415 South Beretania Street Honolulu, HI 96813
Time: Thirtieth Legislature Regular Session of 2019 Tuesday, March 19, 2019 at 8:30am

From: Leah Hatcher CPM (Kauai)

**TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED
RELATING TO THE LICENSURE OF MIDWIVES**

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

Thank you for the opportunity to provide comments. **I strongly urge legislators to adopt MAH's recommended amendments.**

I 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; I 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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language, **I strongly recommend MAH's recommended amendments.**

Sincerely,
Leah Hatcher CPM
Kauai

To:

Representative John M. Mizuno, Chair & Representative Bertrand Kobayashi, Vice Chair
COMMITTEE ON HEALTH

SB 1033, SD2 Proposed HD1 Status

Tuesday, March 19, 2019

8:30AM, Conference Room 329

Aloha. I, Sruthi Vijayakumar, thank you for the opportunity to submit testimony in **SUPPORT** of SB1033, SD2 which establishes licensure of midwives as well as temporarily exempts birth attendants and exempts Native Hawaiian healers from licensure requirements.

I am currently a Master of Social Work candidate at the University of Hawai‘i Mānoa. As a daughter of two immigrants and a young woman who one day wants to be a mother, I wish to see my local government open up options for women and their families to make crucial decisions regarding pregnancy.

My mother had my younger sister and I later in life, which set the ground for many birthing complications. My mother chose the hospital route both times. In the case of my sister’s birth, hospital attendants attempted to mitigate these complications through a concoction of drugs, and eventually a Caesarean section. The C-section left my mother weak and in terrible mental health. My mother suffered from post-partum depression and the added factor of a C-section set her with negative self-image. In addition, she returned to work soon after delivery and was in immense pain healing from the surgery. As an immigrant she was not aware of other options such as midwives, that can be equally sufficient methods to birthing. This bill provides mid-wife birthing credibility through credential regulation. Government establishment of licensure rules allows mid-wives to become a legitimate alternative to hospital birthing. In this light many women and their families can safely turn to these options rather than simply settling for hospitals.

The Business of Birthing documentary presents how hospitals have become inclined to efficiency and profit (2007). C-sections are heavily pushed for because they bring in money, and even traditional hospital practices such as back-lying positions are for convenience of care providers. However, mid-wives promote natural birthing processes such as the squat position for ease on mother and faster delivery of the baby. It is crucial for mother and baby health, to have various alternatives in order to promote a society that supports healthy pregnancies. This bill furthermore creates options by temporarily exempting birth attendants and presenting cultural humility in Native Hawaiian healer exemption. Hospitals, and even midwives alone, may not be the best fit for certain populations. I stand by SB1033, SD2 and hope to see it successfully passed. Let the State of Hawaii grow in expanding women’s personal medical decisions.

Mahalo for your support of SB1033, SD2.

Sruthi Vijayakumar
sruthikv@hawaii.edu

SB-1033-SD-2

Submitted on: 3/17/2019 2:16:37 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Crowson	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 2:41:57 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Owens	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 2:06:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tan, ND, MAcOM, LAc	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 3:00:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith I Ojukwu	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

6.) In addition, please send this to each of the following Health Committee Chair, Vice Chair and members emails:

Chair John Mizuno 586-6050 <mailto:repmizuno@capitol.hawaii.gov>
Vice Chair Bert Kobayashi 586-6310 <mailto:repkobayashi@capitol.hawaii.gov>
Rep Della Au Bellatti 586-9425 <mailto:repbelatti@capitol.hawaii.gov>
Rep Nadine Nakamura 586-8435 <mailto:repnakamura@capitol.hawaii.gov>
Rep Joy San Buenaventura 586-6530 <mailto:repsanbuenaventura@capitol.hawaii.gov>
Rep Calvin Say 586-6900 <mailto:repsay@capitol.hawaii.gov>
Rep James Tokioka 586-6270 <mailto:reptokioka@capitol.hawaii.gov>
Rep Gene Ward 586-6420 <mailto:repward@capitol.hawaii.gov>

SB-1033-SD-2

Submitted on: 3/17/2019 3:06:18 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nalu Compehos	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 2:59:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kamali Compehos	Individual	Oppose	No

Comments:

From: [Celine Consoli](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 10:42:13 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Celine Consoli
Email	cfconsoli@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Amber Woolsey](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:56:44 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. Here is why:

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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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.

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Sarah Snyder](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:53:28 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Sarah Snyder

Email srslater1@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. Here is why:

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From: [Jessica Pojas](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:55:04 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Pojas
Email	jess.pojas@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.
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From: [Jessica Santiago](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:18:57 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Tami Winston](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:27:26 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tami Winston
Email	kauakeaw@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Crystal Homcy](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:35:08 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Crystal Homcy
Email	cravegreens@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
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- 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.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Kristina Boccio](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:41:18 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kristina Boccio
Email	kristina.boccio@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
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From: [Simone Derow-Ostapowicz](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:26:32 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Simone Derow-Ostapowicz

Email simonederow@yahoo.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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From: [Angela Smith](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 7:42:19 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Angela Smith
Email	noelanihulamom@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Nizhoni Tohe](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 5:26:26 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Nizhoni Tohe
Email	Nizhonirain@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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From: [Gina Kan](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:49:19 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Gina Kan
Email	respectrootswoman@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Maria Diessner](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:47:44 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maria Diessner
Email	mariadiessner@gmail.com

Type a question Aloha
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committee members,

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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Meggie Patton](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 12:31:32 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Meggie Patton
Email	mpatton@sterlingcollege.edu

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

HAWAII MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA.

EST. 2015

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

The Hawai'i Midwifery Council stands in **STRONG OPPOSITION** of SB1033sd1.

The Hawai'i Midwifery Council (HMC) currently represents the majority of Hawai'i's midwives. We are an organization formed in 2015 in response to the Midwives Alliance of Hawai'i's misrepresentation and exclusion of multiple types of midwives by their current board.

Legislation for midwives is a sensitive and tricky endeavor. We appreciate what is attempting to be done but there is a very clear lack of understanding for the role and accurate definition of a midwife. **There are only 2 types of midwives, nurse midwives and direct entry midwives.** This bill would unfairly disallow almost one-half of the state's direct entry midwives from obtaining a license or even using their title "midwife." SB 1033sd1 will unreasonably restrict entry into the licensed profession of midwifery by ALL qualified persons by disallowing already long-time practicing direct entry midwives to obtain a license. In many parts of the state there is already inadequate access to specialty healthcare; this bill would also further compromise many of the states birthing parents and their children.

HMC has worked tirelessly with ALL of the state's midwives to write a version of this bill that we ALL approve of and support, and in turn it will have the support of the families we support and serve. This version covers ALL direct entry midwives, not just a small subsection as the currently proposed draft does. This version was emailed to each committee member on Sunday. We respectfully ask that you replace the wording of SB1033HD1 with the draft submitted by HMC.

Midwives were asked to take the initiative and develop a registry and complaints process for our clients. We HAVE accomplished this! HMC working with the Hawai'i Home Birth Collective have created a thorough registration process that includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai'i Elders Council.

Please work with the state's midwives through this process. Please do not pass a substandard bill with plans to address its inequality in 3 years. We urge you to deeply consider this important decision, it is not a simple or straightforward thing to require certification and licensure of ancient knowledge. If our version is unacceptable, please bring ALL parties involved together in a working group, we can find a resolution that doesn't leave any midwife behind in the process. Please be sure that this time you invite a homebirth consumer, a non-certified direct entry midwife, and a representative each of Hawai'i Homebirth Collective and Hawai'i Midwifery Council to take part in the working group.

Together we can pass a great bill the first time around.
Please do not support SB1033HD1.

Mahalo for your time,

Rachel Curnel Struempf, DEM

President, Hawai'i Midwifery Council

Hawaiimidwiferycouncil@gmail.com

(808)990-8025

SB-1033-SD-2

Submitted on: 3/17/2019 4:17:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Oppose	No

Comments:

Use the Hawai'i Midwifery Council's version of SB1033 (posted in comments for your review) instead of the currently proposed SB1033HD! Do not to pass a badly written, problematic bill, MAKE IT A WORKING GROUP!!!

www.WeAreOne.cc

SB-1033-SD-2

Submitted on: 3/17/2019 6:12:52 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ida Darragh	North American Registry of Midwives	Support	No

Comments:

The North American Registry of Midwives strongly supports SB 1033 to license Certified Professional Midwives, including the amendments proposed by the Midwives Alliance of Hawai'i. This bill includes licensure language supported by United States Midwifery Education, Regulation, and Association (US MERA), which is based on the competencies of the International Confederation of Midwives. This licensure language has also been endorsed by the Midwives Alliance of North America, the National Association of Certified Professional Midwives, the Midwifery Education Accreditation Council, the American College of Nurse-Midwives, and the American Midwifery Certification Board. This criteria for licensure in your bill is similar to midwifery licensure bills which have passed in the last two years in Alabama, Maine, South Dakota, Michigan, and Kentucky. Passing this bill will include Hawai'i in the 33 states that license direct-entry midwives in the US. Please support this bill.

March 17, 2019

To: Representative Mizuno, Chair
Representative Kobayashi, Vice Chair
House Committee on Health

From: Laura Nevitt, Director of Public Policy
Hawaii Children's Action Network

Re: **S.B. 1033– RELATING TO THE LICENSURE OF MIDWIVES.**
Hawaii State Capitol, Room 329 , March 19, 2019, 8:30 AM

HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write to provide comments with strong recommendations to S.B. 1033 SD2 HD1 proposed, which would establish licensure of midwives. Exempts Native Hawaiian healers from licensure requirements. Requires registration for current practicing midwives by 1/1/2024, and thereafter full licensure must be obtained. Provides provisional licensure until full licensure can be obtained. Provides penalties for violation of registration and licensure requirements. Appropriates funds from the compliance resolution fund. Effective 7/1/2050. (SD2)

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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language (see Midwives Alliance of Hawaii for specific language).

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 outdated and narrow language of SB1033 SD2 HD1 Proposed, based on Oregon statute, to define "midwife" and "midwifery". Oregon licensing statute defining "midwifery" has not been updated since 1993, which is prior to certified professional midwives and certified midwives being recognized and certified. Hawai'i should not look to another state's language that is outdated and does not meet the ICM and national standards

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 strongly urge you to amend SB1033 SD2 HD1 Proposed 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.

REGULAR SESSION OF 2019

Hearing date Tuesday, March 19, 2019 at 8:30 am Room #329

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

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members Representative Belatti, Representative Nakamura, Representative San Buenaventura, Representative Say, Representative Tokioka, and Representative Ward,

My name is Mari Stewart. I am the founder of Birth Believers and I am a well educated, apprenticeship trained traditional midwife who has taught and trained thousands of island families about evidence based childbirth for the last 40 years!

I am in **Strong Opposition of SB1033 SD2 HD1 Proposed** as it stands.

I will attempt to keep this brief, but would appreciate your time in looking through the points below that clearly indicate just a few of the areas which magnify and identify how flawed this bill is and why it should not be passed through this committee.

- If there was truly an interest in perpetuating and promoting our Hawaii midwives, then the **Exemption Section 6 point 2** should read: "A student midwife is one who is currently under the direct supervision of a midwife preceptor" to allow the NARM and NARM and MANA approved PEP pathway of training. NARM's Portfolio Evaluation Process (PEP) is an educational evaluation process that includes verification of knowledge and skills by qualified preceptors. As it is currently stands its flawed language eliminates all ability for Midwives to train here in Hawaii.
- This bill will make me illegal in 2023 if the legislature fails to come back and pass further legislation to allow me to practice legally. **PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4.** If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.

- The Hawaii Regulatory Licensing Reform Act states that “**Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;**” which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.
- This flawed bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. My right to practice as a Biblical midwife has been written into my church's bylaws since its inception.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.
- EVERY draft and version of this bill has been wildly different than all other versions, so it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.
- Other states like Utah, New Mexico, and Texas all regulate their midwives without requiring certification, but this bill requires certification in order to be licensed, and that kind of certification is not readily available in Hawaii. The bill's authors obviously know this, because the preamble states that the legislature intends to enact another statute in the next 3 years that will license and allow all types of midwives, but passing this law as-is will make most homebirth midwives illegal in 3 years if the legislature fails to pass a better law by 2023.”

Once again, thank you for your time and service to our State by hearing and listening to the voices of your constituents and by supporting our Island families by denying passage of **SB1033 SD2 HD1 Proposed** as it stands.

Sincerely,
 Mari Stewart
 Birth Believers

SB-1033-SD-2

Submitted on: 3/17/2019 5:09:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Briggs	Birth Embodied Midwifery	Oppose	No

Comments:

As a practicing Licensed Midwife in the state of California I am familiar with midwifery legislation and how it can detrimentally effect various individuals and communities. The current version of SN1033 has not sufficiently covered the needs of traditional, Indigenous, midwives. It is important that these midwives are given the chance to speak directly to the needs of their communities. It is inappropriate to dictate colonized, state, licensure upon these midwives and their communities.

Thank you.

Heather Briggs

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

COMMITTEE ON HEALTH

Tuesday, March 19, 2019 8:30 a.m. Conference Room 329

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.
- **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” 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.
- **Transfer delays are increased** when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- **Kanaka Maoli traditional practices are not protected.** 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.
- **This measure is full of legal gray areas; gray areas are what lawsuits are made of.**

- **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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing:

“...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>

Here are some other major problems with SB 1033 SD2:

- **The definition of “traditional midwife” is extremely problematic.**
 - First, this definition is not traditional at all, in any sense of the term or by any cultural standard.
 - **Cultural practices are almost always spiritual in nature.** For this reason, they must be defined according to the mandates of culture, and not by external requirements that do not fit that culture (See Kahuna Statement). This applies to all cultures.
 - *“low risk pregnancy”* is an arguable term, hotly debatable at best. It is not defined in this bill. This is likely to cause severe conflict in implementation.
 - *“provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery”* is just a mess. First, real traditional midwives would not even have access to the language of said disclosure, much less a computer or printer to print them out. Second, the whole sentence is grammatically confusing. This requirement, in essence, is that a traditional midwife with hundreds of years of culture behind her, gives out a paper saying she is not a real midwife.
 - *“does not use legend drugs and devices”* is redundant, as these are already prohibited, and not available except by prescription.

- “*does not advertise as a midwife*” is problematic, as the term “advertise” is not defined here, and its boundaries are very unclear.
- The entire term is externally defined, which **goes against culture and traditions, which must be internally defined in order to be considered bona fide**. (See quote from Papa Ola Lokahi-convended Kahuna Statement to the Legislature, 1998).
- **Astronomical cost issues have not been addressed.**
 - This committee has an obligation to pass only measures that are feasible.
 - **\$203,000** per year (DCCA’s estimate) for 13 licensed midwives is just not feasible, especially when these costs would be passed on to the families they serve.
 - There is no measurable benefit to consumers for this cost, as a “licensed midwife” is essentially the same as a “NARM-Certified Midwife” .

Additionally, existing concerns (in the first version of the bill) remain.

- Consumers are not helped by this measure, which would **limit choices, raise prices, and provide no measurable safety benefits** .
- The **exemptions do not actually exempt anyone** currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Some of the provisions are **unconstitutional**.
- 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 lack of protection of traditional practices afforded by the bill’s exemptions is serious.

The Kahuna Statement referenced above clarifies this. As stated above, the protections outlined under Papa Ola Lokahi are speculative and do not currently exist. It is inappropriate for the State to mandate or even suggest what Kanaka Maoli as a community should consider a cultural

practice, and the renowned kupuna who laid the foundation for this consideration made that clear. As a student of both Papa Henry Auwae (the master healer who led the original group who wrote the Kahuna Statement that Papa Ola Lokahi's Kupuna Council system is based on) and Dr. Kekuni Blaisdell, who founded much of the original efforts that Papa Ola Lokahi itself was based on, I am alarmed by this.

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.

Over-regulation of traditional midwives who are not Kanaka Maoli affects Kanaka Maoli practices severely. 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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

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.

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 for more information.

SB-1033-SD-2

Submitted on: 3/18/2019 12:55:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Home Birth Collective	Hawaii Home Birth collective	Oppose	Yes

Comments:

Aloha,

We are in strong opposition of SB1033SD2 HD1 Proposed as it stands. We will bring a hard copy of our suggested amendments to the hearing on 3/19/19 at 8:30 so that members can have it directly in front of them when we are testifying. We believe there will be hundreds of opposing testimony as there have been at other hearings on this issue, and it will be easier to find if we bring it with us.

The Hawaii Home Birth Collective provides accountability for hawaii home birth midwives through registration, informed consent, individual testing standards, peer review, a grievance process and data collection.

HD1 proposed discriminates against midwives who are neither a CPM or CM. It does not appreciate or respect other direct entry midwives or allow them to continue calling themselves midwives, even though that is who they are known as to the communities they have been serving for 10-50 years. This draft suggests a name change to "birth attendant" which we feel will confuse the community more.

We are asking that this draft be amended to allow all midwives to continue to call themselves midwives and include a definition for "registered midwife - midwives registered with the self regulated Hawaii Home Birth Collective and Elders Council," and then include an exemption for registered midwives.

Thank you for your careful consideration in this matter.

Hawaii Home Birth Collective and Elders Council

Gentle Beginnings Midwifery

Regular Session of 2019

kalokomidwife@gmail.com

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

Gentle Beginnings Midwifery has been offering safe, midwife attended home births since 2004. None of our direct entry midwives are certified. The currently proposed SB1033hd1 will force every single one of us out of business.

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 SB1033hd1 becomes law. While we appreciate the intent behind the effort to provide licensure, SB1033hd1 was clearly not written by someone who understands who a direct entry midwife is, or what they do in the context of home birth.

We are all founding members of both the Hawai'i Midwifery Council, and the Hawai'i Home Birth Collective. None of us are, or have been associated with the organization known as MAH in the past 7 years; due to a lack of equality, fair representation, and advocacy for all direct entry midwives by its board.

We are all think that the SB1033hd1 version of this bill is poorly written and not very thoroughly thought out. There are too many problematic areas to merely suggest a change or two. SB1033hd1 needs to be gutted and have the Hawai'i Midwifery Council's version inserted. We are all very much in support the Hawai'i Midwifery

Council's version of SD1033 as it is currently written. It provides; a very clear and concise pathway for 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 on Sunday.

We are also 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 midwives who qualify for licensure bear such a heavy financial burden. If the all of the approximated 34 direct entry midwives in Hawai'i were licensed, the annual fee would need to be over \$6,000 for each midwife. This financial burden will force some midwives out of practice.

Please do not pass a substandard bill with the plan to go back and address its lack of understanding at some time in the next 3 years. **Pass a GOOD bill the first time**, and if you cannot do this, make this bill a working group that includes all types of midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council. Together we CAN pass a great bill!

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

Blessings,

The Midwives of Gentle Beginnings Midwifery



Hawaii Women's Coalition

COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

TIME: 08:30 am

PLACE: Conference Room 329

Aloha Chair Mizuno, Vice Chair Kobayashi and members,

The Hawaii Women's Coalition supports SB1033 in its original form, but has concerns about the proposed HD1.

This bill should follow the recommendations of the 2017 audit which noted that Professional Midwives' "work directly impacts—and can endanger—the health and safety of both mothers and babies. Given the nature of the work performed by midwives, we recommend that the Legislature consider establishing a mandatory licensing framework for all midwives, not just Certified Professional Midwives, to protect the consumers of the services, i.e., the mothers and newborns."

The proposed HD1 seems to include definitions of Midwife and Midwifery that are so broad that licensure would become meaningless. We must remember that licensure is about protecting the consumer NOT the livelihood of those who are for all intents and purposes practicing medicine without standards or oversight.

We support the Midwives Alliance of Hawaii in requesting that the Committee adopt their suggested amendments that define "Midwives" and "Midwifery" to meet current international standards.

We are reprinting the suggested amendments below:

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

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



Hawaii Women's Coalition

"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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

- (1) A certified nurse-midwife holding a valid license under chapter 457;



Hawaii Women's Coalition

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced~~

~~practice registered nurse license as a certified nurse midwife pursuant to chapter 457;~~

~~(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;~~

~~(2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;~~

~~(3) (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or~~

~~(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:~~

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e) (b)~~ Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an~~



Hawaii Women's Coalition

9) § - 11. Authority to purchase and administer certain legend drugs and devices:
(Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

Mahalo for the opportunity to testify,

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

SB-1033-SD-2

Submitted on: 3/18/2019 12:27:25 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Kimata ND	Sacred Healing Arts LLC	Oppose	Yes

Comments:

Aloha,

We at Sacred Healing Arts Stronly oppose SB1033SD2 Proposed HD1

This draft is flawed in so many ways, if you are unwilling to defer this bill or form a working group to improve it and bring it back next year, we suggest you take the amendments proposed by the Hawaii Home Birth Collective or convert the draft to the SD3 version from the Hawaii Midwifery Council. The fact that every draft of this bill has been so widely different must make it obvious that this issue is a complex one. As we have said before, a working group would be an important step in resolving this problem.

Mahalo,

Sacre Healing Arts LLC

Please oppose.

Hawaii Holistic Midwifery
Darby Partner Certified Professional Midwife
PO Box 1600 Kealahou, HI 96750 (808)313-2428
www.unfoldinglotus.com birthbliss@gmail.

Regular Session of 2019
SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in STRONG OPPOSITION

Dear House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

Aloha, my name is Darby Partner. I am a CPM, and a traditional and holistic midwife. I have been in practice on the Big Island for 5 1/2 years.

Midwifery is an ancient practice, and the paths to becoming a homebirth midwife are diverse, and so are the ways that each midwife practices.

Although I am CPM that could qualify for licensure I strongly oppose this bill for the following reasons:

1) This bill would make many of my midwife colleagues illegal. I personally know they are excellent midwives, I have worked along side many of them. It would be a disservice to the birthing families of Hawaii if they were no longer able to legally serve families.

2) This bill was written without discussing it with me, or most of the other midwives in the state. Please include all of the midwives in the state in the writing of the bill about our profession. We need a bill that can respect all different types of midwives.

3) Please consider Hawaii Midwifery Council's bill instead. I support the bill written and submitted by Hawaii Midwifery Council.

I believe there should be an official working group of ALL the stakeholders involved. I support this working group to write a new bill that is respectful to all the midwives of Hawaii.

Please also consider the Hawaii Homebirth Collective's statements. The HMC & the HHBC are organizations that I am a member of, and stand behind. They both represent the majority of the midwives in the state.

Thank you very much for your time and consideration,

Darby L. Partner, CPM

Kona Coast LLL

Regular Session of 2019

(808) 325-3055

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

The Kona coast LLL is a breastfeeding organization that has been offering statewide free breastfeeding support and education for almost 30 years.

It is our opinion that SB1033hd1 is written poorly, that it has very problematic language, and it is not very well thought out. This proposed draft eliminates around half of the states currently practicing midwives from obtaining a license.

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

How will the midwives forced out of practice continue to support their ohana? Think about that, approximately half of the state's direct entry midwives will no longer legally be able to pursue their livelihood if SB1033hd1 becomes law. The draft was obviously written by someone who has no idea what a direct entry midwife is, or what they do in the context of home birth.

We support the Hawai'i Midwifery Council's version of SD1033. It provides a pathway for all direct entry midwives to seek licensure, promotes using practices, and a provides a process for the handling of consumer complaints. A copy of this draft was emailed to each committee member on Sunday.

Please do not pass a poorly written and planned out bill and just plan to go back and address its numerous problems at some date time in the next 3 years. **Pass a GOOD bill the first time.**

If you are unable to write an acceptable bill this year, please turn this bill a *working group* that includes all types of midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council. Together we CAN pass a great bill!

Mahalo

From: [Elisa Spring](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:57:30 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Elisa Spring
Email	elisa@sacredrelating.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Nancy Holbrook](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:26:09 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Nancy Holbrook
Email	nancy_holbeook@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

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

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.

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.

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Tara Mattes](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 11:26:00 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tara Mattes
Email	taramattes3@gmail.com

Type a question Aloha
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committee members,

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Mary Betsellie](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 11:01:14 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mary Betsellie
Email	dreamstar360@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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SB-1033-SD-2

Submitted on: 3/17/2019 4:48:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

From: [Lauran Chapple](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:09:28 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lauran Chapple
Email	lauranjb@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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and cultural practices. Here is why:

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From: [Pua Case](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:00:37 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Pua Case

Email puacase@hawaiiantel.net

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Michelle Fuller](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:54:54 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Michelle Fuller
Email	mblair27@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:

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From: [Ye Nguyen](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:20:51 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ye Nguyen
Email	dryenguyen@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Wen Yu](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:05:40 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Wen Yu
Email	callmeecho@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/17/2019 7:18:45 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ivy Clinger	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

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 birth 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 wasn't 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-SD-2

Submitted on: 3/17/2019 6:34:18 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
nicole floyd	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 6:41:12 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Individual	Oppose	No

Comments:

Testimony from Ms. Alexandra Kisitu, M.A., C.D, PhD Candidate, Health Lifestyles and Childbirth Researcher

Aloha Committee,

My name is Alexandra Kisitu, and I am a researcher and PhD candidate at the University of Hawaii at Manoa. My dissertation research specializes in homebirth in Hawaii, and I am also a certified doula, birthkeeper, researcher, and mother to two children born outside of the hospital. I am submitting my testimony in STRONG OPPOSITION to SB1033 SD2.

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.

It is 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 birthworkers, to implement this bill. The DCCA has repeatedly determined that this bill is financial unfeasable.

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 Hawaiian 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 safer and is NOT going to make birth more accessible and is NOT going to make 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 an 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-SD-2

Submitted on: 3/17/2019 7:00:14 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Rueda	Individual	Oppose	No

Comments:

To Whom it May Concern,

This bill is disrespectful and discriminatory to the birthing options of the people of Hawaii. There is a self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i. This bill is taking away a right that we have to chose who supports us in our births. A midwife is a person who is trained to assist a woman during childbirth. These women do that and more. I have never felt more safe, more secure, more guided and more educated then with my midwives during my pregnancy. These women are built up with knowledge, and mana. I oppose Bill SB1033 and ask that you respect and support all midwives who have been serving their community.

Thank you.

SB-1033-SD-2

Submitted on: 3/17/2019 7:04:55 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shaeralee-Tiare Manosa	Individual	Oppose	No

Comments:

I oppose SB1033 and its intentions. it only includes CPM and CM's (of which there are none in Hawaii), and it appears to offer exemptions but they aren't exempting ANYONE, The bill states that they will be changing the laws in 3 years to regulate other birth professionals... a bill has already been written, a version that is acceptable to everyone! You should choose to use the Hawai'i Midwifery Council's version of SB1033 instead of the currently proposed SB1033HD! I urge that you DO NOT pass a badly written, problematic bill, and MAKE IT A WORKING GROUP!!!

It is evident, that those proposing this bill have ulterior motives because the bill name could be easily mistaken as the bill written by The Hawaii Midwifery Council. I believe that being transparent shows that one is truthful and honest, while hiding behind a similar bill name displays that they are being sneaky.. that alone should be an implication that this bill is not for the people, but for those who do business.

All political power of this State is inherent in the people and the responsibility for the exercise thereof rests with the people. All government is founded on this authority. [*Am Const Con 1978 and election Nov 7, 1978*]

SB-1033-SD-2

Submitted on: 3/17/2019 7:32:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pavel Yushin	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:36:46 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Sims	Individual	Comments	No

Comments:

I strongly urge legislators to adopt the Midwives Alliance of Hawaii's recommended amendments utilizing the International Confederation of Midwives definitions of midwife and midwifery.

Thank you,

Susan Sims CNM

SB-1033-SD-2

Submitted on: 3/17/2019 7:37:15 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 7:40:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roxanne Wada	Individual	Support	No

Comments:

I support this bill and strongly recommend MAHs amendments.

If it wasn't for midwifery care with my first child I truly believe I would've ended up with a cesarean and a traumatic birth experience. I had a very long labor, which I was prepared for because it runs in my family and the hospital is not well equipped to handle very long labors, but because I had a midwife, I was able to labor at home and then deliver in the hospital with no complications or interventions other than an epidural. That is a REALLY big deal in Maui where our hospital does not allow VBACs, and the emergency care is limited.

I had a wonderful, empowering birth experience, with excellent care, without taking up a bed in the hospital unnecessarily. My midwife was with me from the beginning through postpartum and she would answer any concern at any time of the night and take the time to discuss diet and any questions I had. I have never had as good a care from any other provider, ever.

I deeply wish that midwives were licensed in HI. I am now pregnant a second time, and we cannot afford a midwife this time around. My care has not been as personal, helpful or enjoyable because my doctors are overloaded and stressed out. They have no time to really listen to my concerns because they have so many patients! I so wish I could have a midwife through my insurance!

Please please approve this bill with MAH amendments! The women of Hawaii will thank you a hundred times over!

SB-1033-SD-2

Submitted on: 3/17/2019 7:58:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
katie Breen	Individual	Oppose	No

Comments:

Midwifery is an ancient practice. When one hears this word they think of a person that has obtained this honorable title through countless hours, dedicated time accumulating into a wide range of experience, & not some systematic process of schooling, training, & testing. Any simple online inquiry shows the same basic principles of this mission & includes nothing of any specific standardized path of entry into this life besides observation & practice.

Midwifery is an ancient act, placing strength in this tried and true process, prioritizing the knowledge that people learn the MOST through observing & doing and being out in the field, not reading in books & answering cold questions in the classroom. This mission should be kept in this honor. This process does place substantially more responsibility where it should, on the client. Instead of a sterile, vigorously charted & standardized process with threats to variation, this unique birth choice jumpstarts the transition to parenthood by encouraging one to do their own due diligence on thorough research and asking thoughtful questions, trusting nature's process and their intuition, and then deliberately choosing what & WHO is best for themselves, their developing child, & overall family.

Personally the privilege of midwifery in Hawaii was essential in shaping & providing my optimal childbirth experience. The increasing numbers of clients & inquiries, & the overwhelming demand for the current acting island midwives shows the need for this care is only growing. I join this group striving for this gift of CHOICE to continue on for my sisters, for my daughters, & for the accumulating group of individuals who are choosing a unique & deliberate entry into our physical world for their child, and looking for a different experience for themselves, and their family.

SB-1033-SD-2

Submitted on: 3/17/2019 8:08:36 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Gallagher Felix	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice-Chair Kobayashi and members of the committee,

I urge you to amend SB1033 SD2 HD1 as proposed by the Midwives Alliance of Hawaii in order to effectively establish a regulatory program for the practice of midwifery. As a nurse practitioner in the area of women's health, I am concerned that leaving midwifery unregulated leaves families who chose midwifery services from those who are not already regulated (CNMs who are also APRNS) in an unsafe situation. The families have no way to know, other than through word of mouth, whom they can trust to provide them with skilled and competent care. This seems particularly incongruous considering the level of regulation which our state has in place for others who provide health care and health related services to our citizens.

Please support the families of Hawaii having the opportunity to receive their care from midwives who meet well developed standards.

Mahalo for your attention to this measure,

Jane Gallagher Felix, MSN, APRN WHNP

SB-1033-SD-2

Submitted on: 3/17/2019 8:14:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:14:28 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Koohan Paik	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:21:26 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sheena Duarte	Individual	Oppose	No

Comments:

From: [Mitsuko Hayakawa](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:03:27 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mitsuko Hayakawa
Email	foodsovereigntynew@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/17/2019 4:49:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sean Wilson	Individual	Oppose	No

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives i

SB-1033-SD-2

Submitted on: 3/17/2019 5:00:20 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Webster	Individual	Comments	No

Comments:

As a grandmother I feel it is supremely important to have certified midwives available for my grand daughters and all women; their safety depends upon it. Thank you.

SB-1033-SD-2

Submitted on: 3/17/2019 4:27:06 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Mandelstam	Individual	Oppose	No

Comments:

This bill will severely limit and damage the options available for couples to give birth in the state. Given that the US medical system is already behind 30-40 other countries when it comes to an infant mortality rate, it seems ridiculous to put even more insistence on Western Medical training which does not have a clear safer advantage over traditionally mid-wifery. My wife just gave birth 5 months ago, and the assistance of our Midwife was invaluable, both in the services she provided, as well as making us feel at ease, and comfortable in the entire process. This bill would make practices like hers illegal, and provides absolutely no alternatives for those who would like to bring their offspring into the world in a natural and/or sacred environment. Further, there are no programs in the state to even allow mid-wives to get this certification, meaning that any practitioner would need to leave the island for training. Given the instances of medical professionals returning to the islands after training, this would lead to more practitioners leaving the island and FAR LESS choice for expectant mothers to seek for assistance. This would also lead to far more women not getting any assistance or help with their births, and thus increasing the infant mortality rate.

From: [Twinkle Borge](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:14:16 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Twinkle Borge
Email	twinkleborge@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Hannah Ashley](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:09:53 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Hannah Ashley
Email	hannahashleymt@gmail.com

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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From: [Laura Acasio](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:07:53 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Laura Acasio
Email	laura.acasio@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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SB-1033-SD-2

Submitted on: 3/17/2019 3:39:13 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I am a home birth mother and I oppose this bill. This bill is FLAWED and will make access to midwifery care & homebirth even more difficult.

The Hawaii Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;" which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.

It is ridiculous that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name.

EVERY draft and version of this bill has been wildly different than all other versions, it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Mahalo,

Chalé Turner

Ewa Beach resident & homebirth mother

SB-1033-SD-2

Submitted on: 3/17/2019 4:09:09 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Madison Haynes	Individual	Oppose	No

Comments:

Midwifery is such an important and needed service. It should be the woman's choice as to whether she has an OB or midwife, or both. NOT the governments decision to decide for her. I had a midwife and OB at my sons birth and for my next birth, I will have only a midwife and doula. It should be the woman's choice. No one elses.

From: [soraya applegate](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:57:04 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name soraya applegate
Email sorayafaris@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Lisa Martin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:53:59 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lisa Martin
Email	casadycats@aol.com

Type a question Aloha
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committee members,

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SB-1033-SD-2

Submitted on: 3/18/2019 4:31:27 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/16/2019 9:32:13 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

"I strongly urge you to adopt Midwives Alliance of Hawaii's recommended amendments"

SB-1033-SD-2

Submitted on: 3/16/2019 7:19:59 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Please oppose this.

All midwives should be able to care for pregnant women and babies.

Traditional midwives are my preferred choice

thank you

SB-1033-SD-2

Submitted on: 3/16/2019 9:31:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha, there are many problems with SB1033SD2 proposed HD1, the most distressing is the disrespectful and discriminatory fashion in which it is written. This act says the director shall grant to a person the permission to use the title "midwife." which will mean that women like myself who have identified themselves as midwives, serving the community for 30-50 years will now have to stop calling themselves midwife, what thousands of people know and love them as, for no other reason than the legislature feels they must redefine who they are, and make them conform to a nurse or certified form of midwifery. I feel it is very important to respect, preserve, and perpetuate the midwifery model of care in it's non-nurse or certified form and continue to offer THIS as a birthing choice for the people of Hawaii.

I will be testifying in person and will reserve my additional comments for that time.

Sincerely,

Lori Klmata ND Midwife

SB-1033-SD-2

Submitted on: 3/17/2019 1:21:13 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 6:07:03 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janice Staab	Individual	Oppose	No

Comments:

From: [Mike Wong](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:49:44 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Mike Wong
Email suntzuwong@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Karen Murray](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:35:26 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Karen Murray
Email	kmurray.tesimony@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [cindy freitas](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 9:45:39 AM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	cindy freitas
Email	hanahanai@hawaii.rr.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Tammy Chang](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 7:54:05 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tammy Chang
Email	tamacha@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [Kathryn Benjamin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:07:20 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kathryn Benjamin
Email	katy.benjamin@gmail.com

Type a question Aloha
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committee members,

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From: [Molly McLaughlin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:12:14 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Molly McLaughlin
Email	mollyirene42@gmail.com

Type a question Aloha
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committee members,

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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From: [Summer-Lee Yadao](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:10:15 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Summer-Lee Yadao
Email	sumlove808@gmail.com

Type a question Aloha
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committee members,

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From: [Tatiana Young](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:10:14 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tatiana Young
Email	youngtk@hawaii.edu

Type a question Aloha
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committee members,

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SB-1033-SD-2

Submitted on: 3/17/2019 4:19:15 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lola O.	Individual	Oppose	No

Comments:

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to prov

From: [Jennifer Rodwell](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:53:45 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jennifer Rodwell
Email	jrodwell@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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From: [matthew noe](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:15:57 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	matthew noe
Email	navadwip999@gmail.com

Type a question Aloha
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From: [Yun Yi](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:12:31 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Yun Yi
Email	yi.yunkyong@gmail.com

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [KELly Stern](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:05:30 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	KELly Stern
Email	goldielocksyogi@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

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From: [Mie Omori](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 9:02:16 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Mie Omori

Email mie.omori@ilwulocal142.org

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. Here is why:

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From: [Francesca Caires](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:34:30 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Francesca Caires
Email	francescacaire@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Tonya Coulter](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:27:35 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tonya Coulter
Email	tonyacoulter@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:

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From: [Wai'ala Ahn](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:24:59 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Wai'ala Ahn
Email	waiala.ahn@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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From: [Richard DeLeon](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:23:22 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Richard DeLeon
Email	kekaukike@msn.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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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.

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Dea Rackley](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:22:08 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Dea Rackley
Email	kumukahi77@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. Here is why:

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From: [Deb Mader](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:20:27 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Deb Mader
Email	orchid6128@aol.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/16/2019 5:09:11 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Comments	No

Comments:

I strongly urge the Health committee to adopt Midwives Alliance of Hawaii's proposed amendments.

From: [Kaiulani Cook](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 8:00:17 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kaiulani Cook
Email	lanicook@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
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From: [Julie Stowell](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Sunday, March 17, 2019 10:53:37 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Julie Stowell

Email julie@lomikai.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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SB-1033-SD-2

Submitted on: 3/17/2019 8:27:27 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bethany Sylvester	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date Tuesday, March 19, 2019 at 8:30 am Room #329

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

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members Representative Belatti, Representative Nakamura, Representative San Buenaventura, Representative Say, Representative Tokioka, and Representative Ward,

My name is Mari Stewart and I am in **Strong Opposition of SB1033 SD2 HD1 Proposed** as it stands.

I am a mother of two and a grandmother of 5 who attended and assisted at all five of my grandchildren's births. Two were born in the hospital. Three were born at home. I am a birth worker, I am a doula, I am a childbirth educator, I am a pastor, and I am a well educated, apprenticeship trained midwife.

I will attempt to keep this brief, but would appreciate your time in looking through the points below that clearly indicate just a few of the areas which magnify and identify how flawed this bill is.

- This bill will make me illegal in 2023 if the legislature fails to come back and pass further legislation to allow me to practice legally. **PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4.** If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.
- The Hawaii Regulatory Licensing Reform Act states that **"Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;"** which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.

- This flawed bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. My right to practice as a Biblical midwife has been written into my church's bylaws since its inception.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.
- EVERY draft and version of this bill has been wildly different than all other versions, so it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.
- Other states like Utah, New Mexico, and Texas all regulate their midwives without requiring certification, but this bill requires certification in order to be licensed, and that kind of certification is not readily available in Hawaii. The bill's authors obviously know this, because the preamble states that the legislature intends to enact another statute in the next 3 years that will license and allow all types of midwives, but passing this law as-is will make most homebirth midwives illegal in 3 years if the legislature fails to pass a better law by 2023.”

Once again, thank you for your time and service to our State by hearing and listening to the voices of your constituents and by supporting our Island families by denying passage of **SB1033 SD2 HD1 Proposed** as it stands.

Sincerely,
Pastor Mari Stewart
The Ark Christian Center

SB-1033-SD-2

Submitted on: 3/18/2019 4:36:42 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 8:52:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wai'ala Ahn	Individual	Oppose	No

Comments:

Aloha

House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.

- 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” 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.

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ½

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ½ 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>

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- 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.

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

Mahalo for your time and consideration on such an important and personal matter.

Please Strongly Oppose this bill.

A. Wai'ala Ahn

SB-1033-SD-2

Submitted on: 3/17/2019 10:57:32 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Porter	Individual	Oppose	No

Comments:

Aloha Congress,

I have given birth at home 2 times in the last 3 years here in Hawaii. Having the freedom to work with midwives culturalally trained is an important part of the process and journey of birth. I 100% oppose this bill and find it disrespectful and discriminatory against all practicing midwives with certified or traditional wisdom. It does NOT give Hawaiian pregnant women freedom of choice to chose what's best for her family and would seriously and dangerously limit her access to the care she desires. Please oppose and vote NO on SB1033 and all revisions.

Mahalo for your kokua in preserving Hawaiian women's rights.

Ashley Porter

SB-1033-SD-2

Submitted on: 3/17/2019 10:23:47 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ramona Hussey	Individual	Oppose	Yes

Comments:

Good Morning Chair Mizuno, Vice Chair Kobayashi, and Health Committee Members.

I am Ramona Hussey, former attorney, child advocate, and homebirth mom, and I am opposed to this PROPOSED new version of SB1033.

I believe this is the 5th version, most of which are radically different from one another.

This particular version 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 2024 to get licensed. That will be the end of traditional midwives.

Why is this important? Because it is traditional midwives who help women like me - those women who want to give birth at home with a skilled birth attendant, and don't want to use the medical facilities at a hospital. The continued existence of Traditional Midwives is also important to those women who live on neighbor islands, who live far from a birthing center, or who don't have health insurance. Those women rely on Traditional Midwives for their prenatal and birthing care.

Many other states allow Traditional Midwives to continue to help women give birth, and do NOT outlaw the traditional practice of midwifery. We have looked at both the Oregon and Utah midwifery laws, and there are others. Why is Hawaii so punitive? Why can we not learn from other States and model our law on their treatment of Traditional Midwives?

The Proposed 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 our homebirths, because there are NO educational programs in Hawaii for those experienced and skilled Traditional Midwives to become ‘certified’.

This version also has ADDED more punitive restrictions for the Certified Professional Midwives (CPMs) who might become licensed thru this system. I’ll let the CPMs speak to those restrictions.

But for us Homebirth Mothers, this latest, new and different, and WORSE version of SB 1033 is the most persuasive argument yet for the proposition that we desperately need an Official Task Force which can work out the multiple problems with these bills and create a licensing law which will meet the concerns of the Legislature AND the homebirth community. This Task Force MUST include all voices -- not just the medical establishment, but real homebirth mothers, and Traditional Midwives. I would be happy to serve on such a Task Force.

I urge you to vote NO on this Revision. And to create a Task Force to address this issue.

SB-1033-SD-2

Submitted on: 3/17/2019 10:43:44 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 9:11:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristin Wilson	Individual	Oppose	No

Comments:

I oppose SB1033 as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

6.) In addition, please send this to each of the following Health Committee Chair, Vice Chair and members emails:

Chair John Mizuno [586-6050](tel:586-6050) <mailto:repmizuno@capitol.hawaii.gov>
Vice Chair Bert Kobayashi [586-6310](tel:586-6310) <mailto:repkobayashi@capitol.hawaii.gov>
Rep Della Au Bellatti [586-9425](tel:586-9425) <mailto:repbelatti@capitol.hawaii.gov>
Rep Nadine Nakamura [586-8435](tel:586-8435) <mailto:repnakamura@capitol.hawaii.gov>
Rep Joy San Buenaventura [586-6530](tel:586-6530) <mailto:repsanbuenaventura@capitol.hawaii.gov>
Rep Calvin Say [586-6900](tel:586-6900) <mailto:repsay@capitol.hawaii.gov>
Rep James Tokioka [586-6270](tel:586-6270) <mailto:reptokioka@capitol.hawaii.gov>
Rep Gene Ward [586-6420](tel:586-6420) <mailto:repward@capitol.hawaii.gov>

Anyone in your home (even kids and teens!!!) with an email address can submit an opposition statement. Please take a few minutes and support women who should be able to choose where they birth and with whom.

SB-1033-SD-2

Submitted on: 3/17/2019 9:24:23 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Friebel	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 9:40:13 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Suzanna Kinsey	Individual	Oppose	Yes

Comments:

REGULAR SESSION OF 2019

Hearing date March 19, 2019

830 a.m. Room 329

Testimony IN OPPOSITION of SB1033 Relating to the Licensure of Midwives

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and 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.

At this recent midwifery seminar, there were 15+ midwives and not a single midwife represented who I am. There was one Hawaiian midwife, myself who is a visible minority, and everyone else was white. It felt very alienating to stand out so obviously on my own. In Hawaii! No midwife to represent me is reflected in the restrictions of bill SB1033 and it's exemptions. My rights to traditional and cultural homebirth midwives would not be protected in the exemptions of this bill as I do not fit into the exemptions - most notably, I am not Native Hawaiian nor do I identify with a distinct culture or religion that would have a midwife available to attend to me. I believe I am typical of many women in Hawaii.

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 impossible to achieve certification by July 1, 2023 which is barely 4 years away. Most programs are 4 years long and require a year of prerequisite classes as well. This is 5 years of schooling! I would also 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!

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 create a working group that includes ALL birth attendants and homebirth consumers. Please oppose SB1033 as it is proposed.

Thank you,

Suzanna Kinsey

SB-1033-SD-2

Submitted on: 3/17/2019 9:46:58 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Ye Nguyen	Individual	Oppose	Yes

Comments:

Aloha Representatives,

My name is Ye Nguyen. I am a licensed naturopathic physician, midwife, doula, and home birth mother of 2. I believe in freedom of choice.

I oppose SB1033, SD 2, relating to licensure of midwives.

This bill is extremely flawed on so many levels.

On a personal level, I will no longer be able to call myself a midwife. I have had the honor and privilege to apprentice under a respected traditional midwife in my community, who has practiced for 50 plus years. One of my other teachers, is a naturopathic physician and midwife who has practiced for over 30 years would also be made illegal.

The education that I have received through my naturopathic medical university, midwifery schools & workshops are as invaluable as the training that I have received from my apprenticeships. And yet, because I choose not to become a CPM or CNM or CM, I will no longer be able to call myself a midwife.

What right does the state of Hawaii decide who is to be called a midwife? How can the government, basically take the word "midwife" and redefine it to mean only if you are licensed by the state of Hawaii, can you call yourself one?

I believe in integrative medicine. I have had the honor to work alongside some amazing Ob/Gyns, CNMs, labor and delivery nurses, CPMs, traditional midwives, biblical midwives, naturopathic physician midwives, and cultural midwives in hospital and home birth settings.

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. We need an official working group of ALL the stakeholders involved to come up with a new bill that can respect all

different types of midwives. I want to support my CPM sisters, who want to be licensed. But not if it ends up making all other midwives who do not fit that mold, illegal.

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.

Each mother who chooses a home birth, is as unique and special as the midwife whom she chooses. The person that she invites into her home, to support her during this very sacred time is someone that she trusts deep in her heart, whether or not they are licensed.

Please seriously consider, opposing this bill. This is an extremely complex topic, not something to be taken lightly.

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 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

SB-1033-SD-2

Submitted on: 3/17/2019 9:51:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Izabela Lyles	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 10:10:05 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wen Yu	Individual	Oppose	No

Comments:

I oppose this bill!

SB-1033-SD-2

Submitted on: 3/17/2019 10:18:03 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Fallon Averette	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 9:40:07 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Annie Domko	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/17/2019 10:26:42 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed!

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

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

How will the midwives forced out of practice continue to support their ohana? Approximately half of the state's direct entry midwives will no longer legally be able to pursue their livelihood if SB1033hd1 becomes law. The draft was obviously written by someone who has no idea what a direct entry midwife is, or what they do at a home birth.

I support the Hawai'i Midwifery Council's version of SD1033. It provides a pathway for all direct entry midwives to seek licensure.

Please do not pass a poorly written and planned out bill and then plan to have to go back and address its numerous problems at some later date in time.
Pass a GOOD bill the first time.

Or, possibly turn this bill a *working group* and push on for greatness! Please include all types of direct entry midwives as well as members from the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council.

Together we CAN make a great bill!

Mahalo,

Gabe Struempf

SB-1033-SD-2

Submitted on: 3/18/2019 4:50:11 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeremy Armstrong	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:37:55 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Madina Lawlis	Individual	Oppose	No

Comments:

Aloha,

My name is Dr. Madina Lawlis and I am a clinical pharmacist married to the most wonderful medical doctor, Dr. C. Brent Lawlis. Together, with all of our professional medical experience, we CHOSE to birth our precious daughters in Hawaii with the most incredible midwife, Dr. Lori Kimata. Birthing at home with our midwife with no medical interventions was one of the best and most powerful decisions that we have ever made as parents. We have three daughters and all of our precious gifts were born at home with the help of a midwife. Each one of our experiences was life changing, beautiful, surreal, powerful, peaceful, SAFE, just to give a few adjectives of the thousand positive ones that I could write you. I have found a passion in showing other mothers that they do have a choice over their bodies, and their babies, and their birthing experiences. It should be common knowledge that the US is the most DANGEROUS place in the developed world for a mother to give birth in. This is not due to midwives and home births, but due to the failing OB/GYN care that these precious mothers and babies are receiving, causing PTSD and major trauma, inability to bond, inability to breastfeed due to stress or further complications. More mothers die in the US than any other developed country. Please reconsider this bill and consider why women in our country are dying while giving birth. I strongly oppose this bill. If you have any questions or need further comments, please do not hesitate to call me at (337) 794-6648

Sincerely,

Madina Lawlis, Pharm D, birthing advocate

SB-1033-SD-2

Submitted on: 3/18/2019 5:44:18 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marian Seliquini	Individual	Comments	No

Comments:

TO: House Committee on Health

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Marian Seliquini, Certified Midwife

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into

the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ⁱⁱ

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

- (b) conducting births on the midwife's own responsibility;^[i]
- (c) provision of advice and information regarding care for newborns and infants
- (d) providing counseling, support and advice regarding sexual and reproductive health, and;
- (e) 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 HI, including drug regimens, and;
- (f) consistent with the ICM 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;
- (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

I am attaching a copy of my resume as an example of my status as a Certified Midwife employed in New York state.

Sincerely,

Marian Seliquini, Certified Midwife

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

ii Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

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

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Margaret Ragen, CM Candidate

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."ⁱ Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ⁱⁱ

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and the Hawai'i Work Group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;

- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;ⁱ
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;
 - (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made.

Recently, I visited the Big Island and sought out professional affiliations with an eye toward beginning to work in the islands, when it is legally possible. I also spoke with family and friends who universally agreed expansion of licensed care providers to protect the public is needed. Though I currently live in Brooklyn, NY, I have been visiting Hawaii since the early 80s, visiting family and waiting for an entry-point to have a professional life there. I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Margaret Ragen, CM & CLC Candidate
Brooklyn, NY

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

ⁱⁱ Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS one. 2018 Feb 21;13(2):e0192523.

SB-1033-SD-2

Submitted on: 3/18/2019 4:25:49 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, as a Certified Midwife I can not support the bill until ammendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care according to a recent study.ii

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;
 - (g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Karen Kelly, M.S., Certified Midwife

SB-1033-SD-2

Submitted on: 3/18/2019 3:45:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Honorary Committee

I am submitting testimony IN OPPOSITION to SB1033 and here is why.

1. I have been present for the many hearings this subject has been scrutinized over since 2014. I hear what the medical midwives want, and I hear what the traditional midwives want, but more importantly, as I sit in these hearings I listen to what the people of Hawaii want. This bill is not a collaboration of these key “stake holders”. This bill is written to absolutely EXCLUDE Traditional Midwifery practices (and infect demotes and renames them) and the families they serve. The people of Hawaii have told legislators year after year that they want CHOICE, not limits! The people have risen, year after year to say, WE LOVE THE DIVERSITY OF MIDWIVES HAWAII OFFERS ITS FAMILIES!!!
2. This bill is NOT in favor of Hawaii or its people. It redefines the term “midwife”, narrowing the scope of the practice to 2 different pathways of education (CNM being excluded). CPM - Which used to be about core competencies, has become a largely medically driven modality of midwife providing care to a family outside of the hospital. And CM - which is legal to practice in 6 total states in the United States mainland and is a graduate degree not unlike the CNM graduate degree. Opening up these two pathways alone and eradicating the majority of the current home birth/Traditional Midwives is certainly not in favor of the people of Hawaii. In addition, the re-written, narrow definition of “Midwife” represents only the modern faction of midwives listed above. Redefining a word slowly rewrites history, erasing pasts, weakens skill sets and community bonds, slowly and quietly erodes centuries of birthing knowledge and trust in the process. Erasing history is very dangerous territory on so many levels, resulting in ethnic and cultural cleansing.
3. Does the State of Hawaii want to enact a law that removes the majority of access to services already present and trusted by its people? With this bill, the only way to provide “adequate” education is the relocation/displacement of native residents to the mainland United States. In fact it only includes one of the two pathways to

CPM certification. It favors the MEAC accredited schooling route to certification over the PEP process (apprenticeship model). With the exclusion of the PEP process, there is NO LOCAL ACCESS TO THE EDUCATION REQUIRED! The lack of local access to the education is discriminatory and classist. With that said, even with the PEP process, this education pathway is extremely limited locally. Exporting residents and importing transplants further erodes the cultural practices and understandings that are specific to Hawaii. In addition, in regards to Hawaii law, it is against the law to force regulation and licensing on a profession if there is no direct pathway to obtain that license in a reasonable and timely manor.

4. The start date of this bill is extremely problematic. There is no way the Traditional Midwives who are presently practicing could obtain a certification in by January 2020 and an incredible feat to obtain by 2023. This does not provide a reasonable timeframe to even attempt to relocate to obtain a CPM certificate, or attend a graduate program to become a CM, or attend nursing school and a graduate program to become a CNM. What does this do for Hawai'i's families in the next several years being forced to chose a birth plan that doesn't suit them or a midwife who may not understand or align with the family due to the lack of cultural sensitivities or integration into the community. There will be a major shortage in care providers, and with some neighbor islands already lacking resources or access to care, this becomes dangerous for our rural citizens. New mainland midwives are less likely to settle in these remote areas due to lack of resources, cash flow, or other modern niceties which may leave some of our rural areas completely out of access to good care.
5. What happened to the grandmother clause? There's decades of successful birth stories with extremely well loved, educated, and experienced midwives on all islands. If they cannot leave to get the education, what happens to these wise women and all the knowledge and experience they carry with them? How can the legislation find a way to honor these midwives, too.

So what are some solutions?

Really we need to ask ourselves, what is the intention of this bill?

1. If it is truly to allow for recognition of someone's graduate degree or completion of a national certification, then we need to "trim the fat" so to speak. Write a bill which recognizes these professions instead of attempting to redefine/colonize the word midwife. Allow CMs and CPMs (with the inclusion of the PEP process) access and be able to practice to their fullest extent and scope...AND...leave the rest out!
2. Create a registry through Hawaii Home Birth Collective! If this bill is intended to regulate "safety standards", as it is currently written, it will do no such thing. Limiting freedoms only forces extremes. The reality is that in the United States, maternal mortality rates are at an all time high, and families are skeptical about mainstream birth practices. WOMEN WANT CHOICE!

3. Include all “stakeholders” in the conversation. We should all be communicating with one another and not through a liaison. An actual working group to hash out this topic so we don’t have to do this again. Create meaningful legislation that can meet the needs of all women and the variety of midwives serving them.

Thank you for your time and energy in this matter. It is my great hope that you will vote with your people and OPPOSE THIS BILL!

With Aloha,

Jaymie
of Two & Traditional Midwife

Homebirth Mother

SB-1033-SD-2

Submitted on: 3/18/2019 2:25:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/17/2019 4:09:00 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

My name is Paolo Morgan, I am a registered and active voter. I was born at home with a non-certified direct entry midwife in 1979. One of my earliest childhood memories is the birth of my sister in my childhood home in 1985. My son and daughter were also born at home with a non-certified direct entry midwife.

All non-nurse midwives are called direct entry midwives. An uncertified midwife is still a midwife. It is insulting to a very important group of women if you insist that a midwife can no longer use the title “Midwife” because they lack a relatively new credential; or that they have to practice as a traditional birth attendant to be exempt from breaking the law, which doesn’t allow them to work within their specific training and skillset.

Midwives were asked to take the initiative and develop a registry and complaints process for consumers. They all got together and did this by creating a thorough registration process under the Hawai’i Home Birth Collective which includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai’i Elders Council.

I support the Hawai’i Midwifery Council’s version of SD1033. It includes very clear and concise ways for all direct entry midwives to seek licensure and practice within their personal skillset. Please consider using their well thought out and thorough bill in place of SB1033hd1. This process should not eliminate over one-half of the practitioners it is attempting to license.

Please work with the state’s midwives through this process; do not pass a substandard bill with plans to address its inequality at some time in 3 years. Pass a GOOD bill the first time and if you cannot do this, create a working group that includes all types of midwives as well as members from the Hawai’i Home Birth Collective and the Hawai’i Midwifery Council.

Mahalo for your time,
Paolo Morgan

SB-1033-SD-2

Submitted on: 3/17/2019 10:47:16 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
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 Mizuno, Vice Chair Kobayashi 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. 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.

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and honorable committee members,

My name is Rachel Curnel Struempf. I have 5 children and we have had the joy of living on the Big Island for the past 25 years. I began my journey to become a midwife after the hospital birth of my first child. I wanted to offer a different experience to birthing families.

I have been a direct entry midwife in Kona for the past 15 years. If SB1033hd1 passes, I will no longer be able to legally provide for my family by safely practicing my trained profession of midwifery. This is unacceptable.

Stated simply, I exist. I deserve to be included in this process. Midwives like me are being excluded from our livelihood. Midwives with 30-40 YEARS of experience are being forced to retire because they predate the certification this bill requires. This shows deep disrespect to a group of honest, dedicated, and hardworking women in our state. This is shameful.

The Hawai'i Midwifery Council worked with ALL of the state's direct entry midwives to write a version of the HB1033 bill that we ALL approve of and support. This version covers ALL direct entry midwives, not just a small subsection that the currently proposed draft does. This version was emailed to each committee member on Sunday by HMC. I respectfully ask that you replace the wording of SB1033HD1 with the draft submitted by HMC.

Midwives were asked to take the initiative and develop a registry and complaints process for our clients. We HAVE accomplished this by creating a thorough registration process with the Hawai'i Home Birth Collective which includes a verification of education and practice standards, as well as a complaints process for the consumer through the Hawai'i Elders Council.

Please work with the state's midwives through this process; do not pass a substandard bill with plans to address its inequality in 3 years.

Please deeply consider this important decision. It is not a simple or straightforward thing to require certification and licensure of ancient knowledge. Please bring ALL parties involved together for a working group; we **can** find a resolution that includes all midwives in the process. This time, please invite a homebirth consumer, a non-certified direct entry midwife, and a representative each of Hawai'i Homebirth Collective and Hawai'i Midwifery Council to take part in the working group.

Mahalo for your time,

Rachel Curnel Struempf, DEM

kaloko4@aol.com



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 Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019
PLACE: Hawaii State Capitol, Conference Room 329

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: COMMENTS**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made.

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."¹ 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."¹ 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified

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

professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title “midwife”.

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawaii ACOG wants to support this bill as we feel the licensure of the midwifery profession is long overdue in Hawaii. We are one of the few states that does not recognize this profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

- SB 1033_SD2_HD1 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of transfers in the event that complications arise, and we have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor’s Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore,
 - Under section 4 “Powers and duties of the director” (page 8), we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.
- Other amendments recommended by the Midwives Alliance of Hawaii in their written testimony.

Thank you for the opportunity to testify.

SB-1033-SD-2

Submitted on: 3/18/2019 7:28:45 AM

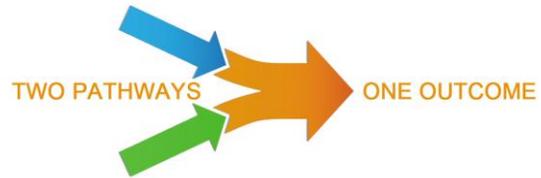
Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alyssa	Indie Birth Association	Oppose	Yes

Comments:

We oppose SB1033. Licensure of midwives does in fact impede one's ability to incorporate or provide cultural practices. Required licensing hurts midwives, and it hurts birthing women due to forced regulations and unnecessary "one size fits all" protocol. With the onset of licensing, many women become "risky" of a natural home birth (by the system, that is) and find that their only choice is to give birth either in a hospital or unassisted at home; and they choose the latter. It is a woman's birth right to decide who she has at her birth. Licensing steals this right because it eradicates traditional midwifery which is the true midwifery, leaving women to choose between a medicalized birth with a licensed midwife (licensed midwifery IS medical midwifery), or birthing by herself. Birth is not a medical event. It is a social, family event. Medicalizing this experience is dangerous. Please do not implement this colonization. This is an issue of human rights.

Committee of Midwife Advocates for the Certified Midwife (CM)



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

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Karen Jefferson, CM, MS, FACNM, Chair

Dana Perlman, CNM, DNP, FACNM, Vice-chair

ACNM Committee of Midwife Advocates for Certified Midwives

RE: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawai'i Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawai'i Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."¹ Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high likelihood of leading to improvements in maternity care, according to a recent study.²

The original language of this bill, HB 490, SB 1033 introduced 1/22/19, represented years of interdisciplinary work and compromise. It reflects optimal public policy to include midwifery among the licensed professions that contribute their expertise to decrease maternal and infant mortality, promote health and prevent disease. We unequivocally support this original language.

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and disincentivizes formal education and national certification. As currently written, the bill will enable ongoing practice of birth attendants without simultaneously enabling midwifery practice that meets minimal international norms, as agreed to by the interdisciplinary Hawai'i work group, and every midwifery organization in the United States. The

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

² Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

International Confederation of Midwives (ICM) educational standards provide a framework for minimum education and licensure requirement for midwives in order to protect the public and ensure an adequate midwifery work force. ICM standards form the basis for improved health outcomes and qualified workforce around the world. Therefore, if reinstating the original language is politically untenable, we 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 demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife"; in accordance with the International Confederation of Midwives (ICM) global education guidelines, all midwives applying for initial licensure are required to complete an educational pathway seeking accreditation or accredited by the Midwifery Education Accreditation Council (MEAC), the Accreditation Commission for Midwifery Education (ACME), or another accrediting agency recognized by the United States Department of Education as defined, or demonstrate successful completion of a Midwifery Bridge Certificate consisting of continuing education in emergency skills for pregnancy, birth and newborn care and other midwifery topics addressing the ICM Core Competencies, as determined by US MERA;

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made.

We submit this testimony on behalf of the American College of Nurse-Midwives committee charged with increasing access to Certified Midwives, congruent with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists, US-MERA task force agreements, ACNM standard setting documents, and Certified Midwives' graduate education and board certification.

Thank you for the opportunity to testify.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebekah Botello	Birth Belivers	Oppose	Yes

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

•I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

•I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

•I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

• PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:

HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 8:23:11 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bekah Botello	Birth Believers	Oppose	Yes

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.

- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:

HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 8:21:14 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aoki Birthing Care	Aoki Birthing Care	Oppose	No

Comments:

The PROPOSED HD1 is FLAWED. Every draft and version of this bill has been wildly different than all other versions clarifying the fact that this bill needs far more time to be thoroughly thought through and organized as this issue is very complex. This is not how policies should be made. Solution is an OFFICIAL WORKING GROUP with the DCCA, where ALL homebirth midwives (CPMs, DEMs) are voting members, including Traditional Midwives, Native Hawaiian Midwives and homebirth mothers. As these bills are trying to regulate the homebirth community, it makes the most sense for a reliable, experienced & qualified homebirth people to make up a homebirth working group. And to consider consultation with other non-homebirth providers. And a reminder about "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons" stated in the Hawaii Regulatory Licensing Reform Act. As this bill will restrict entry by qualified persons, does not state clearly the affordability of the license, and there is not accessible route to certification in the state of Hawai'i. Please remove the words "On or before July 1, 2023" from Section 6 (b)4, as this will make long standing practicing midwives illegal. Grandmother clause means to accept midwives who existed long before any law was written.

SB-1033-SD-2

Submitted on: 3/18/2019 7:45:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/19/19, at: 8:30am, Room #329

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

IN OPPOSITION

Aloha HLT Chair Mizuno, HLT Vice Kobayashi, 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. SB1033 SD2 HD1 is a FLAWED bill and creates new issues because the language is flawed in many ways. This bill has gone through many amendments and it keeps getting worse. Without input from ALL affected stakeholders, this bill will continue to be flawed
2. 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 not allow me to identify as a "midwife". I have been a Certified Professional Midwife for over 13 years and I am a midwife! You cannot legally prevent me from the title that I have earned through my schooling.
3. SB1033 SD2 HD1 limits birth practitioners who are adhering to the Midwifery Model of Care from calling themselves "midwives". Clients understand their birth practitioners to be their "midwife". According to this bill as written it would be illegal to call their practitioner "midwife".
4. I am also a NARM preceptor, and midwife preceptor for MEAC accredited schools. 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 students who are in Hawaii.

5. I support the perpetuation of ALL forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. Licensure.

6. 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.

7. The fee required for a small number of midwives seeking licensure would be exorbitant. I oppose this proposed bill because many of the changes made are flawed. SB1033 SD2 HD1 removed any requirement that fees be "reasonable or necessary. This bill allows DCCA to change the fee amount at any time with only 1 hearing and little notice. This bill gives vague powers to DCCA in their regulation: there is no appeal process for any decisions made by the DCCA, DCCA is allowed to require "any other information...to investigate qualifications for licensure" without limits.

8. This version of the bill is very vague and thus flawed in it's restrictions for CPM's: for example: CPM can lose their license if they fail to comply with "any law in a manner such that the director deems the applicant to be an unfit or improper person to hold a license. This is vague and could be discriminatory.

9. I am one of the founding elder members of the Hawai'i Home Birth Collective,LLC that has in excess of 25 practicing midwives compared to Midwives Alliance of Hawai'i that has only 3 listed on their website. Hawai'i Home Birth Collective,LLC is inclusive of all types of midwives who abide by the "midwives model of care" and has an "elder council" with elders/kapuna on every island to answer grievances and complaints from the consumer and other parties. We have instituted processes for informed consent, emergency plans and processes for self regulation for all registered midwives.

10. 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.

Please oppose SB1033 SD2 HD1 as it stands.

Sincerely,

Selena Green, CPM, owner
Hale Kealaula, LLC
[Www.halekealaulallc.com](http://www.halekealaulallc.com)

AFFILIATE OF



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

3/17/19

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

From: Hawaii Affiliate of the American College of Nurse Midwives

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

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

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made. We thank you for all the time and work you have put into this legislation and ask you to consider the following.

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

The US MERA is a coalition comprised of representatives of national midwifery associations, credentialing bodies, and education accreditation agencies to include: Accreditation Commission for Midwifery Education (ACME), American Midwifery Certification Board (AMCB), American College of Nurse-Midwives (ACNM), International Center for Traditional Childbearing, Midwifery Education Accreditation Counsel (MEAC), Midwives Alliance of North America (MANA), National Association of Certified Professional Midwives (NACPM), and North American Registry of Midwives. Together this coalition created guiding documents (below), based on the International Confederation of Midwives global standards, detailing standards for regulation, licensure, midwifery education and essential competencies for basic midwife practice. **We cannot support this bill without the education requirements set forth by this coalition being included.** [Principles for Model US Midwifery Legislation and Regulation \(2015\)](#), and [Statement on the Licensure of Certified Professional Midwives \(CPMs\) \(2015\)](#).

While we thank the committee for including Certified Midwives in the bill, we are concerned with the limited scope of practice outlined for CMs. **Both CMs and CNMs have the identical ACNM defined scope of practice and follow the American College of Nurse Midwives' (ACNM) standards and code of ethics for midwifery.** Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections;

and prescribing medications, including all forms of pain control medications and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics, OB/GYN practices, birth centers, and private homes.

Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals and families of Hawai'i. State legal and regulatory frameworks should recognize midwifery care as an important option for women's healthcare services. To this end I have provided additional information regarding the education, certification and licensure requirements relating to the CM credential.

Education

The accreditation body for graduate programs educating both CNMs and CMs is the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. In the United States, approximately 40 programs educate midwives who will be candidates for certification from the American Midwifery Certification Board (AMCB) upon graduation. While many of these programs are in colleges of nursing, two are colleges of health professions and educate students from a variety of backgrounds in addition to nursing (i.e., State University of New York Downstate and Thomas Jefferson University). These two programs require additional prerequisite education in science and social science for students entering the program from fields other than nursing, and include basic health skills for midwifery in the program. These basic health skills courses and most prerequisites are waived for nurses: nurses have learned basic health skills and completed the same prerequisite education prior to or during their undergraduate level nursing programs. The graduate curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. All ACME accredited midwifery education programs are required to be within or affiliated with regionally accredited colleges or universities.

Board Certification

Graduates of ACME accredited midwifery programs are eligible to sit for the national certifying exam given by the AMCB. Both the CNM and CM programs are accredited by the National Commission for Certifying Agencies and candidates sit for the identical certification exam. The only difference between the credential granted is whether the applicant presents an active RN license at initial examination. AMCB uses ACNM Core Competencies as well as a task analysis to guide examination construction. According to AMCB's website, "The Task Analysis Survey, created by the American Midwifery Certification Board, describes tasks performed by CNMs and CMs who have been certified within the last five years and practice in the United States."

Licensure

Included in the enclosures below is a table with links to the statute and regulations enabling CM practice. Without licensure, it is difficult to attract CMs to education programs due to the cost of a rigorous graduate level education. Expanding access to licensure for CMs is one way to address provider shortages for women needing maternity and primary care providers in Hawai'i while increasing access to the benefits of midwifery model care. ACNM has several position papers regarding the licensure and regulation of midwifery practice and these are also available in the attachments to this letter. You will also note that the joint statement between the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists, enclosed, recognizes both CNMs and CMs equally and calls for robust licensure in line with our education and training as well as access to insurance reimbursement and hospital privileges.

Respectfully,

Executive Board of HAA

Colleen Bass, President

Carmen Linhares, Vice-President

Annette Manant, Secretary

Celeste Chavez, Treasurer

Jenny Foster, Health Policy co-chair

Emily Simpson, Health Policy co-chair

Enclosures:

[ACNM Standard Setting Documents](#)

[Competencies for Master's Level Midwifery Education](#)

[ACNM Definition of Midwifery and Scope of Practice](#)

[ACNM Core Competencies for Basic Midwifery Practice](#)

[Fast Facts About Certified Midwives](#)

[Joint Statement of Practice Relations Between ACNM & ACOG](#)

[Midwives of ACNM](#)

[CM State Practice Table](#)

[Midwifery Comparison Chart](#)



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

March 18, 2019

Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019, 8:30 AM
Hawaii State Capitol, Conference Room 329
415 South Beretania Street

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

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

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

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 would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

We 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse-midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

~~(1) A certified nurse-midwife holding a valid license under chapter 457;~~

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

~~(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;~~

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program ~~providing midwifery services~~ under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or

~~(4)~~ (5) A person acting as a birth attendant on or before July 1, 2023, ~~acting as a birth attendant and~~ who:

4) § - 6. Exemptions: (Page 12 Line 1)

~~(c)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines and~~ anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

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.

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.

SB-1033-SD-2

Submitted on: 3/18/2019 8:20:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Dye	Anne Dericks, ND	Oppose	Yes

Comments:

Aloha,

This bill is FLAWED and I am writing in STRONG OPPOSITION to SB1033.

There are many reasons this bill is flawed and here are a few of them.

- The Hawaii Regulatory Licensing Reform Act states that **“Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;”** which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii.
- It is unacceptable that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. I want my midwife to be able to call herself a midwife. The Webster definition states a midwife: "someone who assists women in childbirth". That's what these women are doing. They are not claiming they have certification or education they do not.
- The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance. I currently have many of my office materials stating that I am a midwife. It is deeply inconsiderate to require that this all be changed overnight!
- EVERY draft and version of this bill has been wildly different than all other versions! It is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Thank you for taking the time to listen to my concerns and understand how this bill is flawed.

Please OPPOSE SB 1033!

Mahalo,

Dr. Anne Dericks

SB-1033-SD-2

Submitted on: 3/18/2019 7:20:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 7:42:40 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
adaure ezinne dawson	Individual	Oppose	Yes

Comments:

Honorable committee members I oppose this bill because It is a flawed bill for many reasons. The one that stands out to me is that it would effectively eliminate to only path to CPM licensure that is available in Hawaii due to its statement that a student must be enrolled in a MEAc accredited institution. NARM provides a pathway to midwifery certification through a distance learning portfolio evaluation process (PEP) all clinicals are included and required. If a National Certification pathway is not honored in the state of of Hawaii then this bill has immense flaws. Once again it is shwing discrimination to a group of people seeking midwifery skills in a traditional way by blocking their ability to become CPMs. I am currently training in this model and on this pathway to becoming a direct entry midwife Im in my third phase and you would take away all the work that I have been putting in for the last 2 years to become a fully certified midwife. This is not right.

Thank you for your time.

Adaure Dawson

SB-1033-SD-2

Submitted on: 3/17/2019 11:09:19 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

To whom it may concern:

I oppose SB 1033 in all its forms. But the version of SB1033_HD1_PROPOSED is especially horrendous: it essentially turns the vast majority of traditional midwives into outlaws. There is a 4 year exemption for "birth attendants" to be able to get the required education but my understanding is that this education is (1) expensive (2) only available out of state; and (3) it would take longer than 4 years!

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 who come from states where the specific education mandated for certification is available. It is unfair, it is a form of colonialism, and it is cultural genocide.

Sincerely,

Ben Kinsey

SB-1033-SD-2

Submitted on: 3/18/2019 7:33:53 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sydney Covell	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:51:32 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kayla Kahalewai	Individual	Oppose	No

Comments:

Aloha,

I am in strong opposition of this bill and it's companion bill HB490.

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition:
HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

I am a mother of a two year old and pregnant with another on the way. The exemption is not sufficient and would disallow me the choice to select the midwife I have built a strong relationship with over time to serve me in my birth.

This bill is poorly written and fails to represent all midwives in the industry here in Hawaii.

SB-1033-SD-2

Submitted on: 3/18/2019 6:48:30 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jamie Palmer	Individual	Oppose	No

Comments:

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 6:50:55 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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. We do know, however that the United States spends more money on pregnancy care and also have the highest maternal mortality rate in the developed world (and both numbers are climbing) with those parallel models of care prioritized in this bill. Protecting the many complexities of the midwifery model of care may be Hawaii's unique opportunity to SAVE mothers!
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 scopes of practice eventually limit our freedoms of normal, physiological birthing processes. The state licenses dictate what a woman can or can't do, its no longer based on the woman's intuitions or morals or individual needs. Licensure can remove freedoms of women having twins without a c-section, vaginal births after cesareans, etc, regardless of her midwife's skill set or experience.
5. Though desired licensure does not insure health insurance covering midwifery practices, as proven by previous testimonies from health care providers.
6. The definitions of "midwife" as listed in this bill, take the namesake of birthing culture which has been around to thousands of years, and claims them under the new licenses, all of which have been around for less hundred years and some like CPM have been available for only thirty. 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 a CPM that has done 75 births and done some basic research has more experience and expertise than "traditional midwives" here on island with hundreds to thousands of births, let alone longer positive influences in our local community. 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. 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.
8. This bill keeps getting 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.
9. This bill now does not allow all paths towards licensed midwifery, and is removing options of education through preceptors which is the primary and only of obtaining this type of education in Hawaii.
10. Exceptions listed should not have time limits.
11. 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 if she chooses a midwife. Please vote NO on SB1033 and prevent wasting more time in our legislation with this issue as is.

Mahalo nui loa

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

SB-1033-SD-2

Submitted on: 3/18/2019 7:13:42 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Minton	Individual	Support	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 5:38:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lily Dalke	Individual	Comments	No

Comments:

TO: House Committee on Health

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, March 19, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Lillian Dalke, MS CM LM

Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives

Position: COMMENTS

Presently it is impossible for Certified Midwives to practice in Hawai'i despite holding graduate degrees, national board certification, demonstrated ability to practice effectively in all settings, ability to contribute to teaching midwifery, medical, and nursing students, and practicing full-scope midwifery, including primary care and prescriptive authority. While we strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery in order to increase access to safe, high-quality maternity care for Hawai'i's women and infants, as it is written, the Committee of Midwife Advocates for Certified Midwives cannot support the current bill until amendments are made.

The State Auditor's Report No-17-01 determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program" and concludes that the Hawaii Regulatory Licensing Reform Act mandates that the "profession of midwifery be regulated."i Public policy enabling integration of contemporary midwifery practice into the state health systems has a very high

likelihood of leading to improvements in maternity care according to a recent study. (1)

However, the current iteration of the bill does not protect the public, does not meet minimum international or national standards, and creates a disincentive for aspiring midwives to seek formal education prior to practice. As currently written, the bill will enable ongoing practice of birth attendants without enabling midwifery practice that meets definitions agreed to by the international norms, every midwifery organization in the United States, and Hawai'i work group. The International Confederation of Midwives (ICM) educational standards provide a framework for 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 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;**
- (2) Advising a parent as to the progress of childbirth;**
- (3) Rendering prenatal, intrapartum, and postpartum care; and**
- (4) Making newborn assessments**
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and**

interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility (2);

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

Hawai'i is one of the few states that does not currently recognize midwifery and has identified the need for regulation of the profession. However, we cannot support this bill until the above amendments are made. In addition, we recommend the following:

I submit this testimony and look forward to being able to apply for a Hawai'i midwifery license to practice to the full extent of my education and training, and in agreement with the Joint Statement of Practice Relations between Certified Nurse-Midwives/Certified Midwives and Obstetrician Gynecologists.

Sincerely,

Lillian Dalke, MS CM LM

(1) Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Kennedy HP. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PloS one. 2018 Feb 21;13(2):e0192523.

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

SB-1033-SD-2

Submitted on: 3/18/2019 7:01:15 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Comments	No

Comments:

Chair Mizuno, Vice-Chair Kobayashi and Members of the Health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an Ob/Gyn on Maui and have had the privilege of attending thousands of births. 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**. However, currently, this bill does **not** delineate those criteria which would meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

The women and babies on Maui and the rest of Hawaii deserve **competent care** from their provider for their entire obstetrical care.

Sincerely,

Colleen F Inouye MD MMM FACOG

SB-1033-SD-2

Submitted on: 3/18/2019 7:03:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 Proposed as it stands. I OPPOSE this bill as it stands, as it limits the "Birth practitioners" who adhere to the Midwifery Model of Care from calling themselves "Midwives". The State of Hawaii does not have the authority to take away a National title that was earned by appropriate schooling, testing and meets the standards of the National Association of Registered Midwives (NARM).

SB-1033-SD-2

Submitted on: 3/18/2019 7:44:20 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Sara C. Harris, MD

SB-1033-SD-2

Submitted on: 3/18/2019 7:51:09 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Kurata	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Nicole Kurata, MD

SB-1033-SD-2

Submitted on: 3/18/2019 7:56:17 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Dawson	Individual	Oppose	Yes

Comments:

My wife has had our children with a midwife and I have supported her on her journey to become a midwife. This bill would eliminate her pathway to becoming a midwife because it does not honor the PEP (portfolio evaluation process) This bills flaws also incorrect definitions of midwifery and ignores the defitions used under the Midwifery Model of Care. Also asking senior midwives who have been practicing as midwives for 10 + years to no longer call themselves midwives is improper when their clients have always identified them as midwives. Also the time frame that have been put into the bill are confusing first 2020 as a time for things to begin but then saying starting in 2019 you cannot call yourself a midwife. the bill is not clear and you need more time to make these changes clear . I urge you not to pass this bill as is.

Thank you

Brian Dawson

SB-1033-SD-2

Submitted on: 3/18/2019 7:56:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selena Green	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/19/19, at: 8:30am, Room #329

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

IN STRONG OPPOSITION

Aloha HLT Chair Mizuno, HLT Vice Kobayashi, 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 not allow me to identify as a "midwife". I have been a Certified Professional Midwife for over 13 years and I am a midwife! You cannot legally prevent me from the title that I have earned through my schooling.
2. SB1033 SD2 HD1 limits birth practitioners who are adhering to the Midwifery Model of Care from calling themselves "midwives". Clients understand their birth practitioners to be their "midwife". According to this bill as written it would be illegal to call their practitioner "midwife".
3. I am also a NARM preceptor, and midwife preceptor for MEAC accredited schools. 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 students who are in Hawaii.

4. I support the perpetuation of ALL forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. Licensure. This bill provides for licensure of ONLY midwives trained outside of Hawaii!

5. 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.

6. The fee required for a small number of midwives seeking licensure would be exorbitant. I oppose this proposed bill because many of the changes made are flawed. SB1033 SD2 HD1 removed any requirement that fees be “reasonable or necessary. This bill allows DCCA to change the fee amount at any time with only 1 hearing and little notice. This bill gives vague powers to DCCA in their regulation: there is no appeal process for any decisions made by the DCCA, DCCA is allowed to require “any other information...to investigate qualifications for licensure” without limits.

7. This version of the bill is very vague and thus flawed in it’s restrictions for CPM’s: for example: CPM can lose their license if they fail to comply with “any law in a manner such that the director deems the applicant to be an unfit or improper person to hold a license. This is vague and could be discriminatory.

8. I am one of the founding elder members of the Hawai’i Home Birth Collective,LLC that has in excess of 25 practicing midwives compared to Midwives Alliance of Hawai’i that has only 3 listed on their website. Hawai’i Home Birth Collective,LLC is inclusive of all types of midwives who abide by the “midwives model of care” and has an “elder council” with elders/kapuna on every island to answer grievances and complaints from the consumer and other parties. We have instituted processes for informed consent, emergency plans and processes for self regulation for all registered midwives.

9. 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, RP

SB-1033-SD-2

Submitted on: 3/18/2019 7:58:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an OB/GYN in Hawaii and have had the privilege of attending hundreds of births here. I support the licensure of CPMs and CMs because women deserve to choose from providers that have met a minimum level of education and competency standards. However, currently this bill does not delineate those standards, which should be those established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Thank you,

Dr. Danielle Ogez

SB-1033-SD-2

Submitted on: 3/18/2019 8:04:51 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Honorable members of the Health Committee--

I am writing today to comment on the bill SB 1033 SD2 HD1 Proposed. I am a certified professional midwife practicing on Maui, and I support the intent behind the bill-- licensure for midwives in the state of Hawaii.

I strongly support the proposed amendments from the Midwives Alliance of Hawaii.

The bill as presented does not allow midwives to practice to their fullest scope. Neither does the proposed language from Hawaii Midwifery Council. 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. 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 admend this bill so that it makes sense for the families of Hawai'i.

Mahalo,

Sky Connelly LM, CPM

SB-1033-SD-2

Submitted on: 3/18/2019 8:15:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Harvey, MD	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending thousands of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Scott Harvey, MD

SB-1033-SD-2

Submitted on: 3/18/2019 8:18:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 8:22:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

The PROPOSED HD1 is FLAWED. Every draft and version of this bill has been wildly different than all other versions clarifying the fact that this bill needs far more time to be thoroughly thought through and organized as this issue is very complex. This is not how policies should be made. Solution is an OFFICIAL WORKING GROUP with the DCCA, where ALL homebirth midwives (CPMs, DEMs) are voting members, including Traditional Midwives, Native Hawaiian Midwives and homebirth mothers. As these bills are trying to regulate the homebirth community, it makes the most sense for a reliable, experienced & qualified homebirth people to make up a homebirth working group. And to consider consultation with other non-homebirth providers. And a reminder about "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons" stated in the Hawaii Regulatory Licensing Reform Act. As this bill will restrict entry by qualified persons, does not state clearly the affordability of the license, and there is not accessible route to certification in the state of Hawai'i. Please remove the words "On or before July 1, 2023" from Section 6 (b)4, as this will make long standing practicing midwives illegal. Grandmother clause means to accept midwives who existed long before any law was written.

SB-1033-SD-2

Submitted on: 3/18/2019 8:27:39 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chioma DAwson	Individual	Oppose	No

Comments:

Honorable committee members,

Please do not pass this flawed bill. The community is not confused about what a midwife is. It is discriminatory to those who have been practicing for years as midwives. Please include a category for midwives registered through Hawaii Home Birth Collective and make exemptions for cultural and hanai family that are involved in midwifery.

Thank you

Chioma Dawson

SB-1033-SD-2

Submitted on: 3/18/2019 8:28:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Chong	Individual	Support	No

Comments:

I strongly urge legislators to adopt MAH's recommended amendments.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:17 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona	Individual	Oppose	No

Comments:

I am a Native Hawaiian mother of three young children born at home under the care of highly trained and skilled midwives. I have also attended several births in hospitals and homes in multiple capacities—as a doula, friend, sister, and as a midwife’s assistant.

While I am a strong supporter of midwifery care and support licensure for CPMs *who want it*, I oppose this bill (SB1033 proposed SD2) in its current form.

Families need to be free to choose both their caregivers and where they will receive that care.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:47 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jill Sims	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 8:32:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sally	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending (hundreds/thousands?) of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo

Sally Markee MD

SB-1033-SD-2

Submitted on: 3/18/2019 8:42:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashly Vida	Individual	Oppose	No

Comments:

I know a midwife who's been practicing for many years and attended numerous of births. This bill will make her illegal in 2023 if the legislature fails to come back and pass further legislation to allow her to practice legally. In order to fix these flaws PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4. If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.

The Hawaii Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;" which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii. It is ridiculous that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.

EVERY draft and version of this bill has been wildly different than all other versions, it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019, 8:30 AM
Hawaii State Capitol, Conference Room 329
415 South Beretania Street

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

From: Sharon Thomas

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

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

Thank you for the opportunity to provide comments **with support and strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

I am a woman who had an uncomplicated pregnancy and safely birthed my son at home with the support of a Certified Professional Midwife. The care through my midwife was of a significantly higher quality of care than my OB/GYN was able to provide in a clinic and hospital setting. Our current system of care does not allow our medical professionals to take the time for luxuries like 1-hour prenatal home visits in addition to endless 1:1 education, and centering pregnancy groups that my midwife was able to provide. This higher quality of care (which I associate with improved outcomes) came at a much lower price than that of the lesser quality care in clinic and hospital settings. BUT my insurance would not reimburse me for my higher quality perinatal care that came at a lesser cost. Luckily, I was in a financial position that allowed me to pay out of pocket for my birth expenses. Many women and families are NOT in the position to pay out of pocket for perinatal services, which effectively limits their choice to birthing with an OB/GYN or Certified Nurse Midwife in a hospital.

I agree 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 have an opportunity to choose safe and competent care to ensure safe and happy births. I would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

I 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

(a) ~~This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is:~~ any of the following:

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program ~~providing midwifery services~~ under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received.

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices:
(Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines~~ and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

I strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

I am very concerned about the safety of mothers and babies who wish to have a planned community birth and deeply respect the autonomy of women in making decisions for their own health and their pregnancies. Many mothers with low-risk pregnancies can safely deliver babies outside of a hospital setting with midwives resulting in improved education, care, and outcomes at a lower cost.

Hawaii is one of 17 states that does not license or regulate midwives. A licensure process would establish a minimum standard of care to safely deliver babies in the community. With defined standards and licensure, reimbursement for midwifery through health insurance becomes possible. By defining midwifery through licensure and allowing reimbursement through health insurance, licensure also expands access beyond the women who currently must pay out of pocket for support to birth in the community. Licensing midwifery expands choice for women and families and respects autonomy of women in making their own health decisions.

IN OPPOSITION

Aloha, I strongly urge you to oppose SB1033. While at first glance this bill may appear to protect women, in actuality it will LIMIT womens rights.

I am a proud veteran who was born and raised here in Hawaii. I have given birth to 3 beautiful children in the past 6 years. With my recent pregnancies I have experienced both standard obstetric hospital (OBGYN/Nurse) care as well as out of hospital midwifery care. I can say without question that the care I received in the hospitals by OBGYNs/Nurses was substandard to the care I received by midwives at home here in Hawaii. I could give countless examples, from the amount of regular tests and checkups, to the thoroughness of my appointments and the continuity of care - Hawaii midwives were far superior in knowledge, indepth of care and followup.

SB1033 would force Hawaii midwives to follow the standard obstetric hospital model of care. This is backwards. The US ranks 47th in the world for maternal mortality and 98% of births are taking place in hospitals. Clearly the medical model for birth is not solving this crisis. Perhaps OBGYNs and Nurses in the standard obstetric model should be forced to be educated and regulated using the midwifery model.

SB1033 would limit the rights of women. Women like me, who have defended our Nation and have full medical insurance that will cover hospital care and birth, and yet I have chosen to spend my hard earned personal money on the incredible service of midwives. More and more women in Hawaii are choosing to spend money out of their own pocket for the services of midwives. Why would women be doing this?

It would be a great tragedy to force over regulation and licensure on Hawaii midwives. SB1033 would unreasonably restrict entry into the midwifery profession by qualified people. SB1033 would also cause an artificial increase in the cost of midwifery services as a direct result of regulation.

As we have seen with the midwife situation in Oregon, legislation was passed promising regulation would help insurance to cover the cost of midwives. In actuality the laws have limited Oregon women's midwife choices and created disastrous situations where midwives who have cared for women throughout their pregnancy and have helped women during hours and sometimes days of labor get paid zero dollars if they end up transferring to a hospital for an emergency. Clearly this situation endangers the lives of women and babies and is a direct result of the legislation that Oregon passed.

Women in Hawaii should have the right to choose the type of care they wish receive during their pregnancies and deliveries. Hawaii midwives are incredible, life saving invaluable assets for Hawaii's future. Let us learn from their tremendous knowledge and centuries of practice and not oppress them and force them to adopt the broken obstetric medical model of education and care. I STRONGLY URGE you to stand up for WOMENS RIGHTS and OPPOSE SB1033.

Very Respectfully,

Elizabeth Friebel

SB-1033-SD-2

Submitted on: 3/18/2019 9:05:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beckley Dye	Individual	Oppose	No

Comments:

I strongly OPPOSE SB 1033. This bill is deeply flawed.

SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Please OPPOSE SB 1033.

Sincerely,

Beckley Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:07:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Petra Gilmore	Individual	Support	No

Comments:

Honorable members of the Health Committee,

I am writing today to comment on the bill SB 1033 SD2 HD1 proposed. I have been working with Sky Connelly LM, CPM last year for the birth of my first son.

For further pregnancies i would enjoy her full and quality care at home and skip the doctors office available with the passing of the bill.

My experinece has been incredible and i am a big supporter of birthing at home - it is not a sickness and women deserve the option to have the care of prenatal, birth and postpartum from the comfort of their home, supported by the state.

Kind regrads,

Petra Gilmore

SB-1033-SD-2

Submitted on: 3/18/2019 9:12:05 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Dye	Individual	Oppose	No

Comments:

Aloha State Representatives,

I am writing in STRONG OPPOSITION of SB 1033.

Please vote NO on SB1033.

This bill limits reproductive choice and is discriminatory. It claims one form of midwifery is more legitimate than others. Please license midwives but don't make it so others cannot continue their professions as traditional midwives.

SB 1033 is flawed. Every version is so different. Please vote NO so we have time to formulate a respectful and working bill for all parties. Traditional Midwives need to be part of the conversation.

VOTE NO SB1033

Thank you for your time.

Robert Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:20:01 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Juana Gutierrez	Individual	Oppose	Yes

Comments:

Ahola,

I am a Public Health student at the University of Hawaii at Mānoa, a military wife, and a mother of three children. I oppose this bill because it will limit the birthing options available for families in Hawaii. Women should have the right for more healthcare options in prenatal care and delivery and should have the right to choose whether a certified midwife or a traditional midwife is the right option for their family.

Sincerely,

Juana Gutierrez

SB-1033-SD-2

Submitted on: 3/18/2019 9:22:24 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beth A Bachran	Individual	Oppose	No

Comments:

ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 7:39:30 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Reni Soon	Individual	Comments	Yes

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawai'i and have had the privilege of attending thousands of births here in Hawai'i. I support the licensure of CPMs and CMs; **women deserve to choose care** from providers they know have met a minimum level of education and competency standards. This bill does not prohibit women from choosing who or where they want to deliver. It does not impinge or restrict Native Hawaiian birth practices. It states that those birth attendants who choose not to seek licensure will have time to work with the legislature on their own measure. This bill is about licensing CPMs and CMs, who deserve that recognition. However, currently this bill does not delineate the educational and competency standards of CPMs and CMs which should meet the standards established by the International Confederation of Midwives (a consortium of midwifery organizations with over 130 member organizations, representing 6 regions of the world). I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Reni Soon, MD

SB-1033-SD-2

Submitted on: 3/18/2019 9:34:03 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kekapala Dye	Individual	Oppose	No

Comments:

I STRONGLY OPPOSE SB 1033.This bill is FLAWED. Please vote NO on SB 1033.

As a native Hawaiian I am in deep opposition of SB 1033. This limits my family's birthing choice and traditional birthing practices. SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Also if we are claiming this is all for safety, then where are the statistics? Show me the numbers because I have had nothing but amazing experiences with traditional midwives and would never choose to have my children in the hospital.

Please vote NO on SB 1033.

Sincerely,

Kekapala Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:41:38 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alohi Aea	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 10:22:09 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nathalie Champion	Individual	Support	No

Comments:

I feel regulation is important in ensuring that there is a certain standard of care which is followed in the practice of midwifery. Having a 3 year period to ensure native and traditional voices are heard is a part of this bill, and should ensure patient safety as well as indigenous voices and participation in the process.

SB-1033-SD-2

Submitted on: 3/18/2019 10:31:52 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pai-Jong Stacy Tsai	Individual	Comments	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Pai-Jong Stacy Tsai, MD, MPH

SB-1033-SD-2

Submitted on: 3/18/2019 9:32:01 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Bertoli	Individual	Oppose	No

Comments:

My name is Andrea Bertoli and I oppose SB 1033 relating to the licensing of midwives. These people are pillars of community and care very deeply about mothers and babies, and are working to integrate the best of conventional, cultural, and natural medicine in our community.

SB-1033-SD-2

Submitted on: 3/18/2019 11:02:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolina Thompson	Individual	Support	No

Comments:

I support the intent behind measure SB 1033 SD2 H1 because I believe women should be empowered and have the ability to make an informed decision about how they want to lead their pregnancies and give birth. Midwives are open and caring about providing all the information a pregnant woman needs and they are also very supportive of whichever decision this pregnant woman makes, as long as the pregnancy does not present any risk. I do support midwives in Hawaii and would love to see them being able to practice to their full scope.

SB-1033-SD-2

Submitted on: 3/18/2019 11:10:05 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Candace Mendoza	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 11:45:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Summer Yadao	Individual	Oppose	No

Comments:

Aloha Legislative Officials,

OPPOSE SB1033 SD1 as it stands.

I am writing to ask that you please OPPOSE SB1033 SD1 as it does not make anyone safer, especially women, babies and families.

This piece of legislation does not the input of the public for which it is claiming to protect.

There needs to be more time to discuss the intricancies of what this bill will do to public safety and the needs of pregnant women and families in our communities.

Mahalo,

Summer Yadao

Wahiawa resident, single mother of 3; 1 home birthed.

SB-1033-SD-2

Submitted on: 3/18/2019 10:46:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolyn Guire	Individual	Oppose	No

Comments:

Please do not take away our right to birth how and where we feel best for us and our unborn children. Midwives have been around for thousands of years and we need them to be able to continue to practise without the risk of fines or jail time.

Mahalo

Carolyn Guire

From: Liza Franzoni <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Liza Franzoni
Email	mamakigirl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Celine Consoli <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Celine Consoli
Email	cfconsoli@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Maible Coughlin <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:37 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maible Coughlin
Email	maible.coughlin@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren Getstle <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:33 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren Getstle
Email	mslaurengerstle@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Jennifer Walker, MD <jjwalker@hhsc.org>
Sent: Monday, March 18, 2019 9:52 AM
To: HLTtestimony
Subject: Testimony in Support of SB 911 SD1

Categories: Red category

Aloha and Good Morning

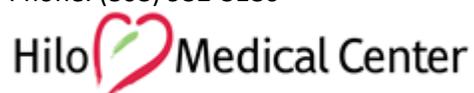
Thank you for the opportunity to provide testimony in **support of SB 911 SD 1** that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

Again, mahalo for the opportunity to express my **support for SB 911 SD1** to improve cardiac care at Hilo Medical Center.

Jennifer J. Walker, MD, MPH, FAAFP
Medical Director, Hawaii Island Family Health Center
Acting Program Director, Hawaii Island Family Medicine Residency
1190 Waianuenue Ave, Hilo, HI 96720
Phone: (808) 932-3186



From: cindy freitas <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	cindy freitas
Email	hanahanai@hawaii.rr.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Karena Biber <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Karena Biber
Email	kauaiwahine@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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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.

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From: Chasity Millen <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:15 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chasity Millen
Email	chasity.millen@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Sent: Monday, March 18, 2019 9:14 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	T'Karima Ticitl
Email	tkarima.ticitl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Geneve Chong <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:12 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Geneve Chong
Email	gchong808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Karena Biber <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karena Biber
Email	kauaiwahine@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Categories: Red category

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Name	T'Karima Ticitl
Email	tkarima.ticitl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Geneve Chong <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:12 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Geneve Chong
Email	gchong808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- 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.
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kobayashi1 - Melvia

From: Elena Cabatu <ecabatu@hhsc.org>
Sent: Monday, March 18, 2019 8:38 AM
To: HLTtestimony
Subject: Support for SB911 SD 1
Attachments: DOC031819.pdf; DOC031819.pdf; Sandy Sato Support for SB911 Cardiac Care at HMC 3 19 19.docx; D. Brinkman Support for SB911 Cardiac Care at HMC 3 19 19.docx

Categories: Red category

Please accept the attached letters of support by staff of Hilo Medical Center for SB 911 SD 1 to improve health care services related to cardiac care at Hilo Medical Center.

At the hearing on Tuesday, March 19 at 10:00 am, Hilo Medical Center will be represented by myself and Dr. Kathleen Katt, Acute Care Medical Director, and Rebecca Moore, RN, Heart Attack and Stroke Coordinator, will provide their testimony in-person.

If you need to reach me, please contact me by cell at 808.333.7223.

Mahalo,
Elena

Elena Cabatu

Director of Marketing and Public & Legislative Affairs
Hilo Medical Center - Hale Ho'ola Hamakua - Kau Hospital
1190 Waianuenue Avenue
Hilo, Hawaii 96720
Phone: (808) 932-3160
Cell: (808) 333-7223
Fax: (808) 974-6831
Check us out at: www.hilomedicalcenter.org
"Like" us on Facebook: www.facebook.com/HiloMedicalCenter

From: Kupono Ana <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kupono Ana
Email	AlohaAina9@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Michelle Akbari <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:37 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Michelle Akbari
Email	makbari009@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- 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.
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kobayashi1 - Melvia

From: patnsteve@hawaiiantel.net
Sent: Monday, March 18, 2019 8:34 AM
To: HLTtestimony
Subject: SB911 SD1 Support

Categories: Red category

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Calvin K.Y. Say

Rep. Nadine K. Nakamura

Rep. James Kunane Tokioka

Rep. Joy A. San Buenaventura

Rep. Gene Ward

NOTICE OF HEARING

DATE: Tuesday, March 19, 2019

TIME: 10:00 am

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

Steve Godzsak, Hilo resident n cardiac survivor, thank you for the opportunity to provide testimony in support of SB 911 SD 1 that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii

and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

From: Ezinne Dawson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:32 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ezinne Dawson
Email	ezinne22@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren McCoy <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren McCoy
Email	lmccoy212@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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

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.

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.

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kobayashi1 - Melvia

From: Elena Cabatu <ecabatu@hhsc.org>
Sent: Monday, March 18, 2019 8:38 AM
To: HLTtestimony
Subject: Support for SB911 SD 1
Attachments: DOC031819.pdf; DOC031819.pdf; Sandy Sato Support for SB911 Cardiac Care at HMC 3 19 19.docx; D. Brinkman Support for SB911 Cardiac Care at HMC 3 19 19.docx

Categories: Red category

Please accept the attached letters of support by staff of Hilo Medical Center for SB 911 SD 1 to improve health care services related to cardiac care at Hilo Medical Center.

At the hearing on Tuesday, March 19 at 10:00 am, Hilo Medical Center will be represented by myself and Dr. Kathleen Katt, Acute Care Medical Director, and Rebecca Moore, RN, Heart Attack and Stroke Coordinator, will provide their testimony in-person.

If you need to reach me, please contact me by cell at 808.333.7223.

Mahalo,
Elena

Elena Cabatu

Director of Marketing and Public & Legislative Affairs
Hilo Medical Center - Hale Ho'ola Hamakua - Kau Hospital
1190 Waianuenue Avenue
Hilo, Hawaii 96720
Phone: (808) 932-3160
Cell: (808) 333-7223
Fax: (808) 974-6831
Check us out at: www.hilomedicalcenter.org
"Like" us on Facebook: www.facebook.com/HiloMedicalCenter

From: Kupono Ana <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kupono Ana
Email	AlohaAina9@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Michelle Akbari <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:37 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Michelle Akbari
Email	makbari009@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- 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.
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kobayashi1 - Melvia

From: patnsteve@hawaiiantel.net
Sent: Monday, March 18, 2019 8:34 AM
To: HLTtestimony
Subject: SB911 SD1 Support

Categories: Red category

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Calvin K.Y. Say

Rep. Nadine K. Nakamura

Rep. James Kunane Tokioka

Rep. Joy A. San Buenaventura

Rep. Gene Ward

NOTICE OF HEARING

DATE: Tuesday, March 19, 2019

TIME: 10:00 am

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

Steve Godzsak, Hilo resident n cardiac survivor, thank you for the opportunity to provide testimony in support of SB 911 SD 1 that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii

and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

From: Ezinne Dawson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:32 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ezinne Dawson
Email	ezinne22@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Lauren McCoy <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren McCoy
Email	lmccoy212@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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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.

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

My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Vicki Hedley <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:13 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Vicki Hedley
Email	vickimidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Juliette Davidson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:11 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Juliette Davidson
Email	j davidson_@mac.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Clare Loprinzi <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:07 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Clare Loprinzi
Email	mammanaclare@outlook.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Cynthia Live <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Cynthia Live
Email	haleiwathea@yahoo.con
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Jessica Santiago

Email kaileikoa09@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in STRONG OPPOSITION to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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.

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- 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.
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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jessica Pojas <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Pojas
Email	jess.pojas@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Sarah Snyder <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:53 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Sarah Snyder
Email	srslater1@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Nina Basket <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:53 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nina Basket
Email	ninarosebasker@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Maria Diessner <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maria Diessner
Email	mariadiessner@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Alexandra Lazar <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Alexandra Lazar
Email	ms.alexlazar@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Trisha Gonsalves <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:25 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Trisha Gonsalves
Email	italkitchen808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- 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.
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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mrs Medrakanoeonapua <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:16 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mrs Medrakanoeonapua
Email	ardem8@gmail.com
Type a question	<p>Why have you not talked to so many who are against this bill and really read the bill to understand its negative consequences on woman and their families. House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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.◆

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Karina Gallego <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:07 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karina Gallego
Email	karinagallego17@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Olympia Beltran <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Olympia Beltran

Email indigenurse@gmail.com

Type a question

Pialli (Hello),
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

As an indigenous woman and registered nurse I am
testifying in STRONG OPPOSITION to SB 1033 which
would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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. ❓

- 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" 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.

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ♦

“...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>

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nizhoni Tohe <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nizhoni Tohe
Email	Nizhonirain@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”
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- 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.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Erin Henninger <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:23 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Erin Henninger
Email	emariehenninger@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Anis Crifts <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Anis Crifts
Email	aniscrofts@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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

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.

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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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Waniya Locke <noreply@jotform.com>
Sent: Monday, March 18, 2019 3:30 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Waniya Locke
Email	waniyal69@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- 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.
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From: Jerome James <noreply@jotform.com>
Sent: Monday, March 18, 2019 3:00 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jerome James
Email	jeromeja@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Kim Calichio <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:50 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kim Calichio
Email	kim.calichio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Meggie Patton <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:31 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Meggie Patton
Email	mpatton@sterlingcollege.edu
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kate Sidlo
Email	ramonabean@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Ward Kandee <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ward Kandee
Email	kandee051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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From: Roberts Justin <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Roberts Justin
Email	rob0051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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From: Candice Roberts <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:04 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Candice Roberts
Email	roberts.candice51@gmail.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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. ❓
- 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...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.”

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: MeleLani Llanes <noreply@jotform.com>
Sent: Monday, March 18, 2019 11:56 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name MeleLani Llanes

Email beatingheart1@gmail.com

Type a question

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kobayashi1 - Melvia

From: Katrina Sudweeks <Katrina.Sudweeks.147205353@p2a.co>
Sent: Monday, March 18, 2019 11:42 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Katrina Sudweeks

kobayashi1 - Melvia

From: Ashley Curry <Ashley.Curry.147138349@p2a.co>
Sent: Monday, March 18, 2019 11:40 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

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Please support the passage of SB366 SD2.

Mahalo,
Ashley Curry

kobayashi1 - Melvia

From: Iris Toguchi <Iris.Toguchi.148840672@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

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Mahalo,
Iris Toguchi

kobayashi1 - Melvia

From: Timothy Vandever <Timothy.Vandever.148780804@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

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Please support the passage of SB366 SD2.

Mahalo,
Timothy Vandever

From: Ava Collet <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:51 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ava Collet
Email	avacollet@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Fred Hofer <noreply@jotform.com>
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To: HLTtestimony
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Categories: Red category

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Angela Smith <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Angela Smith
Email	noelanihulamom@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Kristina Boccio <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:41 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kristina Boccio
Email	kristina.boccio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Crystal Homcy <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:35 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Crystal Homcy
Email	cravegreens@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Santiago
Email	kaileikoa09@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Ava Collet <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:51 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ava Collet
Email	avacollet@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Fred Hofer <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Fred Hofer
Email	n1tya@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Angela Smith <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Angela Smith
Email	noelanihulamom@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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From: Kristina Boccio <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:41 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kristina Boccio
Email	kristina.boccio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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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.

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From: Crystal Homcy <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:35 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Crystal Homcy
Email	cravegreens@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Tara Mattes <noreply@jotform.com>
Sent: Sunday, March 17, 2019 11:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tara Mattes
Email	taramattes3@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Mary Betsellie <noreply@jotform.com>
Sent: Sunday, March 17, 2019 11:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mary Betsellie
Email	dreamstar360@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Elisa Spring <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Elisa Spring
Email	elisa@sacredrelating.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Julie Stowell <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Stowell
Email	julie@lomikai.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Gina Kan <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:49 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Gina Kan
Email	respectrootswoman@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nancy Holbrook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nancy Holbrook
Email	nancy_holbeook@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Ye Nguyen <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:21 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ye Nguyen
Email	dryenguyen@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Lauran Chapple <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauran Chapple
Email	lauranjb@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Wen Yu <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:06 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Wen Yu
Email	callmeecho@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Pua Case <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pua Case
Email	puacase@hawaiiantel.net
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Michelle Fuller <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:55 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Michelle Fuller
Email	mblair27@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jennifer Rodwell <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jennifer Rodwell
Email	jrodwell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: jennifer tanouye <jentanouye@gmail.com>
Sent: Sunday, March 17, 2019 9:33 PM
To: HLTtestimony
Subject: SB 911 SD1

Categories: Red category

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

**Jennifer Tanouye/East Hawaii Community Member and
Volunteer** _____

Thank you for the opportunity to provide testimony in **support of SB 911 SD 1** that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center’s efforts to provide interventional cardiac care for East Hawaii and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital’s cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital’s success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

Mahalo,

From: Simone Derow-Ostapowicz <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Simone Derow-Ostapowicz
Email	simonederow@yahoo.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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. ❖
- 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: matthew noe <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:16 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	matthew noe
Email	navadwip999@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Yun Yi <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:12 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Yun Yi
Email	yi.yunkyong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kelly Stern <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	KELly Stern
Email	goldielocksyogi@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Mie Omori <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:02 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mie Omori
Email	mie.omori@ilwulocal142.org
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Francesca Caires <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:34 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Francesca Caires
Email	francescacaaires@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Tonya Coulter <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:28 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tonya Coulter
Email	tonyacoulter@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Wai'ala Ahn <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Wai'ala Ahn
Email	waiala.ahn@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Richard DeLeon <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:23 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Richard DeLeon
Email	kekaukike@msn.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Dea Rackley <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:22 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Dea Rackley
Email	kumukahi77@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Deb Mader <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:20 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Deb Mader
Email	orchid6128@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Twinkle Borge <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:14 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Twinkle Borge
Email	twinkleborge@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Molly McLaughlin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:12 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Molly McLaughlin
Email	mollyirene42@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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From: Summer-Lee Yadao <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Summer-Lee Yadao
Email	sumlove808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tatiana Young <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tatiana Young
Email	youngtk@hawaii.edu
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Hannah Ashley <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Hannah Ashley
Email	hannahashleylmt@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Laura Acasio <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:08 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Laura Acasio
Email	laura.acasio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kathryn Benjamin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:07 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kathryn Benjamin
Email	katy.benjamin@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mitsuko Hayakawa <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Mitsuko Hayakawa
Email	foodsovereignty@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kaiulani Cook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kaiulani Cook
Email	lanicook@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: soraya applegate <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	soraya applegate
Email	sorayafaris@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Tammy Chang <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tammy Chang
Email	tamacha@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Lisa Martin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lisa Martin
Email	casadycats@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mike Wong <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:50 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mike Wong
Email	suntzuwong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Karen Murray <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karen Murray
Email	kmurray.tesimony@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Cynthia Caillagh <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:28 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Cynthia Caillagh
Email	caillagh@mwt.net
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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From: Jacqueline Macaluso <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Macaluso
Email	jmacmidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jacqueline Dudock <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:17 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Dudock
Email	jdudock@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kate Sidlo
Email	ramonabean@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Ward Kandee <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ward Kandee
Email	kandee051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Roberts Justin <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Roberts Justin
Email	rob0051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Candice Roberts <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:04 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Candice Roberts
Email	roberts.candice51@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: MeleLani Llanes <noreply@jotform.com>
Sent: Monday, March 18, 2019 11:56 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	MeleLani Llanes
Email	beatingheart1@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kaiulani Cook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kaiulani Cook
Email	lanicook@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: soraya applegate <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	soraya applegate
Email	sorayafaris@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tammy Chang <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tammy Chang
Email	tamacha@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lisa Martin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lisa Martin
Email	casadycats@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with an “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Mike Wong <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:50 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mike Wong
Email	suntzuwong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Karen Murray <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karen Murray
Email	kmurray.tesimony@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jacqueline Macaluso <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jacqueline Macaluso
Email	jmacmidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Jacqueline Dudock <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:17 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Dudock
Email	jdudock@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- 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.
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From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kate Sidlo
Email	ramonabean@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Megan Reimers <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:33 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Megan Reimers
Email	mmschroeder47@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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Tuesday, March 19, 2019; 8:30 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: **Comments on SB 1033, SD2**
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 to offer comments on SB 1033, SD2 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 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. 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, although obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of transfers in the event that complications arise, and have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor's Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore, we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist

Thank you for the opportunity to provide testimony.

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 1:03:21 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Individual	Comments	No

Comments:

I strongly urge legislators to adopt MAHs recommended changes especially the definition (ICMs definition) of midwife and Midwifery. Allowing midwives to practice to their fullest scope.

I support licensure of the Midwifery profession. I believe it is absolutely necessary that the public has a more definitive way to separate people who attend birth as traditional providers and those that have met global standards to use the term 'midwife'. We need amendedmw

ts such as those proposed by MAH to allow midwives to practice to their fullest scope, expanding women's health options across all islands, especially outer islands. It will provide awareness and integration of Midwifery into the healthcare system here in Hawaii.

SB-1033-SD-2

Submitted on: 3/18/2019 1:34:14 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
MonaLisa Riordan	Hale Kealaula	Oppose	No

Comments:

Testimony in OPPOSITION to SB1033

My name is MonaLisa Riordan and I reside in Kaaawa, Oahu HI.

My reasons for opposing this bill:

(1) I had a safe, fast, wonderful delivery at home 3 months ago with my midwife team. I believe it is every woman's right to choose where she delivers her baby and to select her support team for birth, pre-natal and post-partum.

(2) The requirement for NATM certification is unnecessary and restrictive. The cost and limited availability of institutions in Hawaii would make it impossible for Hawaii residents to get certified thus also limiting the availability of midwives for home births for mothers residing in Hawaii.

Thank you for considering my testimony to support the OPPOSITION of passing this bill in its current state in Hawaii.

Sincerely yours,

MonaLisa Riordan



Tuesday, March 19, 2019; 8:30 am
Conference Room 329

LATE

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: **SB 1033, SD2 -- Relating To The Licensure Of Midwives**
Providing Comments

My name is Dr. Charles Neal, Jr., MD, PhD and I am the Neonatology Clinical Section Chief and Medical Director of the Newborn Intensive Care Unit at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani Medical Center 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.

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Thank you for the opportunity to provide this testimony.



Date: March 18, 2019

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

Re: Support for SB1033 (and companion bills) 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 (and companion bills) which would create a licensure for Certified Midwives and Certified Professional Midwives through a midwifery program under the Department of Commerce and Consumer Affairs.

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

We agree 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 would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

We 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;~~

~~(3) (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or~~

~~(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:~~

4) § - 6. Exemptions: (Page 12 Line 1)

~~(c) (b)~~ Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

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.

Founded in 2012, the Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. ECAS supports the passage of SB 1033 with recommended amendments. Mahalo for the opportunity to provide this testimony.

kobayashi1 - Melvia

From: Jomel Duldulao <Jomel.Duldulao.147986474@p2a.co>
Sent: Monday, March 18, 2019 12:24 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Jomel Duldulao

kobayashi1 - Melvia

From: George borges <George.borges.152193351@p2a.co>
Sent: Monday, March 18, 2019 12:22 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
George borges

kobayashi1 - Melvia

From: Katrina Sudweeks <Katrina.Sudweeks.147205353@p2a.co>
Sent: Monday, March 18, 2019 11:42 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Katrina Sudweeks

kobayashi1 - Melvia

From: Ashley Curry <Ashley.Curry.147138349@p2a.co>
Sent: Monday, March 18, 2019 11:40 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
Ashley Curry

kobayashi1 - Melvia

From: Iris Toguchi <Iris.Toguchi.148840672@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
Iris Toguchi

kobayashi1 - Melvia

From: Timothy Vandever <Timothy.Vandever.148780804@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
Timothy Vandever

SB-1033-SD-2

Submitted on: 3/18/2019 2:08:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dinna Schwiering	Individual	Oppose	No

Comments:

My name is Dinna Schwiering and I strongly opposed SB 1033, SD2, HD1. I appreciate the general intent of the Bill, however the bill fails to address many different types of midwives that serves families of Hawaii for many years. The bill is very discriminatory and restrictive. Midwives perform a very important service to mothers like myself. I urge legislators to work with home birth practitioner and the community they serve and come up with a better legislation that will organized different types of midwives.

I am a mother and I was a State legislative employee before becoming a City legislative employee. I understand the legislative process and do believe the need for certain good legislation, but SB 1033, SD2, HD1 is not a good bill. I was fortunate to have an option to choose who would assist me and where I would gave birth. It was challenging for me to trust the hospital. I was also particular in choosing my midwife when I was pregnant, until I contacted Sacred Healing Arts. It was an instant connection and a feel of trust, something that a mother would understand. Please do not take this choice away from us. There should be another way.

Mahalo,

Dinna Schwiering

From: Maggie Alvarez <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:31 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maggie Alvarez
Email	allensmissus@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...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.papaalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nicole Simon <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:31 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nicole Simon
Email	nicole_a_simon@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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From: Angela Hock <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:29 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Angela Hock
Email	nebraskabirthkeeper@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Rick Tabor <Rick.Tabor.148840645@p2a.co>
Sent: Monday, March 18, 2019 1:28 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Green category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Rick Tabor

From: Taylor Sidders <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Taylor Sidders
Email	sidderst@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nicole Wocelka <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:02 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nicole Wocelka
Email	nicolewocelka@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: michael hamilton <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name michael hamilton

Email info@plumblossomclinic.org

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in STRONG OPPOSITION to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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. ❖

- 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Emily Gentzler <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:41 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Emily Gentzler
Email	ecdatri@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Ariel Dale <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:34 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ariel Dale
Email	9a.natalia.d7@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Senceray Graves <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Senceray Graves
Email	sencerayk@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Colleen Wallace <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Colleen Wallace
Email	colleenosheawallace@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. 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.• 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" is 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 which the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. Papa Ola Lokahi - the Hawaiian Health Project 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”
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- 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.
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What is needed is COMMUNICATION, not regulation of something the State simply cannot understand.

Are you aware that there is NO birthing center on

Lanai - no place for women to give birth on Lanai?
When this was the situation on Molokai, Midwifery
Options worked with the hospital there to hire
midwives and thus the issue was resolved on Molokai.
I am currently communicating with people in the
Maternal Child Health Field to see how to address
getting a birthing center of some type started on
Lanai. This law will NOT benefit rural pregnant
women!!

My recommendation is to hold this bill, and instead
consider the creation of a 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.

Although the intent of this measure and its
amendments may be good, it still is highly problematic
and I must oppose it strongly.

From: Julie Nitz <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:52 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Nitz
Email	julienitzkosherfamily@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Linda Powell <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Linda Powell
Email	lindapowell20@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Lauren Walker <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren Walker
Email	ardyceblooms@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

SB-1033-SD-2

Submitted on: 3/18/2019 7:01:15 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Comments	No

Comments:

Chair Mizuno, Vice-Chair Kobayashi and Members of the Health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an Ob/Gyn on Maui and have had the privilege of attending thousands of births. 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.** However, currently, this bill does **not** delineate those criteria which would meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

The women and babies on Maui and the rest of Hawaii deserve **competent care** from their provider for their entire obstetrical care.

Sincerely,

Colleen F Inouye MD MMM FACOG

SB-1033-SD-2

Submitted on: 3/18/2019 7:44:20 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Sara C. Harris, MD

SB-1033-SD-2

Submitted on: 3/18/2019 7:51:09 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Kurata	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Nicole Kurata, MD

SB-1033-SD-2

Submitted on: 3/18/2019 7:56:17 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Dawson	Individual	Oppose	Yes

Comments:

My wife has had our children with a midwife and I have supported her on her journey to become a midwife. This bill would eliminate her pathway to becoming a midwife because it does not honor the PEP (portfolio evaluation process) This bills flaws also incorrect definitions of midwifery and ignores the defitions used under the Midwifery Model of Care. Also asking senior midwives who have been practicing as midwives for 10 + years to no longer call themselves midwives is improper when their clients have always identified them as midwives. Also the time frame that have been put into the bill are confusing first 2020 as a time for things to begin but then saying starting in 2019 you cannot call yourself a midwife. the bill is not clear and you need more time to make these changes clear . I urge you not to pass this bill as is.

Thank you

Brian Dawson

SB-1033-SD-2

Submitted on: 3/18/2019 7:56:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selena Green	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/19/19, at: 8:30am, Room #329

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

IN STRONG OPPOSITION

Aloha HLT Chair Mizuno, HLT Vice Kobayashi, 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 not allow me to identify as a "midwife". I have been a Certified Professional Midwife for over 13 years and I am a midwife! You cannot legally prevent me from the title that I have earned through my schooling.
2. SB1033 SD2 HD1 limits birth practitioners who are adhering to the Midwifery Model of Care from calling themselves "midwives". Clients understand their birth practitioners to be their "midwife". According to this bill as written it would be illegal to call their practitioner "midwife".
3. I am also a NARM preceptor, and midwife preceptor for MEAC accredited schools. 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 students who are in Hawaii.

4. I support the perpetuation of ALL forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. Licensure. This bill provides for licensure of ONLY midwives trained outside of Hawaii!

5. 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.

6. The fee required for a small number of midwives seeking licensure would be exorbitant. I oppose this proposed bill because many of the changes made are flawed. SB1033 SD2 HD1 removed any requirement that fees be “reasonable or necessary. This bill allows DCCA to change the fee amount at any time with only 1 hearing and little notice. This bill gives vague powers to DCCA in their regulation: there is no appeal process for any decisions made by the DCCA, DCCA is allowed to require “any other information...to investigate qualifications for licensure” without limits.

7. This version of the bill is very vague and thus flawed in it’s restrictions for CPM’s: for example: CPM can lose their license if they fail to comply with “any law in a manner such that the director deems the applicant to be an unfit or improper person to hold a license. This is vague and could be discriminatory.

8. I am one of the founding elder members of the Hawai’i Home Birth Collective,LLC that has in excess of 25 practicing midwives compared to Midwives Alliance of Hawai’i that has only 3 listed on their website. Hawai’i Home Birth Collective,LLC is inclusive of all types of midwives who abide by the “midwives model of care” and has an “elder council” with elders/kapuna on every island to answer grievances and complaints from the consumer and other parties. We have instituted processes for informed consent, emergency plans and processes for self regulation for all registered midwives.

9. 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, RP

SB-1033-SD-2

Submitted on: 3/18/2019 7:58:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an OB/GYN in Hawaii and have had the privilege of attending hundreds of births here. I support the licensure of CPMs and CMs because women deserve to choose from providers that have met a minimum level of education and competency standards. However, currently this bill does not delineate those standards, which should be those established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Thank you,

Dr. Danielle Ogez

SB-1033-SD-2

Submitted on: 3/18/2019 8:04:51 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Honorable members of the Health Committee--

I am writing today to comment on the bill SB 1033 SD2 HD1 Proposed. I am a certified professional midwife practicing on Maui, and I support the intent behind the bill-- licensure for midwives in the state of Hawaii.

I strongly support the proposed amendments from the Midwives Alliance of Hawaii.

The bill as presented does not allow midwives to practice to their fullest scope. Neither does the proposed language from Hawaii Midwifery Council. 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. 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 admend this bill so that it makes sense for the families of Hawai'i.

Mahalo,

Sky Connelly LM, CPM

SB-1033-SD-2

Submitted on: 3/18/2019 8:15:29 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Harvey, MD	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending thousands of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Scott Harvey, MD

SB-1033-SD-2

Submitted on: 3/18/2019 8:18:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 8:22:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

The PROPOSED HD1 is FLAWED. Every draft and version of this bill has been wildly different than all other versions clarifying the fact that this bill needs far more time to be thoroughly thought through and organized as this issue is very complex. This is not how policies should be made. Solution is an OFFICIAL WORKING GROUP with the DCCA, where ALL homebirth midwives (CPMs, DEMs) are voting members, including Traditional Midwives, Native Hawaiian Midwives and homebirth mothers. As these bills are trying to regulate the homebirth community, it makes the most sense for a reliable, experienced & qualified homebirth people to make up a homebirth working group. And to consider consultation with other non-homebirth providers. And a reminder about "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons" stated in the Hawaii Regulatory Licensing Reform Act. As this bill will restrict entry by qualified persons, does not state clearly the affordability of the license, and there is not accessible route to certification in the state of Hawai'i. Please remove the words "On or before July 1, 2023" from Section 6 (b)4, as this will make long standing practicing midwives illegal. Grandmother clause means to accept midwives who existed long before any law was written.

SB-1033-SD-2

Submitted on: 3/18/2019 8:27:39 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chioma DAwson	Individual	Oppose	No

Comments:

Honorable committee members,

Please do not pass this flawed bill. The community is not confused about what a midwife is. It is discriminatory to those who have been practicing for years as midwives. Please include a category for midwives registered through Hawaii Home Birth Collective and make exemptions for cultural and hanai family that are involved in midwifery.

Thank you

Chioma Dawson

SB-1033-SD-2

Submitted on: 3/18/2019 8:28:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Chong	Individual	Support	No

Comments:

I strongly urge legislators to adopt MAH's recommended amendments.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:17 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona	Individual	Oppose	No

Comments:

I am a Native Hawaiian mother of three young children born at home under the care of highly trained and skilled midwives. I have also attended several births in hospitals and homes in multiple capacities—as a doula, friend, sister, and as a midwife’s assistant.

While I am a strong supporter of midwifery care and support licensure for CPMs *who want it*, I oppose this bill (SB1033 proposed SD2) in its current form.

Families need to be free to choose both their caregivers and where they will receive that care.

SB-1033-SD-2

Submitted on: 3/18/2019 8:29:47 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jill Sims	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 8:32:56 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sally	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending (hundreds/thousands?) of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo

Sally Markee MD

SB-1033-SD-2

Submitted on: 3/18/2019 8:42:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashly Vida	Individual	Oppose	No

Comments:

I know a midwife who's been practicing for many years and attended numerous of births. This bill will make her illegal in 2023 if the legislature fails to come back and pass further legislation to allow her to practice legally. In order to fix these flaws PLEASE REMOVE THE WORDS "On or before July 1, 2023," from Section 6 (b) 4. If you intend to change the law in 3 years, you can re-insert a licensure requirement at that time, but don't make "traditional midwives illegal after 2023" the default setting written into statute.

The Hawaii Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons;" which is exactly what will happen if licensure is required before an affordable, accessible route to certification has been established within the state of Hawaii. It is ridiculous that this bill would make it illegal for traditional midwives to call themselves midwives, especially when other states recognize traditional & cultural midwives legally by name. The effective date "upon approval" is unreasonably soon, that won't be enough time for all the uncertified midwives to even hear about the new law, let alone change all their websites, business names, business cards, records, and materials from "Midwife" to "Birth Attendant" to be in compliance.

EVERY draft and version of this bill has been wildly different than all other versions, it is clear that this bill needs far more time to be thoroughly vetted before it's ready to be passed into law. This is not how policy-making should happen. For issues this complex, we really need an OFFICIAL Working Group, where ALL stakeholders are voting members of the working group- ESPECIALLY Traditional Midwives, Native Hawaiian Midwives, Homebirth Mothers, and the DCCA.

Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019, 8:30 AM
Hawaii State Capitol, Conference Room 329
415 South Beretania Street

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

From: Sharon Thomas

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

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

Thank you for the opportunity to provide comments **with support and strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

I am a woman who had an uncomplicated pregnancy and safely birthed my son at home with the support of a Certified Professional Midwife. The care through my midwife was of a significantly higher quality of care than my OB/GYN was able to provide in a clinic and hospital setting. Our current system of care does not allow our medical professionals to take the time for luxuries like 1-hour prenatal home visits in addition to endless 1:1 education, and centering pregnancy groups that my midwife was able to provide. This higher quality of care (which I associate with improved outcomes) came at a much lower price than that of the lesser quality care in clinic and hospital settings. BUT my insurance would not reimburse me for my higher quality perinatal care that came at a lesser cost. Luckily, I was in a financial position that allowed me to pay out of pocket for my birth expenses. Many women and families are NOT in the position to pay out of pocket for perinatal services, which effectively limits their choice to birthing with an OB/GYN or Certified Nurse Midwife in a hospital.

I agree 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 have an opportunity to choose safe and competent care to ensure safe and happy births. I would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

I 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

~~(1) A certified nurse-midwife holding a valid license under chapter 457;~~

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse midwife pursuant to chapter 457;~~

~~(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;~~

~~(2)~~ (3) A student midwife who is currently enrolled in a midwifery educational program ~~providing midwifery services~~ under the direct supervision of a qualified midwife preceptor;

~~(3)~~ (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received.

4) § - 6. Exemptions: (Page 12 Line 1)

~~(e)~~ (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices:
(Page 15 Line 15-16)

~~for neonatal resuscitation per neonatal resuscitation guidelines and~~ anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

I strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

I am very concerned about the safety of mothers and babies who wish to have a planned community birth and deeply respect the autonomy of women in making decisions for their own health and their pregnancies. Many mothers with low-risk pregnancies can safely deliver babies outside of a hospital setting with midwives resulting in improved education, care, and outcomes at a lower cost.

Hawaii is one of 17 states that does not license or regulate midwives. A licensure process would establish a minimum standard of care to safely deliver babies in the community. With defined standards and licensure, reimbursement for midwifery through health insurance becomes possible. By defining midwifery through licensure and allowing reimbursement through health insurance, licensure also expands access beyond the women who currently must pay out of pocket for support to birth in the community. Licensing midwifery expands choice for women and families and respects autonomy of women in making their own health decisions.

IN OPPOSITION

Aloha, I strongly urge you to oppose SB1033. While at first glance this bill may appear to protect women, in actuality it will LIMIT womens rights.

I am a proud veteran who was born and raised here in Hawaii. I have given birth to 3 beautiful children in the past 6 years. With my recent pregnancies I have experienced both standard obstetric hospital (OBGYN/Nurse) care as well as out of hospital midwifery care. I can say without question that the care I received in the hospitals by OBGYNs/Nurses was substandard to the care I received by midwives at home here in Hawaii. I could give countless examples, from the amount of regular tests and checkups, to the thoroughness of my appointments and the continuity of care - Hawaii midwives were far superior in knowledge, indepth of care and followup.

SB1033 would force Hawaii midwives to follow the standard obstetric hospital model of care. This is backwards. The US ranks 47th in the world for maternal mortality and 98% of births are taking place in hospitals. Clearly the medical model for birth is not solving this crisis. Perhaps OBGYNs and Nurses in the standard obstetric model should be forced to be educated and regulated using the midwifery model.

SB1033 would limit the rights of women. Women like me, who have defended our Nation and have full medical insurance that will cover hospital care and birth, and yet I have chosen to spend my hard earned personal money on the incredible service of midwives. More and more women in Hawaii are choosing to spend money out of their own pocket for the services of midwives. Why would women be doing this?

It would be a great tragedy to force over regulation and licensure on Hawaii midwives. SB1033 would unreasonably restrict entry into the midwifery profession by qualified people. SB1033 would also cause an artificial increase in the cost of midwifery services as a direct result of regulation.

As we have seen with the midwife situation in Oregon, legislation was passed promising regulation would help insurance to cover the cost of midwives. In actuality the laws have limited Oregon women's midwife choices and created disastrous situations where midwives who have cared for women throughout their pregnancy and have helped women during hours and sometimes days of labor get paid zero dollars if they end up transferring to a hospital for an emergency. Clearly this situation endangers the lives of women and babies and is a direct result of the legislation that Oregon passed.

Women in Hawaii should have the right to choose the type of care they wish receive during their pregnancies and deliveries. Hawaii midwives are incredible, life saving invaluable assets for Hawaii's future. Let us learn from their tremendous knowledge and centuries of practice and not oppress them and force them to adopt the broken obstetric medical model of education and care. I STRONGLY URGE you to stand up for WOMENS RIGHTS and OPPOSE SB1033.

Very Respectfully,

Elizabeth Friebel

SB-1033-SD-2

Submitted on: 3/18/2019 9:05:28 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beckley Dye	Individual	Oppose	No

Comments:

I strongly OPPOSE SB 1033. This bill is deeply flawed.

SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Please OPPOSE SB 1033.

Sincerely,

Beckley Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:07:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Petra Gilmore	Individual	Support	No

Comments:

Honorable members of the Health Committee,

I am writing today to comment on the bill SB 1033 SD2 HD1 proposed. I have been working with Sky Connelly LM, CPM last year for the birth of my first son.

For further pregnancies i would enjoy her full and quality care at home and skip the doctors office available with the passing of the bill.

My experinece has been incredible and i am a big supporter of birthing at home - it is not a sickness and women deserve the option to have the care of prenatal, birth and postpartum from the comfort of their home, supported by the state.

Kind regrads,

Petra Gilmore

SB-1033-SD-2

Submitted on: 3/18/2019 9:12:05 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Dye	Individual	Oppose	No

Comments:

Aloha State Representatives,

I am writing in STRONG OPPOSITION of SB 1033.

Please vote NO on SB1033.

This bill limits reproductive choice and is discriminatory. It claims one form of midwifery is more legitimate than others. Please license midwives but don't make it so others cannot continue their professions as traditional midwives.

SB 1033 is flawed. Every version is so different. Please vote NO so we have time to formulate a respectful and working bill for all parties. Traditional Midwives need to be part of the conversation.

VOTE NO SB1033

Thank you for your time.

Robert Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:20:01 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Juana Gutierrez	Individual	Oppose	Yes

Comments:

Ahola,

I am a Public Health student at the University of Hawaii at Mānoa, a military wife, and a mother of three children. I oppose this bill because it will limit the birthing options available for families in Hawaii. Women should have the right for more healthcare options in prenatal care and delivery and should have the right to choose whether a certified midwife or a traditional midwife is the right option for their family.

Sincerely,

Juana Gutierrez

SB-1033-SD-2

Submitted on: 3/18/2019 9:22:24 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beth A Bachran	Individual	Oppose	No

Comments:

ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

SB-1033-SD-2

Submitted on: 3/18/2019 7:39:30 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Reni Soon	Individual	Comments	Yes

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawai'i and have had the privilege of attending thousands of births here in Hawai'i. I support the licensure of CPMs and CMs; **women deserve to choose care** from providers they know have met a minimum level of education and competency standards. This bill does not prohibit women from choosing who or where they want to deliver. It does not impinge or restrict Native Hawaiian birth practices. It states that those birth attendants who choose not to seek licensure will have time to work with the legislature on their own measure. This bill is about licensing CPMs and CMs, who deserve that recognition. However, currently this bill does not delineate the educational and competency standards of CPMs and CMs which should meet the standards established by the International Confederation of Midwives (a consortium of midwifery organizations with over 130 member organizations, representing 6 regions of the world). I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Reni Soon, MD

SB-1033-SD-2

Submitted on: 3/18/2019 9:34:03 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kekapala Dye	Individual	Oppose	No

Comments:

I STRONGLY OPPOSE SB 1033.This bill is FLAWED. Please vote NO on SB 1033.

As a native Hawaiian I am in deep opposition of SB 1033. This limits my family's birthing choice and traditional birthing practices. SB1033 and all the versions of it including HD1 proposed which will be heard Tuesday 3/19/19 are **disrespectful and discriminatory** and **do NOT preserve birthing options for the people of Hawaii**. The legislature granting the permission to call themselves midwives **only** to CNMs, CMs or CPMs does not support or respect the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.

If the Hawaii State Government truly does NOT want to impede one's ability to incorporate or provide cultural practices in midwifery, then allow midwives who have chosen not to be a CNM, CM or CPM to call themselves "midwife," and exempt them from licensure as long as they make it clear to the communities they serve that they are choosing not to be "licensed midwives," and are ultimately self governed in a different way and accountable directly to the communities they serve.

For those of you concerned about safety and transparency, there exists the self regulating Hawai'i home birth collective and elders council for accountability, grievances, peer review and data collection for all midwives practicing home and community based birthing in Hawai'i.

Also if we are claiming this is all for safety, then where are the statistics? Show me the numbers because I have had nothing but amazing experiences with traditional midwives and would never choose to have my children in the hospital.

Please vote NO on SB 1033.

Sincerely,

Kekapala Dye

SB-1033-SD-2

Submitted on: 3/18/2019 9:41:38 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alohi Aea	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 10:22:09 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nathalie Champion	Individual	Support	No

Comments:

I feel regulation is important in ensuring that there is a certain standard of care which is followed in the practice of midwifery. Having a 3 year period to ensure native and traditional voices are heard is a part of this bill, and should ensure patient safety as well as indigenous voices and participation in the process.

SB-1033-SD-2

Submitted on: 3/18/2019 10:31:52 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pai-Jong Stacy Tsai	Individual	Comments	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Pai-Jong Stacy Tsai, MD, MPH

SB-1033-SD-2

Submitted on: 3/18/2019 9:32:01 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Bertoli	Individual	Oppose	No

Comments:

My name is Andrea Bertoli and I oppose SB 1033 relating to the licensing of midwives. These people are pillars of community and care very deeply about mothers and babies, and are working to integrate the best of conventional, cultural, and natural medicine in our community.

SB-1033-SD-2

Submitted on: 3/18/2019 11:02:16 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolina Thompson	Individual	Support	No

Comments:

I support the intent behind measure SB 1033 SD2 H1 because I believe women should be empowered and have the ability to make an informed decision about how they want to lead their pregnancies and give birth. Midwives are open and caring about providing all the information a pregnant woman needs and they are also very supportive of whichever decision this pregnant woman makes, as long as the pregnancy does not present any risk. I do support midwives in Hawaii and would love to see them being able to practice to their full scope.

SB-1033-SD-2

Submitted on: 3/18/2019 11:10:05 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Candace Mendoza	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 11:45:50 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Summer Yadao	Individual	Oppose	No

Comments:

Aloha Legislative Officials,

OPPOSE SB1033 SD1 as it stands.

I am writing to ask that you please OPPOSE SB1033 SD1 as it does not make anyone safer, especially women, babies and families.

This piece of legislation does not the input of the public for which it is claiming to protect.

There needs to be more time to discuss the intricancies of what this bill will do to public safety and the needs of pregnant women and families in our communities.

Mahalo,

Summer Yadao

Wahiawa resident, single mother of 3; 1 home birthed.

SB-1033-SD-2

Submitted on: 3/18/2019 10:46:12 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolyn Guire	Individual	Oppose	No

Comments:

Please do not take away our right to birth how and where we feel best for us and our unborn children. Midwives have been around for thousands of years and we need them to be able to continue to practise without the risk of fines or jail time.

Mahalo

Carolyn Guire

From: Liza Franzoni <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Liza Franzoni
Email	mamakigirl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Celine Consoli <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Celine Consoli
Email	cfconsoli@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Maible Coughlin <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:37 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maible Coughlin
Email	maible.coughlin@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren Getstle <noreply@jotform.com>
Sent: Monday, March 18, 2019 10:33 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren Getstle
Email	mslaurengerstle@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”
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- 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.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Jennifer Walker, MD <jjwalker@hhsc.org>
Sent: Monday, March 18, 2019 9:52 AM
To: HLTtestimony
Subject: Testimony in Support of SB 911 SD1

Categories: Red category

Aloha and Good Morning

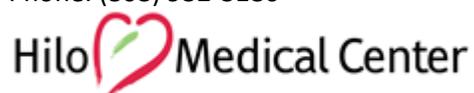
Thank you for the opportunity to provide testimony in **support of SB 911 SD 1** that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

Again, mahalo for the opportunity to express my **support for SB 911 SD1** to improve cardiac care at Hilo Medical Center.

Jennifer J. Walker, MD, MPH, FAAFP
Medical Director, Hawaii Island Family Health Center
Acting Program Director, Hawaii Island Family Medicine Residency
1190 Waianuenue Ave, Hilo, HI 96720
Phone: (808) 932-3186



From: cindy freitas <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	cindy freitas
Email	hanahanai@hawaii.rr.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Karena Biber <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Karena Biber
Email	kauaiwahine@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Chasity Millen <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:15 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chasity Millen
Email	chasity.millen@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: T'Karima Ticitl <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:14 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	T'Karima Ticitl
Email	tkarima.ticitl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Geneve Chong <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:12 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Geneve Chong
Email	gchong808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Karena Biber <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Karena Biber
Email	kauaiwahine@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Chasity Millen <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:15 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chasity Millen
Email	chasity.millen@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: T'Karima Ticitl <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:14 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	T'Karima Ticitl
Email	tkarima.ticitl@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Geneve Chong <noreply@jotform.com>
Sent: Monday, March 18, 2019 9:12 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Geneve Chong
Email	gchong808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Elena Cabatu <ecabatu@hhsc.org>
Sent: Monday, March 18, 2019 8:38 AM
To: HLTtestimony
Subject: Support for SB911 SD 1
Attachments: DOC031819.pdf; DOC031819.pdf; Sandy Sato Support for SB911 Cardiac Care at HMC 3 19 19.docx; D. Brinkman Support for SB911 Cardiac Care at HMC 3 19 19.docx

Categories: Red category

Please accept the attached letters of support by staff of Hilo Medical Center for SB 911 SD 1 to improve health care services related to cardiac care at Hilo Medical Center.

At the hearing on Tuesday, March 19 at 10:00 am, Hilo Medical Center will be represented by myself and Dr. Kathleen Katt, Acute Care Medical Director, and Rebecca Moore, RN, Heart Attack and Stroke Coordinator, will provide their testimony in-person.

If you need to reach me, please contact me by cell at 808.333.7223.

Mahalo,
Elena

Elena Cabatu

Director of Marketing and Public & Legislative Affairs
Hilo Medical Center - Hale Ho'ola Hamakua - Kau Hospital
1190 Waianuenue Avenue
Hilo, Hawaii 96720
Phone: (808) 932-3160
Cell: (808) 333-7223
Fax: (808) 974-6831
Check us out at: www.hilomedicalcenter.org
"Like" us on Facebook: www.facebook.com/HiloMedicalCenter

From: Kupono Ana <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kupono Ana
Email	AlohaAina9@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Michelle Akbari <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:37 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Michelle Akbari
Email	makbari009@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: patnsteve@hawaiiantel.net
Sent: Monday, March 18, 2019 8:34 AM
To: HLTtestimony
Subject: SB911 SD1 Support

Categories: Red category

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Calvin K.Y. Say

Rep. Nadine K. Nakamura

Rep. James Kunane Tokioka

Rep. Joy A. San Buenaventura

Rep. Gene Ward

NOTICE OF HEARING

DATE: Tuesday, March 19, 2019

TIME: 10:00 am

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

Steve Godzsak, Hilo resident n cardiac survivor, thank you for the opportunity to provide testimony in support of SB 911 SD 1 that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii

and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

From: Ezinne Dawson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:32 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ezinne Dawson
Email	ezinne22@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren McCoy <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lauren McCoy
Email	lmccoy212@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Elena Cabatu <ecabatu@hhsc.org>
Sent: Monday, March 18, 2019 8:38 AM
To: HLTtestimony
Subject: Support for SB911 SD 1
Attachments: DOC031819.pdf; DOC031819.pdf; Sandy Sato Support for SB911 Cardiac Care at HMC 3 19 19.docx; D. Brinkman Support for SB911 Cardiac Care at HMC 3 19 19.docx

Categories: Red category

Please accept the attached letters of support by staff of Hilo Medical Center for SB 911 SD 1 to improve health care services related to cardiac care at Hilo Medical Center.

At the hearing on Tuesday, March 19 at 10:00 am, Hilo Medical Center will be represented by myself and Dr. Kathleen Katt, Acute Care Medical Director, and Rebecca Moore, RN, Heart Attack and Stroke Coordinator, will provide their testimony in-person.

If you need to reach me, please contact me by cell at 808.333.7223.

Mahalo,
Elena

Elena Cabatu

Director of Marketing and Public & Legislative Affairs
Hilo Medical Center - Hale Ho'ola Hamakua - Kau Hospital
1190 Waianuenue Avenue
Hilo, Hawaii 96720
Phone: (808) 932-3160
Cell: (808) 333-7223
Fax: (808) 974-6831
Check us out at: www.hilomedicalcenter.org
"Like" us on Facebook: www.facebook.com/HiloMedicalCenter

From: Kupono Ana <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kupono Ana
Email	AlohaAina9@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Categories: Red category

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Email	makbari009@gmail.com
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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: patnsteve@hawaiiantel.net
Sent: Monday, March 18, 2019 8:34 AM
To: HLTtestimony
Subject: SB911 SD1 Support

Categories: Red category

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Calvin K.Y. Say

Rep. Nadine K. Nakamura

Rep. James Kunane Tokioka

Rep. Joy A. San Buenaventura

Rep. Gene Ward

NOTICE OF HEARING

DATE: Tuesday, March 19, 2019

TIME: 10:00 am

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

Steve Godzsak, Hilo resident n cardiac survivor, thank you for the opportunity to provide testimony in support of SB 911 SD 1 that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii

and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

From: Ezinne Dawson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:32 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ezinne Dawson
Email	ezinne22@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren McCoy <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Lauren McCoy
Email	lmccoy212@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Vicki Hedley <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:13 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Vicki Hedley
Email	vickimidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Juliette Davidson <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:11 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Juliette Davidson
Email	j davidson_@mac.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- 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.
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From: Clare Loprinzi <noreply@jotform.com>
Sent: Monday, March 18, 2019 8:07 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Clare Loprinzi
Email	mammanaclare@outlook.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Cynthia Live <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Cynthia Live
Email	haleiwathea@yahoo.con
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jessica Pojas <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:55 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Pojas
Email	jess.pojas@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Sarah Snyder <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:53 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Sarah Snyder
Email	srslater1@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nina Basket <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:53 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nina Basket
Email	ninarosebasker@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Maria Diessner <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:48 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Maria Diessner
Email	mariadiessner@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Alexandra Lazar <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Alexandra Lazar
Email	ms.alexlazar@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Trisha Gonsalves <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:25 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Trisha Gonsalves
Email	italkitchen808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mrs Medrakanoeonapua <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:16 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mrs Medrakanoeonapua
Email	ardem8@gmail.com
Type a question	<p>Why have you not talked to so many who are against this bill and really read the bill to understand its negative consequences on woman and their families. House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” 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.◆

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing:◆

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Karina Gallego <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:07 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Karina Gallego
Email	karinagallego17@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Olympia Beltran <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:46 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Olympia Beltran

Email indigenurse@gmail.com

Type a question

Pialli (Hello),
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

As an indigenous woman and registered nurse I am
testifying in STRONG OPPOSITION to SB 1033 which
would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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. ❓

- 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" 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.

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ♦

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nizhoni Tohe <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:26 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nizhoni Tohe
Email	Nizhonirain@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Erin Henninger <noreply@jotform.com>
Sent: Monday, March 18, 2019 5:23 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Erin Henninger
Email	emariehenninger@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Anis Crifts <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Anis Crifts
Email	aniscrofts@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Waniya Locke <noreply@jotform.com>
Sent: Monday, March 18, 2019 3:30 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Waniya Locke
Email	waniyal69@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Jerome James <noreply@jotform.com>
Sent: Monday, March 18, 2019 3:00 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Jerome James
Email	jeromeja@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kim Calichio <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:50 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kim Calichio
Email	kim.calichio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Meggie Patton <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:31 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Meggie Patton
Email	mpatton@sterlingcollege.edu
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kate Sidlo
Email	ramonabeau@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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“...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.”

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Ward Kandee <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ward Kandee
Email	kandee051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Roberts Justin <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Roberts Justin
Email	rob0051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Candice Roberts <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:04 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Candice Roberts
Email	roberts.candice51@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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

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From: MeleLani Llanes <noreply@jotform.com>
Sent: Monday, March 18, 2019 11:56 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name MeleLani Llanes

Email beatingheart1@gmail.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in STRONG OPPOSITION to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Katrina Sudweeks <Katrina.Sudweeks.147205353@p2a.co>
Sent: Monday, March 18, 2019 11:42 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Katrina Sudweeks

kobayashi1 - Melvia

From: Ashley Curry <Ashley.Curry.147138349@p2a.co>
Sent: Monday, March 18, 2019 11:40 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

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Please support the passage of SB366 SD2.

Mahalo,
Ashley Curry

kobayashi1 - Melvia

From: Iris Toguchi <Iris.Toguchi.148840672@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

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Please support the passage of SB366 SD2.

Mahalo,
Iris Toguchi

kobayashi1 - Melvia

From: Timothy Vandever <Timothy.Vandever.148780804@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

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Please support the passage of SB366 SD2.

Mahalo,
Timothy Vandever

From: Ava Collet <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:51 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ava Collet
Email	avacollet@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Fred Hofer <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Fred Hofer
Email	n1tya@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Angela Smith <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Angela Smith
Email	noelanihulamom@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kristina Boccio <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:41 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kristina Boccio
Email	kristina.boccio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Crystal Homcy <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:35 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Crystal Homcy
Email	cravegreens@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Ava Collet <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:51 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Ava Collet
Email	avacollet@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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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.

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Fred Hofer <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Fred Hofer
Email	n1tya@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Makalani Franco-Francis <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:49 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Angela Smith <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:42 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Angela Smith
Email	noelanihulamom@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kristina Boccio <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:41 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kristina Boccio
Email	kristina.boccio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Crystal Homcy <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:35 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Crystal Homcy
Email	cravegreens@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Tami Winston <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:27 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tami Winston
Email	kauakeaw@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jessica Santiago <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:19 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Chloe Campbell <noreply@jotform.com>
Sent: Monday, March 18, 2019 7:10 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Chloe Campbell
Email	chloe.a.campbell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Amber Woolsey <noreply@jotform.com>
Sent: Monday, March 18, 2019 6:57 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Amber Woolsey
Email	mommyinthegarden@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tara Mattes <noreply@jotform.com>
Sent: Sunday, March 17, 2019 11:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tara Mattes
Email	taramattes3@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Mary Betsellie <noreply@jotform.com>
Sent: Sunday, March 17, 2019 11:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Mary Betsellie
Email	dreamstar360@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Elisa Spring <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Elisa Spring
Email	elisa@sacredrelating.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Julie Stowell <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Stowell
Email	julie@lomikai.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Gina Kan <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:49 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Gina Kan
Email	respectrootswoman@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Nancy Holbrook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nancy Holbrook
Email	nancy_holbeook@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Ye Nguyen <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:21 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Ye Nguyen
Email	dryenguyen@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauran Chapple <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

  **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauran Chapple
Email	lauranjb@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Wen Yu <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:06 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Wen Yu
Email	callmeecho@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Pua Case <noreply@jotform.com>
Sent: Sunday, March 17, 2019 10:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Pua Case
Email	puacase@hawaiiantel.net
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Michelle Fuller <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:55 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Michelle Fuller
Email	mblair27@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jennifer Rodwell <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jennifer Rodwell
Email	jrodwell@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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From: jennifer tanouye <jentanouye@gmail.com>
Sent: Sunday, March 17, 2019 9:33 PM
To: HLTtestimony
Subject: SB 911 SD1

Categories: Red category

Testimony in Support of SB 911 SD1

Relating to health. Appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

**Jennifer Tanouye/East Hawaii Community Member and
Volunteer** _____

Thank you for the opportunity to provide testimony in **support of SB 911 SD 1** that appropriates funds to improve health care services related to cardiac care at Hilo Medical Center.

This funding supports Hilo Medical Center's efforts to provide interventional cardiac care for East Hawaii and potentially for all of Hawaii Island. The procedure involved in this advanced level of cardiac care stops heart attacks in progress and reduces long term cardiac disability. The American College of Cardiology recommends interventional cardiac care as a best practice for treating heart attacks in rural areas like Hawaii Island.

Hilo Medical Center is well positioned to provide interventional cardiac care as it already has available cardiac imaging equipment and software, as well as a cardiology clinic that has space for three cardiologists. The hospital's cardiology program is on track to meeting its goal by the end of 2019 to provide interventional cardiology that will save lives and improve the quality of life for cardiac patients. The funding received in the 2018 legislative session was very much appreciated as it was crucial in the hospital's success in recruiting interventional cardiologists. Funding in this second phase is essential for Hilo Medical Center to continue the momentum in advancing heart attack care.

Mahalo,

From: Simone Derow-Ostapowicz <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:26 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Simone Derow-Ostapowicz
Email	simonederow@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: matthew noe <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:16 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	matthew noe
Email	navadwip999@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Yun Yi <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:12 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Yun Yi
Email	yi.yunkyong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kelly Stern <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	KELly Stern
Email	goldielocksyogi@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mie Omori <noreply@jotform.com>
Sent: Sunday, March 17, 2019 9:02 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Mie Omori
Email	mie.omori@ilwulocal142.org
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Francesca Caires <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:34 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Francesca Caires
Email	francescacaaires@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tonya Coulter <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:28 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tonya Coulter
Email	tonyacoulter@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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From: Wai'ala Ahn <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Wai'ala Ahn
Email	waiala.ahn@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Richard DeLeon <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:23 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Richard DeLeon
Email	kekaukike@msn.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Dea Rackley <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:22 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Dea Rackley
Email	kumukahi77@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Deb Mader <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:20 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Deb Mader
Email	orchid6128@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Twinkle Borge <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:14 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Twinkle Borge
Email	twinkleborge@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Molly McLaughlin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:12 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Molly McLaughlin
Email	mollyirene42@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Summer-Lee Yadao <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Summer-Lee Yadao
Email	sumlove808@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Tatiana Young <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tatiana Young
Email	youngtk@hawaii.edu
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Hannah Ashley <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Hannah Ashley
Email	hannahashleylmt@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Laura Acasio <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:08 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Laura Acasio
Email	laura.acasio@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Kathryn Benjamin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:07 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kathryn Benjamin
Email	katy.benjamin@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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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.

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From: Mitsuko Hayakawa <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mitsuko Hayakawa
Email	foodsovereignty@now@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Kaiulani Cook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kaiulani Cook
Email	lanicook@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: soraya applegate <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	soraya applegate
Email	sorayafaris@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Tammy Chang <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tammy Chang
Email	tamacha@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Lisa Martin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lisa Martin
Email	casadycats@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mike Wong <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:50 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mike Wong
Email	suntzuwong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- 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.
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From: Karen Murray <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karen Murray
Email	kmurray.tesimony@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Cynthia Caillagh <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:28 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Cynthia Caillagh
Email	caillagh@mwt.net
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jacqueline Macaluso <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Macaluso
Email	jmacmidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jacqueline Dudock <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:17 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Dudock
Email	jdudock@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kate Sidlo
Email	ramonabean@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Ward Kandee <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ward Kandee
Email	kandee051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Roberts Justin <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:05 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Roberts Justin
Email	rob0051@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Candice Roberts <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:04 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Candice Roberts
Email	roberts.candice51@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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- 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:

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: MeleLani Llanes <noreply@jotform.com>
Sent: Monday, March 18, 2019 11:56 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	MeleLani Llanes
Email	beatingheart1@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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From: Kaiulani Cook <noreply@jotform.com>
Sent: Sunday, March 17, 2019 8:00 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kaiulani Cook
Email	lanicook@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: soraya applegate <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:57 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	soraya applegate
Email	sorayafaris@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Tammy Chang <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tammy Chang
Email	tamacha@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Lisa Martin <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:54 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lisa Martin
Email	casadycats@aol.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Mike Wong <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:50 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mike Wong
Email	suntzuwong@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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From: Karen Murray <noreply@jotform.com>
Sent: Sunday, March 17, 2019 7:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Karen Murray
Email	kmurray.tesimony@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jacqueline Macaluso <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Macaluso
Email	jmacmidwife@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Jacqueline Dudock <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:17 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jacqueline Dudock
Email	jdudock@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Kate Sidlo <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:09 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Red category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kate Sidlo
Email	ramonabean@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Megan Reimers <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:33 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Megan Reimers
Email	mmschroeder47@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.



Tuesday, March 19, 2019; 8:30 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: **Comments on SB 1033, SD2**
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 to offer comments on SB 1033, SD2 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 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. 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, although obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of transfers in the event that complications arise, and have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor's Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore, we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist

Thank you for the opportunity to provide testimony.

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 1:03:21 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Individual	Comments	No

Comments:

I strongly urge legislators to adopt MAHs recommended changes especially the definition (ICMs definition) of midwife and Midwifery. Allowing midwives to practice to their fullest scope.

I support licensure of the Midwifery profession. I believe it is absolutely necessary that the public has a more definitive way to separate people who attend birth as traditional providers and those that have met global standards to use the term 'midwife'. We need amended

rules such as those proposed by MAH to allow midwives to practice to their fullest scope, expanding women's health options across all islands, especially outer islands. It will provide awareness and integration of Midwifery into the healthcare system here in Hawaii.

SB-1033-SD-2

Submitted on: 3/18/2019 1:34:14 PM

Testimony for HLT on 3/19/2019 8:30:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
MonaLisa Riordan	Hale Kealaula	Oppose	No

Comments:

Testimony in OPPOSITION to SB1033

My name is MonaLisa Riordan and I reside in Kaaawa, Oahu HI.

My reasons for opposing this bill:

(1) I had a safe, fast, wonderful delivery at home 3 months ago with my midwife team. I believe it is every woman's right to choose where she delivers her baby and to select her support team for birth, pre-natal and post-partum.

(2) The requirement for NATM certification is unnecessary and restrictive. The cost and limited availability of institutions in Hawaii would make it impossible for Hawaii residents to get certified thus also limiting the availability of midwives for home births for mothers residing in Hawaii.

Thank you for considering my testimony to support the OPPOSITION of passing this bill in its current state in Hawaii.

Sincerely yours,

MonaLisa Riordan



Tuesday, March 19, 2019; 8:30 am
Conference Room 329

LATE

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: **SB 1033, SD2 -- Relating To The Licensure Of Midwives**
Providing Comments

My name is Dr. Charles Neal, Jr., MD, PhD and I am the Neonatology Clinical Section Chief and Medical Director of the Newborn Intensive Care Unit at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani Medical Center 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 to offer comments on SB 1033, SD2 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 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, although obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of transfers in the event that complications arise, and have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor's Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore, I recommend that the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist

Thank you for the opportunity to provide this testimony.



Date: March 18, 2019

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

Re: Support for SB1033 (and companion bills) 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 (and companion bills) which would create a licensure for Certified Midwives and Certified Professional Midwives through a midwifery program under the Department of Commerce and Consumer Affairs.

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

We agree 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 would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

We 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse-midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;~~

~~(3) (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or~~

~~(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:~~

4) § - 6. Exemptions: (Page 12 Line 1)

~~(c) (b)~~ Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; ~~and~~

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

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.

Founded in 2012, the Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. ECAS supports the passage of SB 1033 with recommended amendments. Mahalo for the opportunity to provide this testimony.

kobayashi1 - Melvia

From: Jomel Duldulao <Jomel.Duldulao.147986474@p2a.co>
Sent: Monday, March 18, 2019 12:24 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Jomel Duldulao

kobayashi1 - Melvia

From: George borges <George.borges.152193351@p2a.co>
Sent: Monday, March 18, 2019 12:22 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
George borges

kobayashi1 - Melvia

From: Katrina Sudweeks <Katrina.Sudweeks.147205353@p2a.co>
Sent: Monday, March 18, 2019 11:42 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Katrina Sudweeks

kobayashi1 - Melvia

From: Ashley Curry <Ashley.Curry.147138349@p2a.co>
Sent: Monday, March 18, 2019 11:40 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Ashley Curry

kobayashi1 - Melvia

From: Iris Toguchi <Iris.Toguchi.148840672@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
Iris Toguchi

kobayashi1 - Melvia

From: Timothy Vandever <Timothy.Vandever.148780804@p2a.co>
Sent: Monday, March 18, 2019 11:35 AM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Red category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

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Please support the passage of SB366 SD2.

Mahalo,
Timothy Vandever

SB-1033-SD-2

Submitted on: 3/18/2019 2:08:33 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dinna Schwiering	Individual	Oppose	No

Comments:

My name is Dinna Schwiering and I strongly opposed SB 1033, SD2, HD1. I appreciate the general intent of the Bill, however the bill fails to address many different types of midwives that serves families of Hawaii for many years. The bill is very discriminatory and restrictive. Midwives perform a very important service to mothers like myself. I urge legislators to work with home birth practitioner and the community they serve and come up with a better legislation that will organized different types of midwives.

I am a mother and I was a State legislative employee before becoming a City legislative employee. I understand the legislative process and do believe the need for certain good legislation, but SB 1033, SD2, HD1 is not a good bill. I was fortunate to have an option to choose who would assist me and where I would gave birth. It was challenging for me to trust the hospital. I was also particular in choosing my midwife when I was pregnant, until I contacted Sacred Healing Arts. It was an instant connection and a feel of trust, something that a mother would understand. Please do not take this choice away from us. There should be another way.

Mahalo,

Dinna Schwiering

From: Maggie Alvarez <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:31 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Maggie Alvarez
Email	allensmissus@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Nicole Simon <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:31 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Nicole Simon
Email	nicole_a_simon@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Angela Hock <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:29 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Angela Hock
Email	nebraskabirthkeeper@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Rick Tabor <Rick.Tabor.148840645@p2a.co>
Sent: Monday, March 18, 2019 1:28 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony

Categories: Green category

Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Rick Tabor

From: Taylor Sidders <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:10 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Taylor Sidders
Email	sidderst@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: Nicole Wocelka <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:02 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nicole Wocelka
Email	nicolewocelka@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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From: michael hamilton <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	michael hamilton
Email	info@plumblossomclinic.org
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Emily Gentzler <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:41 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Emily Gentzler
Email	ecdatri@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Ariel Dale <noreply@jotform.com>
Sent: Monday, March 18, 2019 12:34 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ariel Dale
Email	9a.natalia.d7@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Senceray Graves <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Senceray Graves
Email	sencerayk@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Colleen Wallace <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Colleen Wallace
Email	colleenosheawallace@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. 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.• 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” is legally unsound. This measure defines a legally exempted category of

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

Are you aware that there is NO birthing center on

Lanai - no place for women to give birth on Lanai?
When this was the situation on Molokai, Midwifery
Options worked with the hospital there to hire
midwives and thus the issue was resolved on Molokai.
I am currently communicating with people in the
Maternal Child Health Field to see how to address
getting a birthing center of some type started on
Lanai. This law will NOT benefit rural pregnant
women!!

My recommendation is to hold this bill, and instead
consider the creation of a 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.

Although the intent of this measure and its
amendments may be good, it still is highly problematic
and I must oppose it strongly.

From: Julie Nitz <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:52 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Nitz
Email	julienitzkosherfamily@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Linda Powell <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 OPPOSE SB 1033 ! Requiring licensure of midwives	
Name	Linda Powell
Email	lindapowell20@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Lauren Walker <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lauren Walker
Email	ardyceblooms@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Kanaka Maoli traditional practices are not protected. 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.

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- 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.
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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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Senceray Graves <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

✖ **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Senceray Graves
Email	sencerayk@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Colleen Wallace <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Colleen Wallace
Email	colleenosheawallace@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. 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.• 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" is 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 which the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. Papa Ola Lokahi - the Hawaiian Health Project 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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- 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.
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Are you aware that there is NO birthing center on

Lanai - no place for women to give birth on Lanai?
When this was the situation on Molokai, Midwifery
Options worked with the hospital there to hire
midwives and thus the issue was resolved on Molokai.
I am currently communicating with people in the
Maternal Child Health Field to see how to address
getting a birthing center of some type started on
Lanai. This law will NOT benefit rural pregnant
women!!

My recommendation is to hold this bill, and instead
consider the creation of a 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.

Although the intent of this measure and its
amendments may be good, it still is highly problematic
and I must oppose it strongly.

From: Julie Nitz <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:52 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Nitz
Email	julienitzkosherfamily@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Linda Powell <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Linda Powell
Email	lindapowell20@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. ❖ THESE ARE THE KULEANA OF THE

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
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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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively

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From: Lauren Walker <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren Walker
Email	ardyceblooms@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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” is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

LPD Services

Regular Session of 2019

SB1033hd1, Hearing date 3/19/2019, Room 329, 9:30am

(808) 640-2095

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am a Native Hawaiʻian and I am an active, registered voter. I stand in strong opposition of SB1033hd1. The professional licensing process should not eliminate close to one-half of the profession it is attempting to license. The current draft of this bill is not very well thought out.

How will the midwives forced out of practice continue to support their ohana? Many direct entry midwives won't be legally be able to pursue their livelihood if SB1033hd1 becomes law. This draft seems like it was written by someone who has no idea what the definition of a direct entry midwife is, or what services midwives provide to the communities they serve.

I stand in solidarity with the Hawaiʻi Midwifery Council and their vision for the future of midwifery in Hawaiʻi. I also approve of their version of SD1033. It clearly defines the pathway for the multiple direct entry midwives to seek licensure, it promotes safe practice procedures, and it creates a process for the handling of consumer complaints. I was told a copy of this draft was emailed to each committee member on Sunday.

Please do not pass a badly written, poorly planned out bill with a vague plan to go back and address the numerous issues and problems with it, at some later date, sometime in the next 3 years. **Pass a GOOD bill the first time.**

If you are unable to pass a good bill this year, please turn this bill into a *working group* that includes all types of midwives as well as members from the Hawaiʻi Home Birth Collective and the Hawaiʻi Midwifery Council. I believe with the right information, the legislators CAN pass a great bill!

Mahalo for your consideration,

Leslie P. DeBina

Founder, LPD Services

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 2:39:54 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Debra Startzman	Individual	Oppose	No

Comments:

I oppose the continued interference in the choice that women have in who can assist on the delivery of their children. By further regulating midwives, especially those who have been practicing for decades, you are limiting the choices that women have. My 2 grandchildren were both born at home with midwife assisted delivery. My daughter and son-in-law chose their midwife thoughtfully and carefully. Statistics have shown that babies that are brought Earthside naturally and peacefully at home by experienced midwives have better outcomes than those where hospital intervention is involved.

LATE

Aloha House Committee on Health, Honorable Chair Mizuno, Vice Chair Kobayashi, and committee members,

My mom is a direct entry midwife, she has been a midwife my whole life. The proposed house draft will make it illegal for her to continue to work as a midwife. How will she continue to provide for our ohana? How will my brothers, my sisters and I even plan to go to college if my mom has to change professions at 45 years old. The professional licensing process should not eliminate close to one-half of those currently working in the profession it is attempting to license. This current draft is really not very well thought out.

I have grown up surrounded by the midwife community. It seems to me that this draft was written by someone who seriously has no idea what the definition of a direct entry midwife is, or what midwives do. My mom has made so many sacrifices to give her clients great care, she has even missed Christmas Day and several of our birthday parties. What will happen to us if my mom can't be a midwife anymore?

I know a lot about the Hawai'i Midwifery Council thank to my mom. As a young adult, I would personally prefer that there was no licensure of midwives, I feel it is a violation of body autonomy but I am willing to support of their version of SD1033. It clearly defines the pathway for the multiple direct entry midwives to seek licensure, it promotes safe practice procedures, and it creates a process for the handling of consumer complaints. My mom emailed the committee members a copy of this draft on Sunday.

Please do not pass a badly written, poorly planned out bill with a super vague plan to at some point in the future, go back, and address the numerous issues and problems with it, at some time in the next 3 years. **Pass a GOOD bill the first time.**

If you can't pass a good bill this year, please turn this bill into a *working group* that includes all types of direct entry midwives, as well as members from the Hawai'i Home Birth Collective, and the Hawai'i Midwifery Council. I believe with the right information; the legislators CAN pass a great bill!

Thanks,

Koa Struempf

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 2:45:36 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments: Aloha, My name is Elizabeth and I am a new mother who successfully gave birth to a hapa daughter at home, thanks to a an "unlicensed midwife" (who has attended over 1,500 births since the 70's, including a few of my friends). There are many reasons I am testifying to oppose this bill, from the perspective I have: as a new mother to a hapa Hawaiian daughter, as a partner to a Hawaiian man, as a graduate from the Anthropology department (at UHM c/o '07), as a doula student, and as a woman who had a quite a few traumatic experiences in hospitals (in Hawaii and California). This baby is the first in her Hawaiian side of the family to be born at home for generations. This brought a strong connection to her paternal grandparents : home, where we currently reside. Anthropology teaches that cultural connections to places are huge and this disconnect is happening for so many "ohana, where a hospital (with plenty of sick ppl coming and going, dying and contagious, so unsafe for babies with very little immunities built up) is definitely not one of those places that women can go to relax & feel at ease, while she embarks on her birthing journey. As a doula student, I can say that we learned that relaxing is tantamount for a natural birth to move along smoothly (without all the often unnecessary interventions that are forced on women at hospitals in the name of "policy" or "protocols"). I am going to give an idea of how smoothly home birth can go by sharing some details of mine. First off, I feel I should mention that I was born at home in 1984 & I definitely felt more at ease at the idea of doing something so sacred and intimate at home, where I felt safe and respected "in my body, my requests, & rights" with people who had gotten to know me, my story, & my birth plan closely while I was pregnant. They let me & my partner know they were on-call at any given moment "familiarity helps mothers feel better supported by her "birth team." (2 previous miscarriages I had were not handled well in the hospital on Maui and left me fearful & tearful for any future experiences. I was so distraught for years following the traumas of miscarriages in such a cold, unloving, and uncomfortable environment where staff are spread so thin that you may well have to help them do their jobs" that is a common issue in hospitals around the world from what I have read in my anthropology and birth studies, as well as witnessed with others and myself, firsthand). My daughter's active labor was 8 hours in duration, with no medical interventions. There was minimal tearing, no stitches needed, thanks to lots of coconut oil, a birth tub, and much due to my midwives' advice on preparing the body to open up to let baby through. Baby was 8 lbs 2 oz, 22 inches long, The spiritual aspect seems to have been forgotten in the westernized approach to childbirth... this is a huge loss. The right to welcome in new human life in a way that honors the spirit of the mother, baby, and all of their ancestors is vital to the survival of any of our cultures and our people. We are not machines and yes,

technology and western medicine definitely has its importance in the certain complicated pregnancies. That being said, western medicine with all of the life-saving technologies should be available to those who choose it, not forced on those who have confidence and wisdom in birthing practices outside the hospital and are perfectly healthy. My traumatic times in the hospitals on Maui was filled with staff who would come in unclear about why I was there, because they obviously hadn't read my chart before entering the cloth-partitioned area.... repeating answers to same questions to various staff was quite upsetting, especially when nurses would ask ,â€• how far along are you?â€•to which I responded, â€œthe baby is not there, we just miscarriedâ€•! we are supposed to be doing a sonogram to be sure I donâ€™t need a DNC.â€• These seemingly minor details are actually pretty major, especially if you are still bleeding profusely and grieving on all levels. It was the last place I wanted to be with people who knew absolutely nothing about me. Cultural determination and personal choice is a right that people in every culture should have: to exist, thrive, and choose how to live out oneâ€™s ancestral ways in this world. The ethnocentricity of pushing westernized medicine on people in our communities who have earned their respect and trust in ways no doctor in a hospital ever could. This bill is unjust, forced cultural appropriation, & disrespectful (to people and their cultures). Hospital settings can be highly disruptive (to the progression of labor, known as labor dystocia), unsafe (pushing pitocin, epidurals, IVâ€™s, c-sections, etc. that inhibit the bodyâ€™s abilities to function in a holistically healthy manner, for Mothers and Babies)... that is not honoring certain rights to practice oneâ€™s culture/beliefs and is ignoring generations of traditional wisdom that people are working so hard to preserve and practice. Thereâ€™s got to be a middle-ground that we can seek and I do believe that cocreating more birthing centers may be a nice meeting place for people on either side of this debate. Birth centers which are well-supported financially, stocked with the helpful technologies can be blessings in times of need. These birth centers can be staffed by those whose personal journeys may differentiate quite a bit; this would ensure that all birth team staff have diverse forms of learning that brought them to the field. While some of the staff would be doctors, RN-Midwives, & RNâ€™s, I strongly believe there should be traditional Midwives and doulas to make the birth as smooth as possible. Hospitals are for people to go to heal when they arenâ€™t well... why not offer a more comfortable environment where staff can assist mothers birthing in a center that feels like home? ... also, offering the option of home-birth to healthy mothers who prefer it (whether the reason be cultural/spiritual, biological/physical, emotional, etc). I am grateful that I was able to practice a cultural right to welcome our baby at home with the Midwives that I truly knew had our best interests in mind, as well as decades of valuable experience. I pray this choice is still available to my daughter and all indigenous women, wherever we are, and wherever we are from. Mahalo nui loa for your time and consideration of my testimony. Sincerely, Elizabeth

SB-1033-SD-2

Submitted on: 3/18/2019 2:56:49 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Opposition to SB1033 SD2 HD1 Proposed

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

I oppose this bill as it stands, as it limits the "birth practitioners" who adhere to the Midwifery Model of Care from calling themselves "Midwives"

I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.

Please ammend point 2, "difinitions" by adding the definition:

HiHBC means organization committted to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to Department of Health (DOH) and Department of Commerce and Consumer Affairs (DCCA).

Sincerely,

Sara Sato

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 3:15:31 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Whitney Herrelson	Informed Choice Birth Services	Oppose	No

Comments:

This bill is flawed. We can do better in Hawaii to protect our indigenous and traditional midwives who are skilled and valuable providers. This bill is discriminatory, and forces assimilation for traditional practitioners. I adamantly oppose.

From: [Sarah Martin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 3:35:55 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Sarah Martin
Email	sarah.flight@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
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and cultural practices. 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.❖
- 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” 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.❖

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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Jill Tetherow](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 3:14:48 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Jill Tetherow
Email jrtetherow@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Clarinda Braun](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 2:48:04 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Clarinda Braun
Email clarindativoli@gmail.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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“...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->

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

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.

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.

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Ellen Friesen](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 2:50:51 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Ellen Friesen
Email ellenhorsecrazy@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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- 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.
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From: [Bonnie Harkins](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 2:57:27 PM



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Bonnie Harkins
Email bonnierose266@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

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This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Ki'inaniokalani Kaho'ohanohano](#)
To: [HLTtestimony](#)
Subject: Opposition to sb1033
Date: Monday, March 18, 2019 3:02:42 PM

LATE

Aloha,

I am writing testimony on behalf of MAMA Hawaii in strong opposition to this extremely flawed legislation. I have been attending births at home for over 18 years in Maui as a kupuna trained Pale Keiki, and this bill, even with its exemptions (which are narrow and hold little ground) will make me illegal as well as those who chose my care. I also have Hawaiian students who have been in apprenticeship with me for over a year that will no longer be able to continue. There is no guarantee that we will be protected by POL, and the other direct entry midwives that have been practicing for decades will also not be able to practice. This will limit choice as well as safety. There are no educational pathways for us here in Hawaii, and those of us with impeccable care for decades will be outlawed without access to this training, which we already have in the first place! Legislation may need to happen, I understand, but we need good, fair legislation, and not just any Legislation.

Please see this is a complex issue that needs to be addressed more thoroughly.

Mahalo,
Ki'i Kaho'ohanohano
808-276-3365
Sent from my iPhone

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 3:39:00 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
KH	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify. I am an ob/gyn in Hawaii and have had the privilege of attending hundreds of births here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Katherine Huang

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 3:41:39 PM
Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

As a woman and mother who has birthed her children at home I implore you to oppose this bill. As women and mothers, how and where we choose to birth is an incredibly personal and informed decision. We do not reach the decision without much research, knowledge and without the upmost confidence that it is the best and safest option for our children and ourselves. Please protect the rights of mothers and keiki and oppose this bill.

From: Senceray Graves <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:03 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Senceray Graves
Email	sencerayk@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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<http://www.papaalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

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From: Colleen Wallace <noreply@jotform.com>
Sent: Monday, March 18, 2019 2:01 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Colleen Wallace
Email	colleenosheawallace@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. 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.• 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” is 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 which the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. Papa Ola Lokahi - the Hawaiian Health Project 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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

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.

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

Are you aware that there is NO birthing center on

Lanai - no place for women to give birth on Lanai?
When this was the situation on Molokai, Midwifery
Options worked with the hospital there to hire
midwives and thus the issue was resolved on Molokai.
I am currently communicating with people in the
Maternal Child Health Field to see how to address
getting a birthing center of some type started on
Lanai. This law will NOT benefit rural pregnant
women!!

My recommendation is to hold this bill, and instead
consider the creation of a 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.

Although the intent of this measure and its
amendments may be good, it still is highly problematic
and I must oppose it strongly.

From: Julie Nitz <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:52 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



Categories: Green category

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julie Nitz
Email	julienitzkosherfamily@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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- 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.
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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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Linda Powell <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Linda Powell
Email	lindapowell20@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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From: Lauren Walker <noreply@jotform.com>
Sent: Monday, March 18, 2019 1:35 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

Categories: Green category



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lauren Walker
Email	ardyceblooms@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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. ❖• 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" is both offensive and legally unsound. This measure defines a legally

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

Date: March 18, 2019

To: House Committee on Health
Representative Mizuno, Chair
Representative Kobayashi, Vice Chair

Re: Support for SB1033 (and companion bills) 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 (and companion bills) which would create a licensure for Certified Midwives and Certified Professional Midwives through a midwifery program under the Department of Commerce and Consumer Affairs.

Thank you for the opportunity to provide comments **with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.**

We agree 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 would like to offer strong recommendations for amendments to SB1033 SD2 HD1 Proposed so that it will meet the International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language.

We 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~
- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~

(a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(b) conducting births on the midwife's own responsibility;

(c) provision of advice and information regarding care for newborns and infants

(d) providing counseling, support and advice regarding sexual and reproductive health, and;

(e) 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 HI, including drug regimens, and;

(f) consistent with the ICM 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;

(g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

~~(a) This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.~~

~~(b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:~~

(1) A certified nurse-midwife holding a valid license under chapter 457;

~~(1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse midwife pursuant to chapter 457;~~

(2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

~~(2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;~~

~~(3) (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or~~

~~(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:~~

4) § - 6. Exemptions: (Page 12 Line 1)

~~(c) (b)~~ Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; and

(4) Rupturing amniotic membranes;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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;

We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations, making it the global standard.

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.

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.

Founded in 2012, the Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. ECAS supports the passage of SB 1033 with recommended amendments. Mahalo for the opportunity to provide this testimony.

Tuesday, March 19, 2019; 8:30 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: Comments on SB 1033, SD2
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 to offer comments on SB 1033, SD2 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 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. 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, although obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of transfers in the event that complications arise, and have expertise in the recognition and management of high-risk maternity conditions. As detailed in the State Auditor's Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore, we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist

Thank you for the opportunity to provide testimony.



Tuesday, March 19, 2019; 8:30 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

**Re: SB 1033, SD2 -- Relating To The Licensure Of Midwives
Providing Comments**

My name is Dr. Charles Neal, Jr., MD, PhD and I am the Neonatology Clinical Section Chief and Medical Director of the Newborn Intensive Care Unit at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani Medical Center 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 to offer comments on SB 1033, SD2 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 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.

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Thank you for the opportunity to provide this testimony.

From: Kellyn Swift <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:56 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kellyn Swift
Email	agentk_001-1@hotmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

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“...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.”

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

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Elizabeth Hueter <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:53 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Elizabeth Hueter

Email lizhueter@gmail.com

Type a question

Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in STRONG OPPOSITION to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers,
babies and cultural practices. 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.❓

- 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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“...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.”

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Rachael Villafana <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:51 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Rachael Villafana
Email	rachael.shoesmith@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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

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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
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From: Pua'ena Ahn <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:48 PM
To: HLTtestimony
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 HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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" 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

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

kobayashi1 - Melvia

From: Ivy Castellanos <Ivy.Castellanos.147148852@p2a.co>
Sent: Monday, March 18, 2019 4:43 PM
To: HLTtestimony
Subject: SB366 SD2 Testimony



Dear Chair John Mizuno, and committee members :

I am in strong support of Senate Bill 366 SD2. In the state of Hawaii, there are currently an estimated 29,000 individuals living with Alzheimer's Disease, making it the 6th leading cause of death in the state. Most recently reported in 2019, the Medicaid expenditure on Alzheimer's Disease care has risen to \$232 million and is projected to increase by 21.2% by the year 2025. Furthermore, the per capita Medicare expenditure on people with dementia has increased to \$17,965.

The Alzheimer's disease and related dementia services coordinator position was established six years ago within the executive office on aging by Act 214, Session Laws of Hawaii 2013. This position is absolutely essential in that it is tasked with the coordination and provision of public and private Alzheimer's disease and related dementia services. The appropriation of funds to this position is crucial, as the number of existing cases of Alzheimer's Disease as well as the cost of the disease continually rises, causing a public health crisis.

Please support the passage of SB366 SD2.

Mahalo,
Ivy Castellanos

From: MARTI TOWNSEND <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:30 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	MARTI TOWNSEND
Email	marti.townsend@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying as an individual in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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” 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

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The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Anna Blakney <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:30 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Anna Blakney
Email	anna.blair_c@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❓• 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” 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. ❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

- Kanaka Maoli traditional practices are not protected. 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.

- This measure is full of legal gray areas; gray areas are what lawsuits are made of.

- 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:

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

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- 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.
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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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: Jessica Perez <noreply@jotform.com>
Sent: Monday, March 18, 2019 4:19 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jessica Perez
Email	jessiperez10@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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” 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

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

LATE

Papa Ola Lokahi
894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

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

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HOUSE COMMITTEE ON HEALTH **Rep. John M. Mizuno, Chair** **Rep. Bertrand Kobayashi, Vice-Chair**

COMMENTS ON NATIVE HAWAIIAN PRACTICES **SB 1033 SD2 HD1 - RELATING TO LICENSURE OF MIDWIVES**

Tuesday, March 19, 2019, 8:30 AM
Conference Room 329, State Capitol

Aloha to the Chairs, Vice-Chairs and members of the committees.

Papa Ola Lōkahi (POL)—the Native Hawaiian Health Board established exactly 30 years ago—is firm about respectfully leaving the discussion of certification and licensure to the communities of those professions.

With the authority of the Native Hawaiian Health Care Improvement Act (Title 42 USC 122) and the Hawai'i Revised Statutes, POL is solely interested in assuring Hawaiian cultural practices around pregnancy and childbirth, hāpai and hānau, are preserved and protected, as articulated in the Hawai'i State Constitution (Article XII, Sec. 7). It is in the interest of the perpetuation of the host culture that practitioners of traditional Hawaiian practices, pale keiki and other healers and helpers, are not outlawed.

Should this bill move forward, it is critical to maintain the exemption, set in precedence by HRS 453-2(c), that exempts traditional Hawaiian healing practitioners from medical licensure and designates Papa Ola Lōkahi with recognizing Kupuna Councils of traditional Hawaiian healers. As the field of Hawaiian healing and birthing traditions is reborn, POL is currently preparing to accept the kuleana required to exempt practitioners.

Papa Ola Lōkahi is available to answer questions about Kupuna Councils.

Mahalo nui for the opportunity to offer comments.



LATE

3/18/19

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

From: Hawaii Affiliate of the American College of Nurse Midwives

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

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

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made.

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~

- ~~(2) Advising a parent as to the progress of childbirth;~~
~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
~~(4) Making newborn assessments~~
- (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
(b) conducting births on the midwife's own responsibility;
(c) provision of advice and information regarding care for newborns and infants
(d) providing counseling, support and advice regarding sexual and reproductive health, and;
(e) 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 HI, including drug regimens, and;
(f) consistent with the ICM 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;
(g) practicing in any setting consistent with nationally accepted standards published by the profession.

The US MERA is a coalition comprised of representatives of national midwifery associations, credentialing bodies, and education accreditation agencies to include: Accreditation Commission for Midwifery Education (ACME), American Midwifery Certification Board (AMCB), American College of Nurse-Midwives (ACNM), International Center for Traditional Childbearing, Midwifery Education Accreditation Counsel (MEAC), Midwives Alliance of North America (MANA), National Association of Certified Professional Midwives (NACPM), and North American Registry of Midwives. Together this collation created guiding documents (below), based on the Internal Confederation of Midwives global standards, detailing standards for regulation, licensure, midwifery education and essential competencies for basic midwife practice. **We cannot support this bill without the education requirements set forth by this collation being included.** [Principles for Model US Midwifery Legislation and Regulation \(2015\)](#), and [Statement on the Licensure of Certified Professional Midwives \(CPMs\) \(2015\)](#).

While we thank the committee for including Certified Midwives in the bill, we are extremely concerned with the limited scope of practice outlined for CMs. Both CMs and CNMs have the identical ACNM defined scope of practice and follow the American College of Nurse Midwives' (ACNM) standards and code of ethics for midwifery. Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; and prescribing medications, including all forms of pain control medications and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics,

OB/GYN practices, birth centers, and private homes.

Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals and families of Hawai'i. State legal and regulatory frameworks should recognize midwifery care as an important option for women's healthcare services. To this end I have provided additional information regarding the education, certification and licensure requirements relating to the CM credential.

Education

The accreditation body for graduate programs educating both CNMs and CMs is the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. In the United States, approximately 40 programs educate midwives who will be candidates for certification from the American Midwifery Certification Board (AMCB) upon graduation. While many of these programs are in colleges of nursing, two are colleges of health professions and educate students from a variety of backgrounds in addition to nursing (i.e., State University of New York Downstate and Thomas Jefferson University). These two programs require additional prerequisite education in science and social science for students entering the program from fields other than nursing, and include basic health skills for midwifery in the program. These basic health skills courses and most prerequisites are waived for nurses: nurses have learned basic health skills and completed the same prerequisite education prior to or during their undergraduate level nursing programs. The graduate curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. All ACME accredited midwifery education programs are required to be within or affiliated with regionally accredited colleges or universities.

Board Certification

Graduates of ACME accredited midwifery programs are eligible to sit for the national certifying exam given by the AMCB. Both the CNM and CM programs are accredited by the National Commission for Certifying Agencies and candidates sit for the identical certification exam. The only difference between the credential granted is whether the applicant presents an active RN license at initial examination. AMCB uses ACNM Core Competencies as well as a task analysis to guide examination construction. According to AMCB's website, "The Task Analysis Survey, created by the American Midwifery Certification Board, describes tasks performed by CNMs and CMs who have been certified within the last five years and practice in the United States."

Licensure

Included in the enclosures below is a table with links to the statute and regulations enabling CM practice. Without licensure, it is difficult to attract CMs to education programs due to the cost of a rigorous graduate level education. Expanding access to licensure for CMs is one way to address provider shortages for women needing maternity and primary care providers in Hawai'i while increasing access to the benefits of midwifery model care. ACNM has several position papers regarding the licensure and regulation of midwifery practice and these are also available in the attachments to this letter. You will also note that the joint statement between the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists, enclosed, recognizes both CNMs and CMs equally and calls for robust licensure in line with our education and training as well as access to insurance reimbursement and hospital privileges.

Respectfully,

Executive Board of HAA

Colleen Bass, President

Carmen Linhares, Vice-President

Annette Manant, Secretary

Celeste Chavez, Treasurer

Jenny Foster, Health Policy co-chair

Emily Simpson, Health Policy co-chair

Enclosures:

[ACNM Standard Setting Documents](#)

[Competencies for Master's Level Midwifery Education](#)

[ACNM Definition of Midwifery and Scope of Practice](#)

[ACNM Core Competencies for Basic Midwifery Practice](#)

[Fast Facts About Certified Midwives](#)

[Joint Statement of Practice Relations Between ACNM & ACOG](#)

[Midwives of ACNM](#)

[CM State Practice Table](#)

[Midwifery Comparison Chart](#)

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 4:06:25 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rocio Bueno	Individual	Comments	No

Comments:

I strongly urge legislators to adopt Midwife Alliance of Hawaii's recommended amendments. Mahalo

LATE

3/18/19

TO: House Committee on Health, Representative J. Mizuno and Representative B. Kobayashi

HEARING DATE: March 19, 2019

PLACE: Hawaii State Capitol, Conf Room 329

FROM: Linda S. Chong Tim, MSN, APRN-Rx, CNM

**Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives Position:
COMMENTS**

As a Certified Nurse Midwife practicing midwifery in Hawai'i for >20years, I strongly support the reasons behind SB 1033_SD2_HD1 which is to license the profession of midwifery to promote safe, high-quality maternity care for Hawai'i's women and infants. I recognize and appreciate all of the work that has been done on this bill. However, further amendments are needed to adequately address the intentions of the bill.

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." 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."

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. The International Confederation of Midwives (ICM) sets educational standards which addresses 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 strongly recommend the following amendments:

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

Recommended under Definitions:

"Midwife" in this bill pertains to the distinction of a Certified Professional Midwife and 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program and holds a current certified professional midwife credential and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title “midwife”.

In addition, there needs to be clearer definitions and clarity on title protection for the Certified Professional Midwife(CPM) and the already licensed Certified Nurse Midwife (CNM). Certified Nurse-Midwives should be clearly exempt from title protection in this bill. I strongly urge the return of CNMs under exemptions category.

Recommended under Exemptions:

Exempt from this bill is the Certified Nurse Midwife holding an Advanced Practice Registered Nurse License (APRN) as a Certified Nurse Midwife (CNM) pursuant to chapter 457 and holds national certification by the American Midwifery Certification Board.

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

- SB 1033_SD2_HD1 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of transfers in the event that complications arise, and have expertise in the recognition and management of high-risk maternity conditions. The committee should have representation by all providers potentially involved in the continuum of care. This promotes communication, transparency and collegiality necessary for prompt collaborative care when needed.

As a Certified Nurse Midwife, I believe a mutually respectful Midwife-Physician relationship is vital in optimizing care and outcomes. As detailed in the State Auditor’s Report No-17-01, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore:

Under section 4 “Powers and duties of the director” (page 8), I strongly recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.

Thank you for your consideration.

Sincerely,

Linda S. Chong Tim

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 6:04:28 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

I oppose this bill and believe women should have eminent domain over their body.

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 4:10:50 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Newton	Individual	Comments	No

Comments:

I strongly urge legislators to adopt Midwife Alliance of Hawaii's recommended amendments.

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 8:10:29 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Having the ability to safely birth at home with a midwife is of the utmost importance. The midwives that i have birthed my two daugthers with are fully trained, professionally qualified and deserve to be able to practice without additional licensure. Please allow homebirth midwives to continue to offer their incredible skill and true passion without all the red tape.

SB-1033-SD-2

Submitted on: 3/18/2019 9:32:13 PM

Testimony for HLT on 3/19/2019 8:30:00 AM



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

Comments:

Dearest Representatives,

I hope that you will vote NO on SB1033. I am a mother of two born at home. My midwife has been practicing for over 30 years and has attended over one thousand births. I would not have been able to brith my children the way I did and with the health and attachment with my children I have been able to enjoy since their births, without her. My choice of midwife should not be dictated by government officials.

This bill would make midwives like her illegal. Please remove the words: "On or before July 1, 2023," from Section 6 (b). Also, the cost for some midwives to travel to the mainland for certification (according to this bill) would put them out of a profession they spent a lifetime developing.

Every draft and version of this bill has been very different than the one previous. This bill needs much more work before it can become a law. For an issue as complex as midwifery IN HAWAI'I, we need a working group that would bring ALL stakeholders to the table (traditional midwives and their patients included).

Thank you for your time,

Sara DiGrazia, Psy.D. (home birth Mom and Licensed Psychologist)

Kailua, HI 96734 (808 295 3525)

SB-1033-SD-2

Submitted on: 3/18/2019 9:53:35 PM

Testimony for HLT on 3/19/2019 8:30:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Theresa	Individual	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi and members of the health committee,

Thank you so much for hearing this bill and for this opportunity to testify.

I am an OB/GYN in Hawaii and have had the privilege of supporting hundreds of women during delivery here. 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. However, currently this bill does not delineate those standards which should meet the standards established by the International Confederation of Midwives. I urge this committee to amend the bill to include recommendations suggested by Hawaii ACOG and Midwives Alliance of Hawaii.

Mahalo,

Theresa Myers, MD

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 10:18:59 PM
Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Racquel Miller	Individual	Oppose	No

Comments:

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 10:20:20 PM
Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Miller	Individual	Oppose	No

Comments:

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 10:31:14 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

I am a Certified Professional Midwife on the Big Island of Hawaii. I established my midwifery practice (Island Mamas Midwifery) in 2010, and have consistently provided care to the families on the Big Island for the past 9 years.

Thank you for the opportunity to provide comments with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.

I am concerned that the bill in it's current form does not recognize or acknowledge my nationally recognized certification, which proves my experience and competency. The narrow language of this bill is outdated in it's definition of "midwife", and does not meet the International Confederation of Midwives definition. It also limits the ability for CPMs to practice to our full scope and ability. I believe that it is unsafe for midwives to attend births without the ability to carry and administer certain legend drugs, such as postpartum hemorrhage medications. I am also trained and experienced in suturing, IV administration, and shock management, and find it unsettling that this bill does not grant me permission to use these skills. In my opinion, the fact that the State of Hawaii is willing to grant a license to anyone calling themselves a midwife, but not does not allow CPMs such as myself to practice to my full scope, leaves it unsafe for me to continue to practice midwifery in Hawaii if this bill passes in it's current language.

I have reviewed the Midwives Alliance of Hawaii recommendations for amendments, and kindly ask that you amend this bill per these recommendations.

In appreciation and concern,

Dani Dougherty, CPM

Island Mamas Midwifery
www.islandmamasmidwifery.com

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 10:31:55 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

SB-1033-SD-2

Submitted on: 3/18/2019 10:39:27 PM

Testimony for HLT on 3/19/2019 8:30:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Ramos	Individual	Comments	No

Comments:

To: House Committee on Health

Representative Mizuno, Chair

Representative Kobayashi, Vice Chair

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

Time: Thirtieth Legislature Regular Session of 2019 Tuesday, March 19, 2019 at 8:30am

TESTIMONY PROVIDING COMMENTS FOR SB1033 SD2 HD1 PROPOSED RELATING TO THE LICENSURE OF MIDWIVES

"I strongly urge legislators to adopt MAH's recommended amendments."

I agree with both State Auditor's Reports No. 99-14 and No. 17-01 determination that the midwifery profession should be regulated.

I had the honor and privilege of having my first grandchild born in my home a little over a year ago in the most peaceful and safe environment. I had not had any experience prior to that of home births and the first in my family of over fifty nieces, nephews, grand nieces and grand nephews born on Kauai.

We were fortunate to have had a well educated and experienced midwife, despite the lack of a state licensed process. But it is important to adopt MAH's recommended amendments to meet International Confederation of Midwives minimum standards and the US Midwifery Education, Regulation and Association agreed upon language, **I strongly recommend MAH's recommended amendments.**

Mahalo,

Danielle Ramos

Kapaa, Kauai, HI

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 10:54:00 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kayla Parker	Individual	Oppose	No

Comments:

As a homebirthing mother in Hawai'i, I strongly oppose SB1033. The care that I received from my TRADITIONAL MIDWIFE far exceeds any care I have received from any RN, CNM, or OBGYN in my entire life. After meeting with numerous midwives on the island (including CPM's) I happily chose to go with a traditional midwife (who was upfront from the very beginning about what it means to be a traditional midwife or in other words a direct entry midwife). I am so thankful I was able to explore my options as a birthing mother in the wonderful state of Hawai'i. I would be absolutely devastated and heartbroken if our WONDERFUL midwife could technically no longer practice midwifery. Most home birthing mothers in our community are extremely informed and pick traditional midwives for a reason. Please do not take this right away from us! Traditional birthing practices mean everything to a lot of us mothers. Mahalo for reading my testimony.

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 11:55:54 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

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

Comments:

Aloha honorable committee members,

I stand in strong opposition of SB 1033.

I write to you as a student midwife on Oahu currently enrolled in a MEAC accredited school who will eventually pursue CPM certification. At the moment 4 midwives on Oahu qualify to be my preceptors through my school. Should this bill pass, 3 of those midwives will no longer be able to legally call themselves midwives (despite historical and dictionary based definition of the word midwife supporting their titles as midwives) yet they would technically still qualify to be my midwifery preceptors through my MEAC accredited school. Such a school is a main requirement for licensure according to this bill. So they qualify to train me but they can't legally call themselves midwives? ... The discrepancy I'm highlighting above is a symptom of the flawed vocabulary in this bill which indicates a lack of understanding of what this bill is trying to regulate - Midwifery ! Further dialogue needs to occur before a bill can be passed.

Licensure of CPM's and CM's can be achieved without regulating midwives and birthing people who choose midwives who don't ascribe to a certain model of care.

Please vote no to this bill which is what the majority of the community has been asking of you from the moment it was introduced. Further drafts have only proved to be more problematic.

Mahalo nui loa,

Daniela Martinez

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 12:24:33 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristl Woo	Individual	Oppose	No

Comments:

SB-1033-SD-2

Submitted on: 3/19/2019 12:38:54 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Smith-Johnson	Individual	Support	Yes

Comments:

I support this bill and STRONGLY recommend MAH's amendment suggestions.



LATE

3/18/19

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

From: Hawaii Affiliate of the American College of Nurse Midwives

Time: Thirtieth Legislature Regular Session of 2019
Tuesday, March 19, 2019 at 8:30am

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

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

While we **strongly support the intention behind SB 1033_SD2_HD1 which is to license the profession of midwifery** as that would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants, as it is written, we cannot support the bill until amendments are made.

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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;~~

- ~~(2) Advising a parent as to the progress of childbirth;~~
- ~~(3) Rendering prenatal, intrapartum, and postpartum care; and~~
- ~~(4) Making newborn assessments~~
- (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
- (b) conducting births on the midwife's own responsibility;
- (c) provision of advice and information regarding care for newborns and infants
- (d) providing counseling, support and advice regarding sexual and reproductive health, and;
- (e) 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 HI, including drug regimens, and;
- (f) consistent with the ICM 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;
- (g) practicing in any setting consistent with nationally accepted standards published by the profession.

The US MERA is a coalition comprised of representatives of national midwifery associations, credentialing bodies, and education accreditation agencies to include: Accreditation Commission for Midwifery Education (ACME), American Midwifery Certification Board (AMCB), American College of Nurse-Midwives (ACNM), International Center for Traditional Childbearing, Midwifery Education Accreditation Counsel (MEAC), Midwives Alliance of North America (MANA), National Association of Certified Professional Midwives (NACPM), and North American Registry of Midwives. Together this collation created guiding documents (below), based on the Internal Confederation of Midwives global standards, detailing standards for regulation, licensure, midwifery education and essential competencies for basic midwife practice. **We cannot support this bill without the education requirements set forth by this collation being included.** [Principles for Model US Midwifery Legislation and Regulation \(2015\)](#), and [Statement on the Licensure of Certified Professional Midwives \(CPMs\) \(2015\)](#).

While we thank the committee for including Certified Midwives in the bill, we are extremely concerned with the limited scope of practice outlined for CMs. Both CMs and CNMs have the identical ACNM defined scope of practice and follow the American College of Nurse Midwives' (ACNM) standards and code of ethics for midwifery. Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; and prescribing medications, including all forms of pain control medications and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics,

OB/GYN practices, birth centers, and private homes.

Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals and families of Hawai'i. State legal and regulatory frameworks should recognize midwifery care as an important option for women's healthcare services. To this end I have provided additional information regarding the education, certification and licensure requirements relating to the CM credential.

Education

The accreditation body for graduate programs educating both CNMs and CMs is the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. In the United States, approximately 40 programs educate midwives who will be candidates for certification from the American Midwifery Certification Board (AMCB) upon graduation. While many of these programs are in colleges of nursing, two are colleges of health professions and educate students from a variety of backgrounds in addition to nursing (i.e., State University of New York Downstate and Thomas Jefferson University). These two programs require additional prerequisite education in science and social science for students entering the program from fields other than nursing, and include basic health skills for midwifery in the program. These basic health skills courses and most prerequisites are waived for nurses: nurses have learned basic health skills and completed the same prerequisite education prior to or during their undergraduate level nursing programs. The graduate curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. All ACME accredited midwifery education programs are required to be within or affiliated with regionally accredited colleges or universities.

Board Certification

Graduates of ACME accredited midwifery programs are eligible to sit for the national certifying exam given by the AMCB. Both the CNM and CM programs are accredited by the National Commission for Certifying Agencies and candidates sit for the identical certification exam. The only difference between the credential granted is whether the applicant presents an active RN license at initial examination. AMCB uses ACNM Core Competencies as well as a task analysis to guide examination construction. According to AMCB's website, "The Task Analysis Survey, created by the American Midwifery Certification Board, describes tasks performed by CNMs and CMs who have been certified within the last five years and practice in the United States."

Licensure

Included in the enclosures below is a table with links to the statute and regulations enabling CM practice. Without licensure, it is difficult to attract CMs to education programs due to the cost of a rigorous graduate level education. Expanding access to licensure for CMs is one way to address provider shortages for women needing maternity and primary care providers in Hawai'i while increasing access to the benefits of midwifery model care. ACNM has several position papers regarding the licensure and regulation of midwifery practice and these are also available in the attachments to this letter. You will also note that the joint statement between the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists, enclosed, recognizes both CNMs and CMs equally and calls for robust licensure in line with our education and training as well as access to insurance reimbursement and hospital privileges.

Respectfully,

Executive Board of HAA

Colleen Bass, President

Carmen Linhares, Vice-President

Annette Manant, Secretary

Celeste Chavez, Treasurer

Jenny Foster, Health Policy co-chair

Emily Simpson, Health Policy co-chair

Enclosures:

[ACNM Standard Setting Documents](#)

[Competencies for Master's Level Midwifery Education](#)

[ACNM Definition of Midwifery and Scope of Practice](#)

[ACNM Core Competencies for Basic Midwifery Practice](#)

[Fast Facts About Certified Midwives](#)

[Joint Statement of Practice Relations Between ACNM & ACOG](#)

[Midwives of ACNM](#)

[CM State Practice Table](#)

[Midwifery Comparison Chart](#)

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 4:40:37 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Timothy Ayinla II	Individual	Oppose	No

Comments:

Testimony in Opposition to SB1033 SD2 HD1 Proposed

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 6:34:35 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Heaney	Individual	Comments	No

Comments:

3/19/19

TO: House Committee on Health, Representative J. Mizuno and Representative B. Kobayashi

HEARING DATE: March 19, 2019

PLACE: Hawaii State Capitol, Conf Room 329

FROM: Linda S. Chong Tim, MSN, APRN-Rx, CNM

**Re: SB 1033_SD2_HD1 – Relating to the Licensure of Midwives Position:
COMMENTS**

As a Certified Nurse Midwife practicing midwifery in Hawai'i for >20years, I strongly support the reasons behind SB 1033_SD2_HD1 which is to license the profession of midwifery to promote safe, high-quality maternity care for Hawai'i's women and infants. I recognize and appreciate all of the work that has been done on this bill, owever, further amendments are needed to adequately address the intentions of the bill.

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.". 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."

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. The International Confederation of Midwives (ICM) sets educational standards which addresses 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 strongly recommend the following amendments:

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

Recommended under Definitions:

"Midwife" in this bill pertains to the distinction of a Certified Professional Midwife and 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program and holds a current certified professional midwife credential and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

In addition, there needs to be clearer definitions and clarity on title protection for the Certified Professional Midwife(CPM) and the already licensed Certified Nurse Midwife (CNM). Certified Nurse-Midwives should be clearly exempt from title protection in this bill. I strongly urge the return of CNMs under exemptions category.

Recommended under Exemptions:

Exempt from this bill is the Certified Nurse Midwife holding an Advanced Practice Registered Nurse License (APRN) as a Certified Nurse Midwife (CNM) pursuant to chapter 457 and holds national certification by the American Midwifery Certification Board.

Thank you for your consideration.

Sincerely,

Mary Heaney MSN, CNM

LATE

SB-1033-SD-2

Submitted on: 3/18/2019 7:13:26 PM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sommer Paulson	Individual	Oppose	No

Comments:

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

- I OPPOSE this bill as it stands, as it limits the “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.

From: [Jessica Perez](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:19:06 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jessica Perez
Email	jessiperez10@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Anna Blakney](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:29:54 PM



OPPOSE SB 1033 ! Requiring licensure of midwives

Name Anna Blakney
Email anna.blair_c@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

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seriously threatens health and safety of mothers, babies
and cultural practices. Here is why:

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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
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- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [MARTI TOWNSEND](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:30:18 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name MARTI TOWNSEND

Email marti.townsend@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying as an individual in **STRONG
OPPOSITION** to SB 1033 which would require
licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing:❖

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Pua'ena Ahn](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:47:40 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pua'ena Ahn
Email	puaena.n.ahn@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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“...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->

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

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Rachael Villafana](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:51:13 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Rachael Villafana
Email rachael.shoesmith@yahoo.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Elizabeth Hueter](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:53:17 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Elizabeth Hueter
Email lizhueter@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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- 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.
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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Kellyn Swift](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 4:55:47 PM

OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Kellyn Swift
Email	agentk_001-1@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Lilya Divizinskaya](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 5:22:11 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Lilya Divizinskaya
Email liliya18_2@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

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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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives,

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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Jasmine Ka'ahanui](#)
To: [HLTtestimony](#)
Subject: Provide Comments on SB 1033
Date: Monday, March 18, 2019 5:33:32 PM



From: jmweaver98@gmail.com <Jasmine Ka'ahanui>

Message:

Dear Chair Mizuno, Vice-Chair Kobayashi and committee members:

Thank you for the opportunity to provide comments with strong recommendations for amendments to SB1033 SD2 HD1 Proposed.

I 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.

In order to support SB1033 SD2 HD1 Proposed, and for SB1033 SD2 HD1 Proposed to meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language, I 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; has demonstrated competency in the practice of midwifery by passing a national midwifery certification exam offered as part of a National Commission for Certifying Agencies accredited credentialing program; holds a current certified professional midwife, certified midwife and/or certified nurse-midwife credential; and who has acquired the requisite qualifications to be legally licensed to practice midwifery and use the title "midwife".

2) § -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) Supervising the conduct of labor and childbirth;
- (2) Advising a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum, and postpartum care; and
- (4) Making newborn assessments
 - (a) assessment, monitoring and care during pregnancy, labor, birth, post-partum and interconception period, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;
 - (b) conducting births on the midwife's own responsibility;
 - (c) provision of advice and information regarding care for newborns and infants
 - (d) providing counseling, support and advice regarding sexual and reproductive health, and;
 - (e) 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 HI, including drug regimens, and;
 - (f) consistent with the ICM 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;
 - (g) practicing in any setting consistent with nationally accepted standards published by the profession.

3) § - 6. Exemptions: (Page 9 Lines 5-21, Page 10 Lines 1-2)

- (a) This chapter shall not apply to a nurse midwife holding a valid license under chapter 457.
- (b) A person may practice midwifery without a license to practice midwifery if the person is: any of the following:
 - (1) A certified nurse-midwife holding a valid license under chapter 457;
 - (1) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery; provided that the person does not purport to be a midwife unless the person holds a valid advanced practice registered nurse license as a certified nurse midwife pursuant to chapter 457;
 - (2) The practice of a profession by individuals who are licensed, certified, or registered under the laws of the State who are performing services within their authorized scope of practice;
 - (2) (3) A student midwife who is currently enrolled in a midwifery educational program providing midwifery services under the direct supervision of a qualified midwife preceptor;

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

(4) (5) A person acting as a birth attendant on or before July 1, 2023, acting as a birth attendant and who:

4) § - 6. Exemptions: (Page 12 Line 1)

(c) (b) Nothing in this chapter shall prohibit healing

5) § - 10. Renewals: (Page 14 Line 11)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to

6) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 4)

drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 10)

vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 15-16)

for neonatal resuscitation per neonatal resuscitation guidelines and anaphylactic reaction to an

9) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 2-3)

(3) Adult and infant resuscitation; and

(4) Rupturing amniotic membranes.;

(5) Repairing vaginal tears; and

(6) Postpartum hemorrhage.

10) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 6-12)

(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).

I 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 outdated and narrow language of SB1033 SD2 HD1 Proposed, based on Oregon statute, to define "midwife" and "midwifery". Oregon licensing statute defining "midwifery" has not been updated since 1993, which is prior to certified professional midwives and certified midwives being recognized and certified. Hawai'i should not look to another state's language that is outdated and does not meet the ICM and national standards. There is written documentation as far back as 1900 – 1550 BCE recording midwives' occupational skills and provision of midwifery; we do not look to this time frame to define our statutes because it is outdated. The legislature states in the preamble to SB1033 SD2 HD1 Proposed "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 include a more well-rounded scope of practice to include family planning, interconception 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.

I 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.

I strongly urge you to amend SB1033 SD2 HD1 Proposed in order to effectively establish a regulatory program for the practice of midwifery.

Jasmine Ka'ahanui

Waianae

Hawaii

From: [Natalia Gianella](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 5:34:43 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Natalia Gianella
Email natalia.gianella@gmail.com

Type a question Aloha
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From: [Teresa Griego](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 5:36:06 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Teresa Griego
Email terricgriego@gmail.co

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From: [David Sansone](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 6:52:38 PM

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Name David Sansone
Email davesansone@hotmail.com

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Jessika Laufenberg](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 9:42:40 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Jessika Laufenberg

Email jessikabreath@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Heather Vazquez](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 9:59:49 PM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Heather Vazquez
Email heatherestaravazquez@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
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- 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:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Jessica Lagor](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Monday, March 18, 2019 11:43:53 PM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Jessica Lagor
Email jessica.lagor@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and
committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033
which would require licensure of midwives.

This is an extremely problematic measure that very
seriously threatens health and safety of mothers, babies
and cultural practices. 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.
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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Samantha Sanders](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, March 19, 2019 2:08:12 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Samantha Sanders
Email	reisenderteufelpuppy@me.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.</p> <p>This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:</p> <ul style="list-style-type: none">• 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.❖• 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL->

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

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.

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.

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OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

From: [Carly Reed](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, March 19, 2019 2:13:13 AM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Carly Reed

Email carly.reed8@gmail.com

Type a question Dear House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.
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- 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” 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. ❖
- Transfer delays are increased when mothers fear

persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.

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<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

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- 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.
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Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

From: [Zeresh Altork](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, March 19, 2019 2:54:27 AM

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name Zeresh Altork
Email zeresh9@hotmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. Here is why:

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- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
- Kanaka Maoli traditional practices are not protected. 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.
- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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

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.

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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 7:22:00 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Piper Lovemore	Collective of Concerned Black Mothers	Oppose	No

Comments:

It saddens me, as a member of a community shouldering disproportionate abuse under the conventional maternal care model, that the legislature seems bent on passing some sort of regulation, despite having demonstrated an unsophisticated understanding of the nuances in play here.

Since the dawn of obstetrics, women of my ancestry have faced threat and danger under this care model. Preceding the foisture of this eugenicist Care paradigm in my community, we were cared for by the midwives of our communities. During the dark period where we were denied sovereignty over our own flesh, we served as the grotesque guinea pigs upon which gynological doctrine was developed. Alongside this atrocity, we relied on the care of our community midwives. As this model gained power and became mainstream; as our abysmal statistics in the mainstream model reveal the racist origins of this specialty, still, we may look to the midwives of our communities for the safest circumstances and strongest statistics.

I am among the women who have risen to stand in the gap for my community, to preserve choices for women who know they deserve better than the model centered in this bill. Care centered around their particular case, not appeasement of an interloping medical model.

And, I am evergreen. Though I may tire of this particular fight, though my interests may lead me to other outlets, I assure you, I have already left an army of empowered women In My wake. They are armed with truth and embodied faith, their passion is more resilient than your politics are creative.

They will continue to bridge the gap, for their babies, for their villages, for a power higher than any one of us.

And, even as you seek to define them, you widen the gap they'll need to fill, paving the way for a greater hunger, a deeper passion, and the reclamation of more of the wisdom that has seen our species into the present, despite shifting political trends governing who was deemed worthy to receive conventional care. Women will continue to seek them, and seek to become them. Necessity breeds ingenuity, Birth heightens intuition, and when all is said and done... babies come out.

If your inclination is to simply cast aside those choosing not to acquiesce, as outside the purview of the laws you're writing, your goal is not to protect it is to demand compliance. If you can pass this bill, despite the fervent and long standing opposition, not only of the practitioners, but the populous; your goal cannot verily be to serve your constituents.

Your efforts to actionable demonstrate concern and attention are, optimistically, well meaning, though ultimately unnecessary. Please consider deepening your understanding of this issue, before making change. It is far easier to protect our medicine, than it is to resurrect it from the ravages of colonization.

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 7:25:05 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles D Dobbs	Individual	Oppose	Yes

Comments:

As a father of seven children, I cannot silently stand by as you encroach on their physical sovereignty. Birth is sacred, as are their choices as to how best to navigate it. This is an overstepping of your bounds. I am in strong OPPOSITION of this bill.

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 7:22:00 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anastasia "Ho'oheno" Chase	Individual	Oppose	No

Comments:

I do not support Senate Bill 1033. For it will limit and control the mothers and families birth choice and traditions. I am a birth doula and also with child I want to be able to have the freedom of choice to decide who, Midwife/doctor, certified or noncertified or (kupuna) knowledgable based on experience; which should be determined by the mother not the government or other parties that have no say. Also, the choice of where, home, hospital, sacred site, etc and how I want/choose to birth, the style, position, etc. in which I feel is best for me and my future children. No one but there birthing mother and whom she decides to have standby her in trust, should determine what is right, safe, and acceptable for who she decides to help her guide her child into this world. In closing, SB1033 shall not be passed for it will limit the choice of the mother and illegalize birth choice that is not following this Bill affecting and limiting midwives who have been trusted and valued for generations. Its about choice, let this Bill not pass for it will affect not only births and birth workers today but also those to come. We shall not even consider this Bill being in affect.

Mahalo,

Ho'oheno Chase

LATE



Midwives Alliance
P.O. Box 373
Montvale, NJ 07645
contact@mana.org
www.mana.org

March 18, 2019

Re: Opposition to SB 1033 (all versions)

To Whom It May Concern:

The Midwives Alliance of North America, MANA, established in 1982, is the largest membership organization for midwives who practice community birth in the United States, with a membership that represents home, birth center and hospital practitioners.

In principle, MANA supports state licensure for midwives, and would be writing a letter of support for the SB 1033 if it were a well-crafted bill. We are, however, writing in opposition to the legislation as proposed due to multiple flaws which will create undue restrictions on the right to use the title “midwife” and will have the potential to single out traditional and Indigenous midwives as inadequate and undereducated care providers, ultimately creating inequities for childbearing people in Hawaii.

The definition of “Practitioner of Hawaiian Culture” is a Native Hawaiian or kama’āiana (native born person) who is acknowledged by their community to have knowledge and experience pertaining to traditional and customary practices. Traditional Hawaiian Midwives have their own ancestral path to recognize the skills and competencies required to care for the families in their communities.

It is our understanding that the exemptions to licensure as currently written for traditional and Indigenous midwives were drafted without the input of the communities most impacted and are not in a form that is acceptable to those midwives for whom the exemptions are being drafted. The Hawaii Midwifery Council have the deepest possible understanding of the communities they serve, as they are of those communities. The health and well-being of birthing families is dependent on many factors, especially culturally safe and appropriate care.¹

¹ Cultural Safety and Its Importance for Australian Midwifery Practice
[https://www.collegianjournal.com/article/S1322-7696\(09\)00111-5/pdf](https://www.collegianjournal.com/article/S1322-7696(09)00111-5/pdf)

The well-meaning people who crafted the current language may be unaware of the depth of the negative impact their good intentions will have and what it will mean to midwives and birthing families alike. Please do not allow this bill to pass through the legislature as written. We insist that the voices of traditional and Indigenous midwives be brought to the table to draft language that will be acceptable to all midwives.

We in the United States can learn from Canada where a truth and reconciliation process is happening with Native and Indigenous Peoples. A good example of exemptions for Indigenous midwifery can be found in the Canadian regulatory language.

TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION #22:

“WE CALL UPON THOSE WHO CAN EFFECT CHANGE WITHIN THE CANADIAN HEALTH-CARE SYSTEM TO RECOGNIZE THE VALUE OF ABORIGINAL HEALING PRACTICES AND USE THEM IN THE TREATMENT OF ABORIGINAL CLIENTS IN COLLABORATION WITH ABORIGINAL HEALERS AND ELDERS WHERE REQUESTED BY ABORIGINAL PEOPLE”²

Sincerely,

Vicki Hedley, CPM, CM, President

Sarita Bennett, DO, CPM – Vice President

Nadia English, ND – Secretary

Colleen Donovan-Batson, CNM, ARNP – Director of Health Policy and Advocacy

Claudia Breglia, LM – Director of Organizational Development

Ximena Rojas, Partera, RN – Director of Professional Development

² https://canadianmidwives.org/wp-content/uploads/2017/03/NACM_LandscapeReport_2016_REV_July18_LOW-1.pdf

From: [Nicole Kedzie](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, March 19, 2019 7:58:12 AM

LATE

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nicole Kedzie
Email	howlinghoundsfarm@gmail.com

Type a question Aloha
House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to SB 1033 which would require licensure of midwives.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. 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.❖
- 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” 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.❖

- Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for choosing one, after consenting to give birth with an unlicensed midwife (per this bill’s requirement). This increases actual danger substantially, particularly with consideration of the well-founded fear of unfounded systemic persecution through the CWS based on discrimination that might use this as a basis for child removal or criminalization of the mother if that child is born in a hospital after an attempted birth with as “unlicensed” practitioner, despite the fact that the same complication could have happened anywhere.
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- This measure is full of legal gray areas; gray areas are what lawsuits are made of.
- 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-convended Kahuna Statement to the Legislature, 1998:

The Kahuna Statement written for the legislature by the leading healers convened by Papa Ola Lokahi on October 31, 1998 (upon which the naming of POL in this bill is based) says clearly that government licensure is inappropriate in the context of Kanaka Maoli healing: ◆

“...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->

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- 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.
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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.

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

My recommendation is to hold this bill, and instead consider the creation of a 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.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly.

LATE

SB-1033-SD-2

Submitted on: 3/19/2019 8:36:04 AM

Testimony for HLT on 3/19/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Natasha Thorne	Individual	Oppose	No

Comments:

Testimony in OPPOSITION to SB1033 SD2 HD1 Proposed

I ask you to vote NO on SB1033 SD2 HD1 Proposed as it stands.

- I OPPOSE this bill as it stands, as it limits “birth practitioners” who adhere to the Midwifery Model of Care from calling themselves “Midwives”.
- I SUPPORT the perpetuation of all forms and pathways of and to midwifery to thrive in Hawaii under designated authority to their group via registration vs. licensure.
- I SUPPORT the PEP Midwifery Apprenticeship Program which combines both educational and experiential knowledge and incorporates the invaluable wisdom of ALL the other types of practicing midwives who have been serving communities since the beginning of time.
- PLEASE AMMEND Point 2, “Definitions” by ADDING the definition: HiHBC means the organization committed to the midwifery model of care established to provide support and accountability for home birth midwives in Hawaii, along with providing statistical data on home birth in Hawaii to DOH and DCCA.