

# SB 1033

Measure Title:	RELATING TO THE LICENSURE OF MIDWIVES.
Report Title:	Licensure; Midwives; Department of Commerce and Consumer Affairs; Appropriation (\$)
Description:	Establishes licensure of midwives including scope of practice, professional code of conduct, continuing education requirements, and prescriptive drug authority. Appropriates funds from the compliance resolution fund. Exempts traditional birth attendants and Native Hawaiian healers from licensure requirements.
Companion:	<a href="#">HB490</a>
Package:	Women's Legislative Caucus
Current Referral:	CPH, JDC/WAM
Introducer(s):	BAKER, S. CHANG, DELA CRUZ, FEVELLA, GABBARD, INOUE, J.KEOHOKALOLE, KIDANI, KIM, NISHIHARA, L. THIELEN, English, Kanuha, Kouchi, Riviere, Shimabukuro



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  
Senate Committee on Commerce, Consumer Protection, and Health  
Tuesday, February 12, 2019  
9:00 a.m.  
State Capitol, Conference Room 229**

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

Chair Baker and Members of the Committee:

My name is Charlene Tamanaha, and I am the Acting Licensing Administrator of the Department of Commerce and Consumer Affairs' (Department) Professional and Vocational Licensing Division (PVL). The Department offers comments on this bill.

The purposes of this bill are to: (1) resolve the lapse in the regulation of midwifery; (2) regulate midwives engaged in the practice of midwifery by establishing licensure and regulatory requirements under the Department; and (3) set forth certain exceptions to the licensing requirement for cultural practitioners.

The Department understands that the intent of this bill is to ensure the health, safety, and well-being of mothers and children in the State. However, the Department has serious concerns with this bill as written, because the language is so complex and confusing and does not provide a clear pathway of licensure. Due to the bill's complexity, the PVL would be required to spend an excessive amount of administrative time implementing and licensing prospective midwifery applicants.

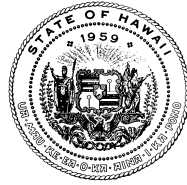
In addition, due to complexity of this program and the amount of administrative time it would take to review an application for a midwife license, the costs associated with implementing regulation for an approximated 13 licenses would be exorbitant. The Department estimates that the startup costs would be \$276,608.00,<sup>1</sup> with recurring costs totaling \$254,688 per year. Ultimately, the applicants and licensees would be required to defray these costs.

To avoid burdening prospective applicants and licensees with unreasonable fees, the Department respectfully requests that the Committee consider streamlining the application process by creating one license type. The optimal language for this type of program would be similar to the Oregon model, which, among other things: sets forth a scope of practice; requires proof of specific qualifications for only one license category; and limits prescribing to only legend drugs. Again, the Department must emphasize that the more complex the regulatory scheme, the costlier it is for the PVL to implement.

Thank you for the opportunity to testify on this bill.

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<sup>1</sup> Administrative Regulatory Assistant I: \$84,730; Secretary II: \$61,152; OA-IV: \$52,262; OA-V: \$56,544; furniture/equipment: \$21,920.



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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Honolulu, HI 96801-3378  
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**Testimony COMMENTING on SB1033**  
**RELATING TO THE THE LICENSURE OF MIDWIVES.**

SENATOR ROSALYN H. BAKER  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 12, 2019

Room Number: 229

1 **Fiscal Implications:** None for Department of Health.

2 **Department Testimony:** Assuring safe and healthy pregnancies are one of three strategic  
3 priorities for the Department of Health, along with investing in telehealth and rebuilding the  
4 community mental health system.

5 As a result, the department has been supporting the Midwives Working Group meetings,  
6 consisting of key partners in the healthcare community to increase understanding of national and  
7 international standards of midwifery training and practice.

8 DOH recognizes that women have the right to choose the location and provider for their births  
9 and that improved oversight may improve birth outcomes for mother and baby alike. In addition,  
10 such standards will help decrease misunderstandings and improve communication between  
11 midwives who practice in community settings and other medical providers.

12 Should the Legislature find that regulation of midwives is in the public interest, DOH  
13 recommends the model in Oregon serve as the basic framework for a cost-effective and  
14 streamlined system.

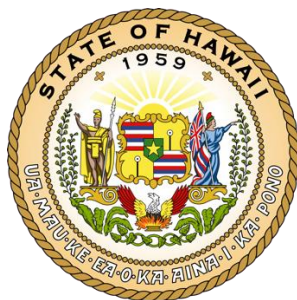
15 **Offered Amendments:** N/A.

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

Prepared for the Senate Committee on Commerce, Consumer Protection, and Health  
Tuesday, February 12, 2019, at 9:00 a.m. in Room 229

Dear Chair Baker, Vice Chair Chang, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports the intent of SB1033, which creates 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. SB1033 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

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

Before:  
Senate Committee on Commerce, Consumer Protection, and Health  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Chang, Vice Chair

February 12, 2019  
9:00 a.m.  
Conference Room 229

**Re: SB1033, Relating to the Licensure of Midwives**

Chair Baker, Vice-Chair Chang, and committee members, thank you for this opportunity to provide testimony on SB1033, which establishes licensure of midwives including scope of practice, professional code of conduct, continuing education requirements, and prescriptive drug authority. Appropriates funds from the compliance resolution fund. Exempts traditional birth attendants and Native Hawaiian healers from licensure requirements.

**Kaiser Permanente Hawai'i offers COMMENTS as follows:**

Kaiser Permanente appreciates the general intent of SB1033 to promote standards of care, accountability and safe provider choices for out-of-hospital birth. However, in its current form, the bill fails to address many issues that are concerning.

The title “midwife” is used as a broad reference for anyone who delivers babies at home, including those with and without formal training. There is lack of awareness that different midwives have vast differences in education, training, experience and scope of practice. Certified Professional Midwives (CPM)s have formal training/certification, Certified Midwives (CM)s have graduate/Masters level midwifery education, and Certified Nurse Midwives (CNM)s are Registered Nurses with Masters level education, licensed as Advanced Practice RNs specializing in Midwifery. As such, each of these designations involve vast differences in education, certification, prescriptive authority and scope of practice. In addition, there are lay/apprentice trained home birth attendants with no formal education and naturopathic doctors (without obstetric designation) who refer to themselves as “midwives”.

Known complications (sometimes devastating) resulting from births outside of the hospital and cared for by birth attendants/midwives are concerning. Common themes in such cases involve patients not being ideal candidates for home birth due to known conditions and/or birth attendants failing to recognize risk factors and complications. Furthermore, the trend of CPMs who lost licensure in other states due to adverse outcomes and migrating to practice in Hawaii is deeply concerning.

In addition to above, the bill fails to address monitoring, enforcement and reporting mechanisms necessary to adequately assess outcomes and safety of those cared for by midwives.

Thank you for the opportunity to offer comments.

**Tuesday, February 12, 2019; 9:00 am**  
**Conference Room 229**

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair

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

**Re: Testimony in Support of SB 1033**  
**Relating to The Licensure of Midwives**

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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 write in support of** SB 1033 which establishes a licensing scheme for midwives, including scope of practice, professional code of conduct, continuing education requirements and prescriptive authority.

We agree with the State Auditor's January 2017 Sunrise Analysis for the licensure of midwives. Regulation of this field provides for standardized qualification requirements as well as regulatory oversight. This protects the health and safety of women and unborn infants. It is vital that all women have access to safe, qualified, highly skilled providers in all aspects of the birthing process. Although HPH believes that the hospital or accredited birth centers are the safest settings for birth, we recognize that women should be given a choice and to make a medically informed decision as to their maternity care and delivery.

We offer recommendations to clarify certain provisions of the bill:

- It is noted that the advisory committee does not include an obstetrician-gynecologist. The obstetrician-gynecologists would be the primary health care provider who would receive transfer patients in the event of complications and who have the expertise to recognize and manage high-risk maternity conditions. We recommend that an obstetrician-gynecologist be included as a member of the advisory committee.
- The scope of practice for a licensed midwife should be focused on low-risk pregnancies. A pregnancy may not be unhealthy, but can still be consider "high-

risk” due to factors other than the mother’s health. Reference should be made to “low-risk pregnancy” rather than “healthy pregnancies” in the bill for clarity.

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

Thank you for the opportunity to provide this testimony.

Thank you for the opportunity to testify.



**Tuesday, February 12, 2019; 9:00 am**  
**Conference Room 229**

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair

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

Re: **SB 1033 -- Relating To The Licensure Of Midwives**  
**Providing Comments**

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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 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.

- It is noted that the advisory committee does not include an obstetrician-gynecologist. The obstetrician-gynecologists would be the primary health care provider who would receive transfer patients in the event of complications and who have the expertise to recognize and manage high-risk maternity conditions. We recommend that an obstetrician-gynecologist be included as a member of the advisory committee.
- The scope of practice for a licensed midwife should be focused on low-risk pregnancies. A pregnancy may not be unhealthy, but can still be consider "high-risk" due to factors other than the mother's health. Reference should be made to "low-risk pregnancy" rather than "healthy pregnancies" in the bill for clarity.

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

Thank you for the opportunity to provide this testimony.





## Hawaii Women's Coalition

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### COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

DATE: Tuesday, February 12, 2019

TIME: 9:00 AM

PLACE: Conference Room 229

### STRONG SUPPORT FOR SB1033 Relating to the Licensure of Midwives

Aloha Chair Baker, Vice Chair Chang and members,

**The Coalition is in strong support** of this regulation of midwives (certified midwives and certified professional midwives) through a midwifery program under the Department of Commerce and Consumer Affairs

The bill is the result of much study and deliberation by a task force and then, most recently a working group, with the various stakeholders represented.

Hawaii has a history of regulating midwifery starting in 1931 with registration, leading to certification and eventually licensure. Certified nurse-midwives were the only midwives licensed and legal to practice in Hawaii until 1998 when the midwifery regulation law under the Department of Health was repealed, and licensure of certified nurse-midwives moved to the Board of Nursing as Advanced Practice Registered Nurses.

**In 1999 it became legal for anyone to call themselves "midwife", market themselves and provide "midwifery services" as a business.** The result of this has been a wild west for the consumer. With no standards in place women are trying to find a midwife without knowing the track record, training or risks associated with those practicing. If we were talking about any other medical professional, such as doctors or dentists, we would not be hearing the outcry from those in the community who are seem to be so opposed to any kind of professional standards.

In a slight of hand some the current practitioners and their advocates object to the requirements of training as being too onerous and too costly. While there may be some truth in this, the cost of training is separate issue from the NEED for training and standards of practice. Again I say would we be having these same objections if we were talking about doctors, dentists, nurses or EMTs for that matter.

Here are the facts:

- 33 states regulate certified professional midwives and 11 states (including Hawaii) either have current active legislation or are planning for legislation in 2019.

- There is an international definition of a midwife provided by the International Confederation of Midwives and there are globally agreed upon **minimum education and competencies for midwives**. The United States utilizes and meets these standards in the education and training of a midwife certified in the US.

So what are the benefits of midwifery licensure?

- Requires **minimum education and competencies** demonstrated by a person practicing midwifery

- Requires **national certification** to ensure competencies have been demonstrated
- Ensures people are trained in utilizing medications in their practice
- Integrates midwifery care into the health care system so that families have easier access to midwifery services
- Recognizing midwives as licensed professionals allows for insurance companies to choose to reimburse for services, and allows other licensed professionals to collaborate with midwives while being HIPAA compliant
- Certified professional midwives predominantly live on neighbor islands and in rural areas (15 total in the state currently, only 2 living on Oahu). They can help to fill the maternity care gap needs of Hawaii.
- Once licensed they can expand their provision of maternity care to mothers planning to deliver in a hospital and utilize telehealth to collaborate with specialists and other health care providers. This is similar to the set up of FQHCs who contract with providers to deliver clients while providing maternity services in their own communities.
- Provides clients with a state recognized complaint process
- **Expand access to financial support for education required for midwifery, such as through Native Hawaiian Health Scholarship**
- Midwives who have had their **license suspended, surrendered** or revoked in other states have moved here and freely practice in Hawaii
- There is no complaint process for families if they experience negligence, unprofessional conduct or harm by a person practicing midwifery
- There is no disciplinary action against negligent midwives as we have no regulation; after poor outcomes they can and have moved to the mainland to practice there without having to acknowledge their practice history in Hawaii
- **All persons can continue, regardless of education or training, to present themselves as midwives and utilize medications they may not be trained in**

Please pass this important bill out of committee.

Mahalo for the opportunity to testify,

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

# HAWAI'I MIDWIFERY COUNCIL

'A'OHE HANA NUI KE ALU 'IA.

EST. 2015

Regular Session of 2019

SB1033 Hearing date 2/12/2019, Room 229, 9:00am

Testimony in **OPPOSITION**

Honorable Senate CPH Chair Baker, Vice Chair Chang and committee members Keohokalole, Nishihara, Ruderman, Thielen, and Fevella

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

It is our position that:

1. Childbirth is a normal biological function.
2. Childbirth is not a medical event.
3. Midwifery is not the practice of medicine.

As such, requiring mandatory certification and licensure of midwives, as defined by SB1033 interferes with body autonomy. This bill unreasonably restricts entry into the profession by ALL qualified persons. In many parts of the state there is already inadequate access to specialty healthcare; this bill would also further compromise many of Hawai'i's poorer and rural citizens.

Traditional midwives have existed since the beginning of humankind. Midwife literally means, "with woman." Two distinct groups, the nurse midwife and the traditional midwife have evolved over the last 100 years, creating much professional, political, and economic animosity between the two sides. In 2014 only 2.7% of the almost 60,000 homebirths in the U.S. were attended by a CNM or CM. The rest were attended by traditional midwives. This legislation is written to specifically serve less than 3% of the practitioners involved in homebirth in this country. Let's examine how this bill is discriminatory and culturally insensitive in the state of Hawai'i.

With SB1033's requirement of the CPM certification, and the additional Bridge Certificate for non MEAC schooled midwives, licensure will eliminate at least one quarter of the state's currently practicing traditional midwives. Many of these are the elders in our communities with the greatest knowledge to share. This bill will make it illegal for them to obtain a license, practice midwifery or even call themselves midwives. Under subsection 6, License required, it clearly says that NO PERSON shall engage in the practice of midwifery or use the title "midwife."

The certifying NARM test:

1. takes approximately 8 hours to take
2. is only available to be taken at one testing site in the state
3. is only available in English

This bill makes no attempt at equal opportunity and is unabashedly discriminatory to non-English speaking midwives.

Globally, as well as in the United States, there are *many recognized pathways* of learning midwifery. Each holds their own unique place in the intricate web of our society. We cannot simply eliminate the oldest and most ancient version of a midwife without great consideration, especially with something as comparatively modern as legislation. The 1931 regulation of midwives in Hawai'i came on the heels of the illegal occupation

and annexation of the Hawai'ian Kingdom in yet another way to attempt to eradicate its unique culture and rituals. The Hawai'i Midwifery Council believes that the repeal of this requirement in 1998 was done with great wisdom. The repeal allowed a legal split between the two groups of midwives. Allowing the nurse midwives to seek hospital privileges and prescriptive rights while allowing the traditional and cultural midwives to once again serve their communities without fear of prosecution.

Under subsection 7, Exemptions; we ask for clarity surrounding the following exemptions:

1. If certified nurse midwives are exempt pursuant to chapter 457, WHY are they included in this legislation?
2. The exemption for "a person administering care to a spouse, parents, sibling, or child makes no allowance for unmarried partners, unconventional relationships, and hanai family members.
3. Where is the exemption for traditional midwives? SB1033 clearly states that,  
"A person acting as a tradition birth attendant:"  
(A) Assist at births only in that distinct cultural or religious group.

What about those identify with multiple cultures, as many in Hawai'i do?

- (B) Does not obtain, carry or administer legend drugs or devices.

This forces the traditional midwives who continue to practice to put their clients in potential harm by denying them the ability to carry lifesaving equipment and antihemorrhagics.

- (C) Does not advertise that they are a midwife.

This will limit access to care for birthing parents by making midwives harder to find.

The WHO has declared a global midwife shortage, declaring the immediate need for 500,000 midwives. An analysis done in 2011 by the United Nations Population Fund (UNFPA) on 58 countries found a shortage of 350,000 midwives. SB1033 is unwelcome in this context.

In Hawai'i there is often limited access to specialty healthcare providers, especially on rural, less populated outer islands. This bill would serve to further widen a gap of prenatal and postpartum care for the ohanas with the greatest need.

Instead of certification and licensure, Hawai'i's midwives would like to see the implementation of an all-inclusive statewide registry for ALL midwives who would like to be listed, regardless of their pathway or type of midwifery education. This would also honor the long-standing traditions and cultural practices of the VAST number of cultures represented in Hawai'i. The Hawai'i Midwifery Council working with the Hawai'i Homebirth Collective, LLC, have already taken the necessary steps to begin this process. Within this registry we would like to see the elders of the community sit together on a council that will hear complaints and with their collective wisdom, help facilitate a positive working relationship between the medical and holistic sides of childbirth.

Please deeply consider this important decision, it is not a simple or straight forward thing to require certification and licensure of ancient knowledge. Perhaps instead, if ALL parties involved were to work together to form a working group or a task force, we could finally find a resolution that doesn't leave any midwives behind in the process.

Mahalo for your consideration:

Rachel Curnel Struempf, President

Tara Mansfield Compehos, Co-President

**SB-1033**

Submitted on: 2/9/2019 10:43:50 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Dear Chair Baker, Vice Chair Chang, and the members of CPH Committee,

I behalf of AAUW of Hawaii write to you to strongly support SB1033 which would regulate midwives.

SB1033 would ensure that midwives are trained in utilizing medications in their practice and would integrate midwifery care into the overall health care system, making it easier for families to access midwifery services. Without regulation, midwives who have had their license suspended, surrendered or revoked in other states have moved and freely practice in Hawaii. There is no disciplinary action against negligent midwives as we have no regulation.

Please pass this bill and join other 33 states which regulate certified professional midwives. Families in Hawaii deserve it. Thank you for the opportunity to submit this testimony.



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

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

TO: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

DATE: Tuesday, Feb 12, 2019  
PLACE: Hawaii State Capitol, Conference Room 229

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 – Relating to the Licensure of Midwives**  
**Position: STRONG SUPPORT**

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **strongly supports SB 1033** and other legislative proposals that **increase access to safe, high-quality maternity care** for Hawai'i's women and infants.

**We should empower Hawai'i's women to make the best choices for the health and well-being of themselves, their babies, and their families.**

- HI ACOG agrees with the January 2017 Sunrise Analysis that called for the regulation of the practice of midwifery in order to protect the health, safety, and welfare of women, infants, and their families.<sup>1</sup>
- In 2010, the International Confederation of Midwives (ICM) established minimum education and training standards for all midwives in all countries, including the United States.<sup>2</sup> ACOG endorses these standards, and SB 1033 ensures that these standards would be met by midwives who would meet the criteria for licensure in Hawai'i.
- ACOG advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings.
- Women in Hawai'i should be able to choose health care they know meets minimum standards for safe, high quality maternity care.

**SB 1033 would INCREASE access to quality maternity care**

- While HI ACOG believes that hospitals or accredited birth centers are the safest settings for birth, HI ACOG also strongly believes that each woman has the right to make medically informed decisions about her maternity care and delivery.

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

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

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

- Every woman has the right to know the training, experience, and credentials of the person caring for her during her pregnancy and attending her delivery so she can make an informed choice.
- SB 1033 is not restricting rights or options from consumers, as women can still choose the birth attendane of their choice. SB 1033 is about licensure of a profession.

**Women benefit the most when there is collaboration of maternity care among licensed, independent providers**

- When licensed, midwives could integrate into the healthcare system and augment the maternity care delivered in Hawai'i, particularly to rural areas since most of the certified professional midwives in Hawai'i do not live on O'ahu.
- ACOG believes that women deserve the highest quality of care, which is enhanced by collaborative relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.
- SB 1033 encourages such collaboration, responsibility, and accountability.

**Recommended amendments:**

- SB 1033 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 2017 Sunrise Analysis, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician. Therefore,
  - Under section 2 "Powers and duties of the director" (page 16), we recommend the membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.
- Where SB 1033 refers to scope of practice of a licensed midwife, the focus of that practice should be on low-risk pregnancies. Low-risk encompasses healthy pregnancies as well as pregnancies that may not necessarily be unhealthy but are considered high-risk (for example, a women with prior cesarean sections). This is not prohibiting midwives from caring for high-risk women, but rather states that their services should "focus" on low-risk women. Therefore,
  - On page 8 and page 12, where it reads "focusing particularly on essentially healthy pregnancy", we recommend the language change to "focusing essentially on low-risk pregnancy."

HI ACOG is dedicated to the highest quality care for the women and families of Hawai'i. **When given the information they need, women can make the best choices for themselves and their families – we need to give them that information to empower them to make those choices.** Let women know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. For these reasons, HI ACOG strongly supports SB 1033.

Thank you for the opportunity to testify.

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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair, Senator Stanley Chang, Vice Chair  
Senator Jarrett Keohokalole, Senator Laura Thielen, Senator Clarence K. Nishihara, Senator Kurt Fevella,  
Senator Russell E. Ruderman

Tuesday, February 12, 2019 9:00 a.m. Conference Room 229

Aloha and mahalo for this opportunity to testify.

My name is Laulani Teale. I am a cultural practitioner of la‘au lapa‘au, trained by Papa Henry Allen Auwae. Birth practices are part of my training and practice in this respect I hold a Master’s degree in Public Health from the University of Hawai‘i with a specialty in Kanaka Maoli health issues related to colonization.

Although I appreciate the good intent of this measure, it 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.

This measure **MUST NOT PASS**, for the following reasons:

- Consumers are not helped by this measure, which would **limit choices, raise prices, and provide no measurable safety benefits** (as there has been no evidence of even one case in which licensure would have made a difference in outcome).
- 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**. For example, the requirement that an exempted traditional practitioner “Assists at births only in that distinct cultural or religious group” is discriminatory. It would be illegal to follow such a mandate.
- **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.
- 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.**

To better understand it, I have laid out an analysis of the full exemptions section below:

(1) Certified nurse-midwives regulated by the board of nursing pursuant to chapter 457;

Problem: CNMs are already protected and regulated under HRS Chapter 457. This bill does not apply to them at all.

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

Problem: student midwives working under a preceptor are not the primary attendant. Qualified preceptors would be extremely limited by this measure. As it is, teachers of any kind are already very hard to find. If this bill passed, almost all local midwives would be disqualified from extending any protection to their students.

(3) A person administering care to a spouse, parent, sibling, or child;

Problem: a spouse is legally defined as a married partner. What about unmarried partners? Aunts? Grandparents? Cousins? Hanai relatives? This simply does not account for the way in which local families work.

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

Problem: the exchange of money or gifts in traditional midwifery varies by culture, and other factors. Midwifery is an extremely time-consuming practice that cannot fit with most other employment, as traditional midwives will often spend days at a single birth (before, during and after delivery), the timing of which cannot be predicted. Most traditional midwives help many people without charge, but not allowing them to receive anything is simply unreasonable. This exemption also requires the situation to be an "emergency", which is not a very good scenario for anyone.

(5) 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;

Problem: this does not apply to traditional practitioners.

or

(6) A person acting as a traditional birth attendant who is a person without formal education and training

Problem: some traditional practitioners do also have varying levels of formal education and training; this should not disqualify them. The way this is written, it does.

whose cultural or religious traditions have historically included the attendance of traditional birth attendants at births; provided that the traditional birth attendant:

(A) Assists at births only in that distinct cultural or religious group;

Problem: this is **totally unconstitutional and constitutes racial and religious discrimination**. What defines a "distinct cultural or religious group"? It is illegal to determine who one serves on the basis of race or religion, and requiring midwives to do this is not legal. Many traditional practitioners are specifically culturally prohibited from such discrimination as well.

(B) Does not obtain, carry, administer, use or direct others to use, legend drugs or devices, which require a license under the laws of this State;

Problem: legend drugs and devices are only available by prescription, and are thus irrelevant to this exemption.

(C) Does not advertise that the person is a midwife;

Problem: "advertising" is not defined here. The lack of clear definition could easily lead to wrongful persecution, frivolous litigation, or many other problems. At the narrowest, there is an implicit expectation that midwives should be secretive in regard to the work they do, in order to avoid accidentally stepping over a boundary that cannot be seen. That is just not good law.

and

(D) Discloses to each client verbally and in writing on a form adopted by the department:

Problem: cultural practitioners have their own strict mandates to follow, and giving a form like this goes against many of them. Forcing midwives to bring a State document into the sacred space of birth would create a sharp dividing line that many simply would not cross. Also, it is simply impractical, as traditional midwives are often rural and less likely to have easy access to computers and printers, or to be informed of this requirement.

Furthermore, it must be mentioned that an increasing number of Kanaka Maoli families simply do not recognize the State of Hawai'i as a legal government, as they see it as part of an occupation of their Kingdom; out-of-hospital birthing is increasing in this population. Whether the Legislature agrees with this or not, forcing the birthing practices of this population underground into only unassisted or illegally assisted options (where they were previously) is dangerous and might be considered genocidal on the part of the State if something went

wrong. This potentially dangerous situation should be avoided, irrespective of differences in political perspective.

- (i) That the person does not possess a professional license issued by the State.
- (ii) That the person's education and qualifications have not been reviewed by the State;
- (iii) That the person is not authorized to acquire, carry, administer, or direct others to administer potentially lifesaving medications;
- (iv) That the client will not have recourse through the State authorized complaint process;
- (v) The types of midwives who are licensed by the State; and
- (vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care.

Problem: these are highly offensive to both practitioners and families, and go directly against the mandate of many practitioners. They could also do real damage to the mothers' ability to give birth naturally, as fear and doubt are [linked](#) to labor complications.

This exemption shall not extend to persons who are currently certified or have been certified by a national midwifery organization; qualified midwife preceptors; or persons whose health professional license has been surrendered, suspended, or revoked within the State, any other state, or any other jurisdiction of the United States.

This is problematic for many reasons. Certification precludes traditional status, but many traditional practitioners were formerly certified before returning to traditional styles. The way this is written, the fact that they hold any certification actually blocks their qualification from this exemption. Surrendered or revoked licenses are less common, but there are potentially good reasons for this.

### **For Kanaka Maoli healing practices...**

(b) Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi.

As stated earlier, midwifery is not one of the practices named in the policies that govern Papa Ola Lokahi's Kupuna Councils. While this could potentially be developed in the future, it is currently purely speculative. The only currently POL-recognized practices are very specifically: laau lapaau, loilomi, and hooponopono. Midwifery could potentially be worked into these practices in the future, but cannot stand alone without major policy changes that have not yet happened. Laws cannot be made on speculation.

Furthermore, it should be noted that the original kupuna statement upon which the healers' Councils are based, signed by the leading elders of traditional Kanaka Maoli medicine practices at the time, who were convened by Papa Ola Lokahi upon the passage of Act 162 (1998) to determine culturally appropriate systems of recognition and accountability for traditional healers [says very clearly](#): "THE LEGISLATURE OF THE STATE OF HAWAII IS NOT KNOWLEDGEABLE IN THE HEALING TRADITIONS OF THE HAWAIIAN PEOPLE (note: caps come from the statement)", and should not try to regulate them. The statement says further that "BLOOD QUANTUM, 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."

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

Problem: 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.**

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

Me ke aloha 'oia'i'o,



Laulani Teale, MPH

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



February 11, 2019

To: Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair Senate Committee on  
Commerce, Consumer Protection and 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 229 , February 12, 2019, 9:00 AM**

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**HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write in strong support of S.B. 467, WITH AMENDMENTS, which would establishes licensure of midwives including scope of practice, professional code of conduct, continuing education requirements, and prescriptive drug authority. Appropriates funds from the compliance resolution fund. Exempts traditional birth attendants and Native Hawaiian healers from licensure requirements.**

We 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 will be able to work to their fullest scope and within a collaborative health care system. 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. 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 believe Hawai'i can be a leader in midwifery care once midwives are practicing to their fullest scope.

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.

In order to improve the effectiveness of SB1033 we are offering the following recommended amendment on page 17 line 11 – page 18 line 2:

§ -5. Powers and duties of the director.

(8) Appoint an advisory committee composed of midwives to assist with the implementation of this chapter.

This amendment will allow the Director of the Department of Commerce and Consumer Affairs to have flexibility in the number of midwives appointed based on what the Director needs at the time to implement the midwife program.

**For these reasons, HCAN respectfully requests that the committee pass S.B. 1033 with suggested amendments.**

*HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education.*

**SB-1033**

Submitted on: 2/11/2019 8:48:44 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
daniela	Testifying for Hawaii Home Birth Committee	Oppose	No

Comments:

Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

I write to you as a homebirth student midwife. I'm currently enrolled in the National college of Midwifery which will ultimately allow me to become a Certified Professional Midwife -CPM. I have been apprenticing on Oahu for 1 ½ years- from the time I witnessed my first birth.

Before I enrolled in school and began attending births, I attended a hearing held for SB 1312 in 2017 which had similar aims as current SB1033 regarding midwifery licensure. I went to that hearing being in favor of the bill thinking it would pave the road for insurance to cover homebirth, and that it would be great for CPM's to have access to lab for blood work. I thought it was a no brainer to have the state and healthcare system recognize midwifery care.

I have since started my schooling and immersed myself deeply in the homebirth community and have realized why this issue is not so black and white:

1) Insurance companies would not automatically start covering homebirth upon granted licensure. Example: Naturopathic Physician who are licensed by the state still can't get insurance to cover them.

2) There are many types of midwives besides CPM's such as traditional, cultural and religious midwives. Some of the midwives practicing now have been practicing since before CPM's even existed.

3) By choosing to only recognize CPM's as eligible for state licensure and outlawing other types of midwives you're prizing only the medical model of midwifery which is a young sibling to ancient midwifery. The roots of these modern midwifery models need respect and protection. Without them we would not have CPM's.

4) There are homebirth consumer that simply do not want a licensed midwife. Individuals deserve the legal right to choose their own type of midwife.

5) Not all CPM's are in favor of this bill because they understand the value of knowledge diversity.

I ask that you consider amending this bill to be voluntary licensing instead of mandatory licensing. This way the licensing option is available for consumers and practitioner who value licensing and its benefits while also respecting the choice of some consumer and practitioner who clearly don't want licensing ruling their birth.

Thank you for your time.

Please, protect and respect individuals ability to legally choose their own type of midwife.



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Senate Committee on Commerce, Consumer Protection, & Health

**SB1033 RELATING TO THE LICENSURE OF MIDWIVES**

**Position: Comments only**

Aloha Chair Baker, Vice Chair Chang, and members of the committee,

**YPDA Hawaii supports the intent of SB1033**, to create a licensure program for midwives in Hawaii, while providing an exemption for Traditional Birth Attendants. However, the way this exemption is currently defined leaves some parts unclear and other parts overly restrictive. We have concerns about the following language:

- P. 19 lines 17-18 state that the traditional birth attendant may only practice within their distinct cultural or religious group. This seems unnecessarily restrictive, considering Hawaii's melting pot of cultures, where most people identify with at least two or more cultures and/or religions. The way this section is currently written, a Filipina cultural birth attendant couldn't legally attend the birth of a Tahitian mother. What if the Traditional Birth Attendant identifies with two or more cultures? **We strongly believe there should be no restriction to limit their practice within a single religious or cultural group.**
- P. 19 lines 11-12 defines a Traditional Birth Attendant as "a person without formal education and training," but it is unclear what qualifies as formal education. What if they were trained at a birth center, cultural school, or as an apprentice? Does that count as formal education and therefore leave them ineligible for exemption?
- It is unclear who gets to decide which birth attendants actually qualify under the exemption. Do the individuals decide for themselves? Does the DCCA decide even though that's outside of their scope of licensure? Or would the birth attendants have to wait for the courts to decide after they thought they were exempt but were actually found to have been practicing illegally?



- P. 19 lines 3-4 are also too restrictive. Considering the fact that families in Hawaii often have at least 3 generations living in the same household, the exemption should be expanded to include persons providing care to other close family members such as grandchildren, cousins, nieces, and nephews.
- P. 21 lines 8-14 state that “nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers,” but what if a Native Hawaiian mother feels most comfortable with a Haole midwife, especially if she has used that midwife’s services for a previous birth? It seems unnecessary to make it illegal for the same midwife to attend her subsequent birth just because they’re not within the same religion or cultural group. **We strongly believe that Native Hawaiian women (and all women) should be allowed to choose whichever birth attendant they want, regardless of the birth attendant’s culture or certification.**
- **The effective date of July 1, 2019 is impracticably soon.** This could potentially interrupt maternity care that is currently in-progress. If a woman has already chosen an uncertified midwife who doesn’t qualify as a Traditional Birth Attendant, her birth would suddenly become illegal six months from now, after legally using this midwife’s services for most of her pregnancy. She would either have to go through with an illegal birth, or scramble to find a new midwife mid-pregnancy. **We recommend an effective date of 2024 at the earliest (5 years from now) to allow ample time for public awareness of this new law, and to allow students and currently practicing midwives to make the necessary changes to be in compliance.**

To resolve the aforementioned concerns, we would like to respectfully offer the following language as an amendment to clarify and expand and clarify the definition of a Traditional Birth Attendant:

(6) A person acting as a traditional birth attendant who ~~is a person without formal education and training whose cultural or religious traditions have historically included the attendance of traditional birth attendants at births~~ has not completed any of the certifications listed in sections 9 (b) - (c); provided that the traditional birth attendant:

(A) ~~Assists at births only in that distinct cultural or religious group;~~ (...)

*[No further suggested changes to section 7(a)(6), remainder omitted to save space.]*

Our main concern is that failing to adopt these amendments would likely result in a number of midwives who are currently practicing to become illegal, many without even realizing it. We understand the desire for the legislature to regulate this profession, but fear that it will result in reduced access to care if regulation is too restrictive- especially for rural areas on neighbor islands where they truly depend on their highly trained & experienced traditional midwives who don’t fit into this current narrow definition.

Mahalo for your time and consideration.



healthy mothers  
healthy babies  
COALITION OF HAWAII

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Tuesday, February 12, 2019

TIME: 9:00 AM

PLACE: Conference Room 229, State Capitol

**RE: COMMENTS ON SB1033 - RELATING TO THE LICENSURE OF MIDWIVES**

Dear Senator Baker, Chair and Senator Chang, Vice Chair, and members of the Committee,

Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) was founded as part of a collective effort to improve maternal and infant mortality rates and health outcomes. Central to our priority focus areas to achieve those goals is equal access to high-quality health care; and cultural competence and respect for diversity. **We strongly support the well-meaning intent of the bill to improve safety for mothers, but are providing comments as to the need for quality data, and to better align and consult with the midwifery community to provide meaningful change.**

Midwifery has a long tradition in Hawaii

Midwives deliver babies, both in and out of hospital settings, throughout the state. On the island of Molokai, in fact, it is the only way to give birth on-island, and at North Hawaii Community Hospital, on Hawaii Island, their midwife program has become the most highly sought-after place to give birth. Both of these hospitals are part of the Queen's Medical System, and in addition to Kaiser and Tripler Army Medical Center, it is apparent that their certified nurse midwives are well-integrated into the existing system of care.

However, there is another segment of midwives who practice outside of hospitals. These Certified Professional Midwives (CPMs) and cultural practitioners give respect and autonomy to birthing women, who often choose out-of-hospital births because they were not treated with respect and dignity in a hospital setting. Midwives honor birthing women and integrate holistic approaches that often don't happen in births outside the home.

Questions to the safety of home births are not substantiated

HMHB's absolute and utmost concern is to the safety of women and infants in Hawaii. We want to ensure that all practicing midwives (CNMs, CPMs, CMs and other) are well-qualified, and that home birth outcomes are safe and favorable. This is a goal shared among all advocates working on this issue. However, it is difficult to quantify whether a problem exists with out-of-hospital births or practitioners, because there is no reliable data to support evidence of poor outcomes.

**Studies show that midwife-led deliveries are as safe, and at times even safer for women as OB-GYN-led births.** A 2016 study found that for low-risk pregnant women, or for those who were at risk of complications but who weren't experiencing them yet, delivering their babies with a midwife rather

**Healthy Mothers Healthy Babies Coalition of Hawaii | Phone: 808.737.5805**

**245 N. Kukui St. #102A, Honolulu, HI 96817 | WWW.HMHB-HAWAII.ORG**

than a doctor was **associated with a smaller chance of premature birth or spontaneous abortion.**<sup>1</sup> **They were also more likely to have a spontaneous vaginal delivery, and less likely to need a C-section, an epidural, or require the use of instruments such as forceps.**

And while it's true that hospitals see emergency outcomes from home births, insufficient data exists to quantify whether home birth outcomes are indeed poorer, or whether the problem is a matter of perception. After all, women end up in emergency situations during hospital births, as well.<sup>2</sup>

In fact, in a clinical assessment that could have implications for the United States, Britain's National Institute for Health and Care Excellence concluded that **it is safer for healthy women with uncomplicated pregnancies to give birth under the supervision of midwives than in a hospital maternity ward run by doctors.** The reason: Doctors are much more likely than midwives to use interventions like forceps deliveries, spinal anesthesia and cesarean sections — procedures that carry risks of infection and surgical accidents.<sup>3</sup> (The guidance applies to healthy women who are considered at low risk for complications because they have had no previous complicated birth, they are expected to deliver a single baby at full term and their baby is presenting head first.)

#### Collaboration over legislation

What we do know is that **Hawaii women who are transferred to hospitals by their midwives are often harassed, shamed or ridiculed for choosing a home birth, and their midwife is not consulted for an appropriate transfer of prenatal records.** This lack of collaboration, and the lack of respect for the training and expertise of the practicing midwife, leads to a lack of trust within the birthing community.

In a time of spiraling medical costs and increasing demand for health care, midwives can offer a cost-effective way of providing good maternity care. They can also provide greater geographical reach in rural areas; but they must be able to collaborate with health care providers effectively.

We need more conversations and much more data-gathering and reporting. **We can't acknowledge or address real problems if we don't have reliable information.** We also need for hospitals to trust in the quality of out-of-hospital midwives, and to complement (not compete with) maternity health care.

#### Unintended Consequences

HMHB also believes in education to encourage healthy choices. When women feel like their choices are being taken away, and when midwives feel that their trained profession and livelihood is threatened, they will not stop practicing, but could instead be driven underground.

This could have very negative effects on Hawaii's mothers, additionally, if providers believe, or are made to feel, that they cannot communicate freely during emergency transfers.

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<sup>1</sup> [https://www.cochrane.org/CD004667/PREG\\_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early](https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early)

<sup>2</sup> <https://qz.com/1108193/whats-killing-americas-new-mothers/>

<sup>3</sup> <https://www.nytimes.com/2014/12/04/world/british-regulator-urges-home-births-over-hospitals-for-uncomplicated-pregnancies.html?module=inline>

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## Comments on the Intent of the Bill

We currently have no opportunities for people to train as midwives in Hawaii; they are required to leave for schooling on the mainland, which is untenable for many people; thus, a local support system lends itself to Hawaii's unique midwifery culture. Instead of introducing legislation that may discourage collaboration with the medical community, HMHB suggests that we should be introducing integrated training programs and apprenticeships to help increase the overall quality of midwifery care and to educate OB providers on how to better collaborate on care.

Also due to the resistance of the nature of this bill, it would be wise to first take a look at the available data and to appoint a committee to review the scope of midwives providing services, including their respective outcomes, and a comparison to hospital data.

Determining the scope of the problem (if any) is in the best interest of women before creating legislation that can most effectively accomplish our collective goals. Ultimately, we need quality data, because it is very clear that the issue is bigger than simply licensing CPMs, as mothers are fearful of their rights being infringed upon. As well, documenting the conflicts in interaction with the medical community may help shed light on areas for better collaboration on maternal health care.

As SB1033 currently stands, we respectfully urge your Committee to consider the comments provided. Thank you for the opportunity to provide testimony.

Sincerely,

Lisa Kimura

Executive Director

**Healthy Mothers Healthy Babies Coalition of Hawaii | Phone: 808.737.5805**

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## *Midwives Alliance of Hawaii*

2/8/19

To: Senate Committee on Commerce, Consumer Protection & Health  
Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair  
Conference Room 229  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2019  
Tuesday, February 12, 2019 at 9:00am

### **TESTIMONY IN STRONG SUPPORT OF SB1033, RELATING TO THE LICENSURE OF MIDWIVES**

Dear Senator Baker, Senator Chang and committee members:

Thank you for the opportunity to testify in **strong support, with an amendment, of SB1033**. 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. We urge you to support SB1033 to establish a regulatory program for the practice of midwifery.

SB1033 utilizes the International Confederation of Midwives definition of a midwife. This definition is accepted throughout the world and by all U.S. national midwifery certifying bodies and professional organizations.

We 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 will be able to work to their fullest scope and within a collaborative health care system. 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. 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 believe Hawai'i can be a leader in midwifery care once midwives are practicing to their fullest scope.

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.

In order to improve the effectiveness of SB1033 we are offering the following **recommended amendment on page 17 line 11 – page 18 line 2:**

**§ -5. Powers and duties of the director.**

(8) Appoint an advisory committee composed of midwives to assist with the implementation of this chapter, ~~and the rules adopted thereto. The advisory committee shall consist of the following:~~

~~(A) Three midwives, with a minimum of one practicing in a hospital setting and one practicing in a community setting; and~~

~~(B) Two public members who have either received midwifery services or have an interest in the rights of consumers of midwifery services and who have never been a primary attendant or assistant at a birth.~~

This amendment will allow the Director of the Department of Commerce and Consumer Affairs to have flexibility in the number of midwives appointed based on what the Director needs at the time to implement the midwife program.

Thank you for the opportunity to testify.

Mahalo,

Le'a Minton, MSN, APRN, CNM, IBCLC

Board President, Midwives Alliance of Hawai'i



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

TO: Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Members of the Commerce, Consumer Protection and Health Committee

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

RE: SB 1033 Relating to the Licensure of Midwives

DATE: February 12, 2019 9AM Rm 229

Good Morning Senator Baker, Senator Chang and Member of the Commerce, Consumer Protection and Health Committee. I am Patricia Bilyk, an advanced practice registered nurse practicing in the State for over 48 years. Today I am speaking for Breastfeeding Hawaii in **STRONG SUPPORT of SB 1033 relating to the Licensure of Midwives.**

Breastfeeding Hawaii is a non profit 501c3 organization who supports, protects and promotes breastfeeding in the State of Hawaii. We further work to educate health professionals around the State on management of general breastfeeding, and identification and treatment of problems. We also focus our efforts on the importance of early and continuous contact between mother and infant after birth to support the best start for breastfeeding.

We are concerned that uncredentialed and uncertified individuals calling themselves “midwives” have been allowed to market themselves and provide “midwifery services” as a business. We feel this situation is unacceptable. We also feel strongly that midwives managing prenatal, intrapartum and postdelivery care, including breastfeeding management of women and their infants be:

1. educated at an accredited institution, and
2. demonstrate competencies through certification by International and/or National organizations

The woman consumer and her family need to be assured that the midwife they have contracted with for the management of their pregnancy and delivery, is educated and credentialed. Licensure of the midwife would provide a further assurance of State oversight of the individual, attesting to her education and certification.

Second, licensure would further provide for insurance reimbursement of maternity and postpartum services for women.



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

Third, other licensed professionals would be more likely to collaborate with these licensed midwives in cases of additional medical services for the woman and/or infant and be HIPAA compliant.

Last, licensure provides a State recognized process for complaints due to poor outcomes or malpractice issues and specific disciplinary action if warranted.

For the protection of the women and infants in our community, we encourage you to **support SB 1033 Relating to the Licensure of Midwives!**

Thank you for allowing me to share Breastfeeding Hawaii's views on this very important issue.



AFFILIATE OF



AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®

TO: Senator Rosalyn Bake, Chair, Committee on Commerce, Consumer Protection and Health  
Senator Stanley Chang, Vice Chair, Committee on Commerce, Consumer Protection and Health

DATE: February 12, 2019

PLACE: Hawaii State Capitol, Conference Room 229, 415 South Beretania Street, Honolulu, HI 96813

FROM: Executive Board of the Hawaii Affiliate of the American College of Nurse-Midwives (HAA)

RE: SB 1033

Dear Senators Baker and Chang,

The overarching goal of the Hawai'i Affiliate of the American College Nurse-Midwives (HAA) is to contribute to the highest quality of midwifery care in Hawai'i, facilitate access to professional midwifery care, and ensure the safety of women and childbearing families throughout the childbearing cycle and beyond. For this reason, HAA **supports SB 1033** legislation that aims to establish a regulatory process for certified midwives (CMs) and certified professional midwives (CPMs). Both CMs and CPMs are nationally certified independent and skilled practitioners who are currently recognized in several other states where they provide comprehensive women's health and/or maternity care for low risk women.

The HAA supports enactment of a bill that would allow CMs and CPMs to be licensed in Hawaii. The purpose of this legislation is to regulate the practice of CM and CPM midwifery care by establishing licensure requirements, continuing education requirements, minimum training standards, and scope of practice by the state of Hawaii, allowing them to practice to their fullest scope designated by their professional regulation organizations. Licensure of these midwives in Hawaii will provide consumers with increased access to midwifery care from providers who are skilled professional midwives. CMs and CPMs do not fall into the category of certified nurse midwives (CNMs) -who are already licensed by DCCA (under the Board of Nursing since 1988) as advanced practice registered nurses practicing midwifery (APRNs). Licensure will help improve relationships between other women's health providers as their specialty will be recognized, and they can more easily work to build collaborative relationships within the healthcare community.

Many organizations through the *United States* Midwifery Education and Regulation Association (e.g., the ACNM, the Accreditation Commission for Midwifery Education, American Midwifery Certification Board, Midwifery Education Accreditation Council, Midwives Alliance of North America, National Association of Certified Professional Midwives, and North American Registry of Midwives) have been working together to envision and work toward a more cohesive U.S. midwifery presence domestically and globally, inspired and informed by global midwifery standards and competencies adopted by the International Confederation of Midwives in 2011.

HAA's objective is to actively involved in facilitating this global vision here in the State of Hawai'i.

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



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

REGULAR SESSION OF 2019

Hearing date February 12, 2019 at 9 am Room 229

RE: SB1033 Relating to the Licensure of Midwives  
IN OPPOSITION

Aloha honorable CPH Chair Baker, CPH Vice Chair Chang and committee members,

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

HiHBC's vision is statewide registration of all home birth practitioners, providing informed consent, home birth statistics and accountability through the Hawai'i Home Birth Elders Council (HiHBEC). Part of our mission is to educate the community on home birth options and work with the medical community to provide safe integrative care for birthing mothers in Hawai'i.

At this time all (100%) of home birth midwives practicing on the island of Oahu are members of HiHBC along with representatives from Kauai, Maui and Hawai'i islands. All current members are in 100% agreement that SB1033 is restrictive and discriminatory against the many different types of midwives that serve the people of Hawai'i and passage of this bill would not make it safer for the consumer or healthier for mothers and babies.

Clearly the exemption in this bill for traditional/cultural midwives is restrictive and lacks true understanding of what a traditional/cultural midwife is. In addition midwives from our collective who have been identifying themselves as midwives for 30 or 40 years would now have to call themselves something else because the legislature has redefined the word?

HiHBC is providing the community with registration, transparency and accountability. We would like the opportunity to work with the legislators, obstetricians, and medical midwives who are crafting bills to regulate what midwives in the collective have been doing for 30 to 40 plus years. Making decisions without consulting the home birth practitioners or the community they serve results in conflicts such as you have seen in the past years and again are seeing today. With home and hospital practitioners working side by side we are confident Hawai'i can be a leader and a model for the nation regarding better infant and maternal outcomes, and we are looking forward to creating this Hawai'i together.

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



## REGULAR SESSION OF 2019

Hearing date Tuesday, February 12, 2019 at 9:00 am Room #229

RE: SB1033 Relating to the Licensure of Midwives

Aloha Honorable Chair Baker, Vice Chair Chang and Committee Members,

My name is Mari Stewart and I am in **Opposition of SB1033** 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 in the hospital. Three at home.

I am also a part of a team of incredible birth workers, midwives, and childbirth educators known as Birth Believers. We have opened our hearts, our homes, our lives, and our wisdom to thousands of Oahu families by providing free Childbirth Education "Trust Birth" Classes to the community for the past 20 years. We teach Evidence Based Birth and allow previous families to come and share their birth experiences with following classes to learn from those who have "gone before". This lineage of birth experiences, postpartum training, and becoming lifelong members of these families is what has defined us, our call, and our ministry.

This will be a long testimony, but I would like to make my two key points before going further about my concerns about this Bill moving forward in its current form.

**FIRST:** We are Biblical religious Midwives. According to SB1033 on Page 4 beginning with Line 20 and concluding on Page 5 Lines 1-11, we would no longer be able to call ourselves "midwives" because the authors of this bill have chosen to use a definition differing from ours, and have re-defined what the definition is and the pathway that we must adhere to in order for us to use the term "Midwife".

None of these individuals who got together to create this definition of a Midwife, are the ones who gave us our calling. The Bible, the most read book over the last 50 years, with over 3.9 Billion copies sold, gave that distinction to us in the Book of Genesis, long before the medical community recognized Nurse Midwives in 1925. I don't think any agency can predate the Biblical definition. I don't see how any one, any group, or any bill can own and define this word "midwife" except the one who created it.

However, the proposed definition of a Midwife according to SB1033 is as follows:

"Midwife" means a person 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".

**SECONDLY:** on Page 19, point 6A is of great concern to us. It states that: "a person acting as a traditional birth attendant who is a person without formal education and training whose cultural or religious traditions have historically included the attendance of traditional birth attendants at births; provided that the traditional birth attendant:

(A) Assists at births ONLY in that district cultural or religious group:"

How is it that our Biblical religious midwifery is going to be allowed to be legislated by others outside of our faith? And how is it assumed that because we are Biblical religious midwives, that we have not had any type of formal education and training. In life, as in birth, much is not just "taught" it is "caught".

We thank you in advance for keeping an open mind and for taking the time to read our concerns about SB1033 as we strongly feel that to simply advance this bill without addressing the many unanswered questions as to the why both Certification and Licensure is being requested without statistics, data, and evidence, would be out of unethical.

**"The Hawaii Regulatory Licensing Reform Act states that professions and vocations should be regulated only when necessary to protect the health, safety, or welfare of consumers."**

**By that very statement, how can this bill be heard or supported until we have statistical data for both Hospital and Out of Hospital births that verify the ACTUAL annual outcomes for analysis?**

If not, this bill is being introduced and being asked to be supported against the very definition given by The Hawaii Regulatory Licensing Reform Act's statement.

The House on Tuesday, December 11, 2018, passed a bipartisan bill aimed at reversing the maternal mortality crisis in the U.S. in what supporters say is the strongest action yet that Congress has taken on the issue.

On Thursday, December 13, 2018 the Senate passed the bill aimed at reducing deaths during pregnancy and childbirth by unanimous consent.

Later that night, President Trump signed the Preventing Maternal Deaths Act H.R. 5761 into law.

The Bill cites that the Maternal Mortality Rate has risen to unprecedented, unacceptable numbers. H.R. 5761 give the data that out of 4 million women who give birth each year, an estimated 700 will die annually during pregnancy, childbirth, or the postpartum period. It goes on to give the unbelievably horrifying statistic that the United States ranks 47th for maternal mortality rate globally, and is one of only 8 countries in which the maternal mortality rate is rising.

It is estimated that, between 2000 and 2014, the United States maternal mortality rate grew by 26.6 percent. In continues on to state the more than half of maternal deaths are likely preventable and that additionally, 65,000 American women experience servers maternal morbidity annually, meaning the physical and psychological conditions that result from, or are aggravated by, pregnancy have an adverse effect on the health of a woman”

With the passing of this bill just one month ago, it would be ludicrous to go forward in attempting legislation which would move Midwifery closer to and under the covering of the failing model of birth care before establishing IF Home Births in Hawaii actually have more favorable data statistics over those of Hospital births.

It would be errant to introduce a bill based on perceptions not complete facts based on factual statistics.

Unless there is concrete statistical data to the effect that Home Births in Hawaii under the care of ALL types of Midwives is less safe than being in a Hawaii Hospital, then this bill requiring licensure should be opposed for lack of evidence proving otherwise. The insinuation seems to be that an unlicensed midwife is a bad or dangerous midwife.

Forcing mandatory licensure put ALL home birth midwives subject to the MEDICAL PRACTICE of birth who is currently under mandate to reduce Maternal Mortality.

With its main two foundational arguments being that:

- 1.) Midwives used to be licensed
- 2.) The State auditors report recommends it without any confirmed statistics showing the actual numbers reflecting the cause for concern.

In the least, the analysis should have clear statistical documentation to prove that during the span of 1999 to date, home birth has had more detrimental outcomes at the hands of the attending home birth midwives, to warrant the consideration of this bill requiring licensure for all care providers.

To date, has all of the statistical data between 1999 and 2018 been published to establish the case requiring licensure for all midwives because the data shows that birth outcomes for home birth midwives exceeds in bad outcomes more than hospital data?

As I read through the Sunrise Analysis, the statistics referenced on page 10 and citing The Journal of Midwifery and Women's health, did not from what I could read, divulge Hawaii home birth statistics.

In addition, on page 36 covering the degrees of regulation, it should be documented what the statistics are in Home Birth results between all 5 states listed. Do we know if due to MANDATORY licensure in Delaware has produced significantly safer births than Utah which does not require licensure?

The Sunrise Analysis cites the composition of boards for Midwifery governing bodies in Arizona, California, Delaware, Maine, Oregon and Washington...none of which have to take in consideration the heritage we have in Hawaii for traditional, religious, cultural, and Hawaiian midwives.

Does the Auditors Report, cited as one of the key basis for requesting passage of this bill, give the numbers of outcomes or simply statistics on Birthing Locations?

IF the concern for birthing women is Health and Safety, then why are the most common of interventions used in the vast majority of Hospital Births not based nor supported by Evidence.



It is standard practice in the majority of hospital births to promote:

Continuous Fetal Monitoring in 89% of women when “Routine Use without a medical indication is NOT supported by evidence.”

Or

That routine artificial breaking of the waterbag occurs in 36% of birthing women when “Routine Use without a medical indication is NOT supported by evidence.”

OR

Artificial induction of labor occurs 42.9% of the time for first time mothers “when evidence indicates that Induction should only be used for TRUE medical indications and that suspected big babies are NOT a valid medical indication.” Evidence also shows that this Artificial Induction of Labor may DOUBLE the risk of a Cesarean Section if the mother’s cervix is unfavorable.”

OR

The use of routine IV Fluids which are used in 62% of laboring women when evidence shows that “when laboring people are free to drink fluids, the use of routine IV fluids is not supported by evidence”.

OR

When routine Fasting procedures are protocol for a laboring mother in 80% of women “when withholding of food is not supported by evidence”.

OR

When back-lying positions during pushing and birth occurs 68% of the time “when Evidence shows that Laboring people should choose whatever position is most comfortable for them.”

OR

When women who had a previous Cesarean Birth are being denied delivery privileges at our hospitals for a Trial of Labor after Cesarean (TOLAC) or a Vaginal Birth after Cesarean (VBAC) although “evidence proves that a TOLAC OR VBAC is appropriate for many people, and that 60-80% will achieve a VBAC.”

I could go on with more statistics, but I believe I have established my point that if the investigation into reducing trauma to a birthing mother for their health and safety is our community goal, then we must back it up with evidence and statistics. To date, I have not heard the call for statistics to be compared between Hospital and Home Birth Care providers but have only heard that Hawaii Hospital Births are safe and Hawaii Homebirths are unsafe.

Finally, I would like to reference the report to the 29th Legislature State of Hawaii 2017, Pursuant to the Act 203, SB2317 requiring the Department of Health to provide an annual report on child death review and maternal mortality review activities. I am very happy to provide the complete report if wanted.

This report prepared by the Department of Health Report dated November 2016 leaves me with MANY comments and questions.

1.) In the background and purpose it states the implementation of a data-driven policy. It also state that the Child Death Review System was inactive since 2011 and child death reviews were not being conducted.

My comment: If not, how could it be determined that Home Births are dangerous and causing a greater rate of infant mortality than Hospital Births if the system was inactive?

2.) Under Program Activities, who are the stakeholders and local experts mentioned in point #1?

3.) Who is the Child Death Review Registered Nurse organizing the review process in point #2?

4.) Under the Section entitled Collaborative Efforts, it looks as though the collaboration was only with registered nurses and “experts”. I don’t see any collaboration with Home Birth midwives. And in point #7, the coordination and collaboration clearly is inclusive of ONLY the Department of Health, Kapiolani Medical Center, and the Department of Human Services.

5.) Under the section Maternal Mortality Review, is does share that maternal mortality in Hawaii is a rare event. How many of these cases were Home Birth Mothers? It also clearly states that according to the CDC, one-half, that is 50%, are believed to be preventable. If so, why weren’t they?

6.) Under Program Activities, again, the collaboration seems to be without any input from the Home Birth Midwives. This is stated again one page 4 under Collaborative Efforts. Have the “collaborative efforts” included EVERYONE in the State assisting at births? If it is only a collaboration between agencies and associations that are medicalized, are we getting an accurate picture of the safety of Home Birth?

7.) In the section entitled “Next Steps” it continues with a medical bias of involvement by not including public input or representation.

8.) Under the section of Additional Information, in talking about pregnancy-associated death and reminding us all that the CDC indicates that 1/2 of those were preventable, it would be a of utmost importance to follow the chain of events potentially caused by unnecessary medical interventions as stated above regarding Evidence Based Birth Statistics. Do we have any data or is it just an assumption and presupposition that medical interventions play no negative role in this statistic?

9.) The analysis of the 2015 provisional data concludes that “this pattern is similar to that seen in recent years and NO significant changes to previous years.” With that said, how can the conclusion be drawn for SB1033 to be advanced if previous years without licensure resulted in NO significant changes to results.

Thank you for allowing me to share my heart on behalf of our Birth Believers Team and more importantly, on behalf of the thousands of individuals we have faithfully served in our communities across Oahu for the past 20 years.

We ask you to please **OPPOSE SB1033** as it stands.

Sincerely,  
Mari Stewart and The Birth Believers Team



1188 Bishop St. Suite 1509  
Honolulu, HI 96813  
Phone 808-783-0361  
Fax 808-792-3336

REGULAR SESSION OF 2019

Hearing date February 12, 2019 at 9 am Room 229

RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable CPH Chair Baker, CPH Vice Chair Chang and committee members,

Aloha,

I am writing on behalf of Sacred Healing Arts, an organization founded in 2003 to provide Naturopathic, Acupuncture, Massage and Midwifery services to the community. As a group we oppose SB1033 as it stands. We do appreciate and share the Legislature's concern for consumer protection and the health of the people of Hawai'i. However we feel strongly that SB 1033 will neither protect the community nor provide the best options for the health of the community. In effect it will do the opposite.

At Sacred Healing Arts we respect the different needs of our community and provide informed choices and integrative health care to our clients. We suggest that the new guideline for birth is a registry and model of informed choice rather than restriction and separation. It is created by obstetricians, the many different kinds of midwives and the home birth community working together, and emphasizes respect, collaboration and support rather than promoting one paradigm over another. Community education and a natural collaboration of all types of maternity care providers would develop to the benefit of mothers and babies. It is inappropriate to consider a transfer to hospital from home as always a complication or failure. If instead a transport was seen as a reflection of a well functioning integrative system it would be much safer for our mothers and babies.

In addition pages 19-21 of SB 1033 are traditionally demeaning (indicating no formal training), discriminatory, restrictive and would it be asking the legislature to determine a person's culture(s) and restrict care by culture?

There are many other more specific problems in SB1033, however I am sure additional testimony from other concerned parties will point them out.

Mahalo for your time and consideration. Again, we are in strong OPPOSITION.

Sincerely,

Sacred Healing Arts Ohana





## OPPOSITION to SB1033/HB490

Aloha to the Legislature,

Aoki Birthing Care, LLC is located in Kapa`a, Kaua`i island and opposes SB1033 and companion bill HB490. Preserving and perpetuating TBAs and cultural practitioners is essential to uphold cultural and traditional birth practices for every culture. To terminate or regulate one kind of attendant or practitioner can and will wipe out the essence of a culture, also called genocide.

Please take a moment to read to understand who home birth midwives are and what home birth midwifery care is, and to the women bearing children.

Traditional birth attendants (TBA's) have been around since the beginning of time, providing perinatal, prenatal, postnatal & newborn care, and their way of caring reduces maternal morbidity & mortality. When you restrict TBA's no matter what their education, you do restrict women's choices in who they choose to birth with as their birth right. No one wants to be treated like a robot or a lesser human during the most profound and vulnerable time of their life, birthing another human. Remember that there is one of you, unique, and when a child is born, that is the only child born, and the experience the woman has is also unique, may be similar to a birth she may have had or attended, but never the same. Not every woman wants medicalized and protocolized care = OBs & CNMs who provide medical care at hospitals. Women in the height of labor and birth and postpartum want individualized nurturing attentive care, which home birth midwives and traditional birth attendants give and provide = Home birth midwives & TBA's provide midwifery care! There are many home birth midwives who do not want to carry drugs even if that becomes "legal". The two approaches in care are so very different in that you cannot place all providers in one box together. This bill is trying to medicalize home birth midwives & home birth midwifery care as well as creating barriers for home birth midwifery students/ interests to become home birth midwives or TBAs, when we need more home birth midwives!

P. 2, lines 11-13 states "The legislature notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices." We recognize the attempts to exempt Native Hawaiian healers and Traditional birth attendants, but those terms are defined in such a way that it would still make many currently practicing cultural midwives illegal.

More women are showing up at their planned hospital birth wanting no to less intervention, to be informed with details and respect on how mother & baby are being cared for and making their own decisions rather than being told what to do (protocol), dim the lights, heat the room, want only necessary people in the room with minimal disturbance, want intermittent monitoring, wish to eat and drink as they please, move their bodies however they wish, never to be pushed to speed labor or hurry up and birth (except possibly during an emergency), don't want to be coerced or asked if they want a painkiller/vaccine, catch their own baby, gentle receiving and handling of their baby, delay/uncut cord, want their baby with them at all times (even during newborn exams) because women know that is the most natural and normal way to birth and become a mother (every time). **In other words, women are wanting more of a home birth setting & care from the medical hospital.** That says something loud and clear, and we should respect and follow women's lead since they are the ones birthing, not the doctors nor the midwives. Regulating and restricting how a home birth midwife or TBA's offer in their midwifery care is not the solution to safer care or better outcomes, instead it may increase unassisted births and delayed transfers to the ER (which we already see). **We need better communication, open communication, kindness during communication, transparency and mutual respect between hospital providers and transferring in providers for the safety of our mothers and children.** What is needed is regulating and holding accountable the hospital providers for receiving home birth transfers with respect and duty towards those coming to them for help and safety! Restricting midwifery practices does nothing to change how families & midwives are received during a transport (during a very stressful time).

## OPPOSITION to SB1033/HB490

OBS, CNMs, ACOG, ACNM do not have the expertise, experience or knowledge in home birth and home birth midwifery care to make demands nor suggestions in how a home birth midwife must be trained to provide home birth midwifery care. OBS & CNMs are all trained in medical hospital settings only. What we need is mutual collaboration, cooperation, communication and respect at all times in all situations. **There should not be any sense of hierarchy or domination of childbirth practices in the USA but diversity for the diverse nation. The medical system really needs to prioritize on how to improve from the 47th in the world (USA was 26th in 2015) in maternal mortality rate where 98-99% of maternity care occur in hospitals under OB monitoring as a developed nation. I urge you to ask why is the maternal mortality rate in the USA continuing to worsen rather than improve despite access to medicine, facilities, technology and research? It is not because of home birth midwives or home birth midwifery practices (only 1-2% of the population in the USA choose to birth at home with a midwife/TBA)!**

Aoki Birthing Care, LLC is part of the organization Hawai'i Home Birth Collective (HiHBC) where Home Birth Midwives are upheld as autonomous, independent practitioners held accountable by the organization. Thus, there is a place of registry and accountability already in Hawai'i. Below are the purpose, vision and mission of HiHBC.

### Our PURPOSE

Hawai'i Home Birth Collective (HiHBC) is a self-regulated home birth midwifery organization dedicated to the preservation, perpetuation and diversity of home birth practices and autonomy in home birth midwifery care. We continue to support and maintain a family's right to select a home birth provider of their choice.

### Our VISION

HiHBC is a trusted self-regulating collective of statewide home birth midwives who are registered, provide informed consent and home birth statistics, and have accountability through the Hawai'i Home Birth Elders Council (HiHBEC).

### OUR MISSION

1. TO UTILIZE the HiHBEC for grievances, peer review and as a resource for HiHBC members.
2. TO DEVOTE time to strengthen the home birth midwifery community with regularly scheduled meetings and relevant trainings on each Hawaiian island where home birth midwives reside.
3. TO MAINTAIN a website with current practitioners and resources to provide access to safe home birth midwifery care.
4. TO PURSUE and develop relationships with our state and local government representatives.
5. TO COLLECT accurate Hawai'i home birth statistics.





# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

**Tuesday, February 12, 2019, 9:00 AM**  
**Hawaii State Capitol, Conference Room 229**  
**415 South Beretania Street**

**To: Senator Rosalyn Baker, Chair – Committee on Commerce, Consumer Protection, and Health**

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

**Re: SB 1033, Relating to the Licensure of Midwives**

**Position: Strongly support the regulation of midwifery and midwives engaged in the practice of midwifery by establishing licensure and regulatory requirements under the department of commerce and consumer affairs.**

Dear Senator Baker and Members of the Committee,

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.

To ensure that all of Hawaii's mothers and babies have a safe and happy birth experience, we urge you to support the Licensure of Midwives bill. This bill will ensure that community birth providers have had formal obstetrics education to care for mothers and their infants, follow patient safety regulations such as no high-risk pregnancy deliveries at home, adequately inform their patients regarding their educational background and the possible risks of community birth, and require timely completion of birth certificates and other data for all planned home births.

Thank you for the opportunity to submit this testimony on this very important Women's Health Issue.

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**

Submitted on: 2/9/2019 11:21:40 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Whitney Herrelson	Testifying for Informed Choice Birth Services	Oppose	No

## Comments:

This bill advances access to midwifery in Hawaii, but by throwing indigenous Hawaiian traditional midwives under the bus, forcing them to practice a whitewashed, colonialist style of midwifery or be regulated out of existence. This is an extension of colonialism, and it is wrong.

**SB-1033**

Submitted on: 2/10/2019 7:27:18 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael ko	Testifying for Little Hands Hawaii	Oppose	No

## Comments:

we strongly oppose the regulation of midwives. As a register neuro nurse I choose a home birth for 3 children, there is freedom and choice in birth. We don't need any more government involvement especially when it comes to birth.

**SB-1033**

Submitted on: 2/9/2019 1:17:43 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Dye	Testifying for Anne Dericks, ND LLC	Oppose	No

Comments:

Aloha,

I am a Naturopathic Physician, Mother of two sons born out-of-hospital, and a birth attendant, and I am **STONGLY OPPOSED** to bill SB1033. This business is dedicated to creating health for our communities and this bill does not support the health of our mothers, babies and families. This bill is confusing to the lay person. Midwife is a term used for a long time and encompasses cultural birth practitioners. I do not believe that the conventional medical community should take control of this term and redefine it fit their agenda. There are many many ways to birth a baby. In a hospital is just one of them. Women should get to choose where and with whom they want to birth their babies.

I oppose the regulation and mandatory licensure of midwives. I believe this bill is racist all well and filled with colonialist mentality. Will midwives only be able to attend births of people from their culture? So can I make a new culture people can join? This is confusing. Who is going to regulate this? This would be a waste of our tax payers money. This bill is not for the people of hawaii. The birth care that our hospitals and licensed professionals now offer is the worst in the industrialized nations. We have terrible infant and maternal death rates. Traditional practices support life.

Again, I am and this business is **STONGLY OPPOSED** to bill SB1033.

Thank you for your time and consideration.

Sincerely,

Dr. Anne Dericks, ND

**SB-1033**

Submitted on: 2/11/2019 10:16:38 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Kelly	Testifying for C-MAC American College of Nurse Midwifery	Support	No

Comments:

Dear Senators:

I write in strong support of SB1033 as written. I am an ACNM Certified Midwife and member of the Committee of Midwife Advocates for the Certified Midwife of the American College of Nurse-Midwives. In this capacity, my comments pertain to Certified Midwives.

Passage of SB1033 will expand and integrate the midwifery workforce into the health system by licensing and regulating Certified Midwives. In 2014, the *Lancet* published a series demonstrating return on investment and benefits of expanding the midwifery workforce, including midwives who provide family planning services. Benefits include improved health and lower maternal and neonatal morbidity and mortality ([www.midwife.org/The-Lancet-Series-on-Midwifery](http://www.midwife.org/The-Lancet-Series-on-Midwifery)). Currently, Hawaii only licenses nurse-midwives. In *Mapping integration of midwives across the United States: Impact on access, equity, and outcomes*, Vedam, et al. (2018) vetted a scoring system for quantifying midwifery integration: "The MISS scoring system assesses the level of integration of midwives and evaluates regional access to high quality maternity care. In the United States, higher MISS Scores were associated with significantly higher rates of physiologic birth, less obstetric interventions, and fewer adverse neonatal outcomes." ([journals.plos.org/plosone/article?id=10.1371/...](http://journals.plos.org/plosone/article?id=10.1371/...))

According to the MISS scoring system 2014, Hawaii is in the bottom quartile for midwifery integration ([www.birthplacelab.org/how-does-your-state-rank](http://www.birthplacelab.org/how-does-your-state-rank)). Passage of SB1033 will license Certified Midwives, improve integration of midwifery and lead to improved equity, access, and outcomes – particularly for rural populations. A 2017 obstetric workforce study published by the American Congress of Obstetricians and Gynecologists documents gaps in maternity care, particularly for rural populations ([www.acog.org/Clinical-Guidance-and-Publications/...](http://www.acog.org/Clinical-Guidance-and-Publications/...)).

Passage of SB1033 will also protect the public. By providing standards and regulation of the midwifery profession, the public will have confidence that those holding themselves out as licensed midwives have met established criteria. Passage of SB1033 ensures scope of practice consistent with the midwife's education and national certification.

SB1033 is congruent with position statements of (1) all midwifery organizations in the United States as documented by the United States Midwifery Education, Regulation and Association taskforce ([www.US-MERA.org](http://www.US-MERA.org)), (2) the American College of Obstetricians and Gynecologists ([www.acog.org/About-ACOG/News-Room/Statements/2015/...](http://www.acog.org/About-ACOG/News-Room/Statements/2015/...)), (3) the Association of Women's Health, Obstetric, and Neonatal Nursing ([www.jognn.org/article/S0884-2175\(16\)30003-X/pdf](http://www.jognn.org/article/S0884-2175(16)30003-X/pdf)), and (4) the American Public Health Association ([www.apha.org/policies-and-advocacy/...](http://www.apha.org/policies-and-advocacy/...)).

Finally, the Centers for Medicare and Medicaid (CMS), conducted a prospective comparative efficacy study of three models of enhanced prenatal care called Strong Start ([innovation.cms.gov/Files/reports/...](http://innovation.cms.gov/Files/reports/...)). Two arms of the study were based in care models developed by midwives, and one (the birth center arm) included midwifery-led care in birth centers. In 2018, CMS concluded, "Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than \$2,000 lower per mother-infant pair during birth and the following year.

These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations."

Based on the preponderance of high quality data about midwifery care and the agreement of all professional organizations, I urge passage of SB1033 as written.

Sincerely,

Karen Kelly, MS, CM/LM  
Committee of Midwife Advocates for the Certified Midwife  
American College of Nurse-Midwives

Date: February 11, 2019

To: Senator Rosalyn H. Baker, Chair, Senator Stanley Chang, Vice Chair and Members  
The Committee on Commerce, Consumer Protection and Health

From: Early Childhood Action Strategy

Re: Support for SB1033 relating to Licensure of Midwives

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 SB 1033 which would create a licensure for Certified Midwives and Certified Professional Midwives through a midwifery program under the Department of Commerce and Consumer Affairs.

Licensing midwifery will expand women's options for care providers and meet maternity care gap needs in Hawai'i while providing consumer protections. Licensure would establish minimum competencies, allow for greater oversight, establish a consumer complaint process and improve integration of midwives within health care. This measure would explicitly exempt traditional birth attendants and Native Hawai'ian healers from licensure requirements.

Currently, 33 states regulate certified professional midwives and 11 states (including Hawaii) are currently considering legislation to regulate midwives.

For these reasons, Early Childhood Action Strategy supports this measures and encourages the Committee to support its passage. Thank you for the opportunity to provide this testimony.



**SB-1033**

Submitted on: 2/11/2019 8:23:34 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Ching, MD, MPH	Testifying for American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

**SB-1033**

Submitted on: 2/11/2019 8:58:30 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

My name is Adaure Ezinne Dawson I am a 37 year old african American Woman that has resided in Hawaii for nearly 10 years. I strongly oppose this bill. As a consumer of homebirth I have been able to have 2 of my 5 children at home with a midwife of my choice. I was fully informed of her practice, skill level, and life saving measures. I felt confident in her as my provider because I did my research and trusted my gut. She served my family wonderfully. She had @ apprentices with her that were knowledgeable and respectful. They were also closely monitored by their teacher my midwife. They truly practiced the midwives model of care and not the Western medical model of care. That gave me much peace because I know the maternal death rate for african American women in the united states is staggeringly greater then it should be. By approving this bill you take away a womans right to abirth attendant that will fully honor her her body and her culture and her sacred tradtions. Why would you limit a womans choice?The bottom line is that requiring mainland certification will make many of our currently practicing midwives illegal, and it will effectively strip many women of their right to choose. If we have the right to choose an abortion, we should have a right to choose whichever midwife we feel most comfortable with, regardless of certification. If you do not let her have this choice you are creating more dangerous pathwaways to illegal births and creating a civil rights issue. Consumers are wise and no one wants to have an unsafe/terrible birth experience (in or out of the hospital) so this bill needs to be opposed so that those women who are choosing a birth attendant can do so without feeling judgement from othr providers who are less willing to incorporate their birth traditons.

Thank you for your time and consideration

A. Ezinne Dawson

**SB-1033**

Submitted on: 2/11/2019 8:41:47 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Individual	Oppose	Yes

Comments:

Aloha,

My name is Alexandra Kisitu. I am currently a PhD candidate at the University of Hawaii at Manoa. I am submitting my testimony to oppose S.B. No. 1033 – relating to the licensure of midwives. As a mother to two young children, as an intellectual, and as a person occupying a female body, I strongly oppose this measure. I have birthed both of my children outside of hospital. This was a decision I made about my safety, my children’s safety, my body, my birth, and my wishes. The sovereignty of my body and of my choices in care should *not* be regulated. Likewise, it is beyond the scope and reach of any local, state, or federal government to enact laws that breach the sovereignty of the body and of choice in childbirth.

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

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

Regulating this process is actually a goal that will not be fulfilled as the government isn’t equipped with the resources to adequately regulate medicalized/hospitalized birth practices. But I digress . . .

Secondly, increase costs in of midwifery services caused by regulation of the profession and extra student regulations will make it 1. Difficult for senior midwives to train students affordably and 2. Extra costs will be passed onto families/consumers. This extra cost is an undue hardship on parents who are choosing out of hospital births as the state of Hawaii, shamefully so, does not require insurance providers to cover out of hospital births (which are statistically and factually proven to be significantly more affordable for insurance companies than hospital births). Furthermore, there is no midwifery school here, so all midwives would then have to endure financial hardships or we would eventually only see mainland midwives practicing here – this is not pono for the culture of the people here.

This bill has the potential to criminalize mothers who choose out of hospital birth. We cannot trust in this case that case law gives enough precedent to protect mothers and we cannot trust the judges know the complexities and intimacies of birth enough to make a sound judgment.

EVEN with the exception for traditional and Hawaiian birth practitioners, this bill is racist and discriminatory. In my own experience, we are a biracial, multicultural family – what government could have the authority to dictate what constitutes my religious or cultural birth practices? How would the government define a traditional or Hawaiian birth practitioner? There are many non-Hawaiian or partial Hawaiian birth practitioners who practice and revitalize the Hawaiian birthing traditions – how could the government say that someone is not allowed to practice as a midwife if she is not Hawaiian but she does practice Hawaiian birth practices – or if a client is Hawaiian and a midwife is not? Or if a client subscribes to her own choice of religious and spiritual expression and her birth choices are in line with that – would the government criminalize these mothers or birth practitioners who honor their birth wishes? This bill is therefore discriminatory and impedes on our basic human rights to choose our religious and cultural practices. It is also borderline racist. In the tumultuous political and racial climate we find ourselves in (and the MeToo movement), I would err on the side of opposing this bill if you have any interest in protecting cultural, racial, religious, and women's rights. We do not need this bill as consumers, as midwives, as politicians. Stand with us and oppose this bill.

Mahalo nui loa,

Alexandra Kisitu



**From:** [Alexandrine Ceballos](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:45:15 AM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Alexandrine Ceballos
Email	AlexandrineRC@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 6:57:20 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

I am writing to ask you to OPPOSE SB1033. I am a mother of three who has chosen to have her babies at home. While I was making this choice, I did research, talked to other mothers, and thoughtfully sought out the women with whom I would birth. I am concerned about this bill because it is restrictive and puts limits on who is allowed to legally attend women in one of the most natural and significant moments of their lives.

There have been attempts for several years now to legislate and regulate midwifery, but those bills have gone beyond just providing pathways for CPMs and CNMs to be recognized. Instead, they have intruded into communities who ARE NOT asking for regulation. In fact, we are explicitly asking to NOT be regulated.

Instead of trying to push bills forward, the legislature should create a DCCA Midwifery study. Collect statistics and decide on legislation after accurate statistics are collected. These numbers should also be collected from hospitals in Hawaii, in order to provide a clearer picture of birth in Hawaii.

As this bill stands, I strongly oppose it. Here are some changes, however, that are suggested:

1. DO NOT redefine the term “midwife” and limit it to only those who have chosen medical, western pathways of education. “Midwives” have been around for millenia—please acknowledge that and all the ways that they have been trained.
2. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners. SB 1438 says “consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law.” This is a more inclusive language.
3. Eliminate the section restricting CPMs from practicing as cultural/religious practitioners.
4. Eliminate the section requiring traditional/religious practitioners to “[assist] at births only in that distinct cultural or religious group”—that is discriminatory.



Me ka mahalo,

Alohi Ae'a

**From:** [Ambyre Robidoux](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 3:42:49 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Ambyre Robidoux
Email	arobimommy@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 9:00:13 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [amyatruong@everyactioncustom.com](mailto:amyatruong@everyactioncustom.com) on behalf of [Amy Truong](#)  
**To:** [CPH Testimony](#)  
**Subject:** I support equity in health care  
**Date:** Monday, February 11, 2019 1:49:49 PM

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Dear Hawaii Senate Commerce, Consumer Protection, and Health,

Everybody deserves affordable and equitable access to reproductive and sexual health care, regardless of gender, gender identity, citizenship status, or income. SB 1043 could make this a reality.

This bill comes at a critical juncture, when the rights of immigrants, people of color, LGBTQ people, and women are all under attack. Restrictions on reproductive health care have been shown to cause harmful effects on public health, particularly for those who already face significant barriers to receiving care, such as low-income women, women of color, immigrant women, young women, survivors of domestic violence, and transgender and gender-nonconforming people.

Hawaii should continue to be a national leader and protect reproductive health equity for all people. I urge you to support SB 1043 and pass it out of committee.

Sincerely,  
Amy Truong  
Honolulu, HI 96814  
[amyatruong@gmail.com](mailto:amyatruong@gmail.com)

**SB-1033**

Submitted on: 2/11/2019 12:07:26 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**Testimony in opposition of:**

**House Bill 490/ Senate Bill 1033: Relating to the Licensure of Midwives**

**Submitted By:**

**Anabel Kinsey**

**Dear Sen. Rosalyn H. Baker, Sen. Stanley Chang, and the members of the Commerce, Consumer Protection, and Health Senate Committee,**

**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 House Bill 490/ Senate Bill 1033, so the people of Hawai'i can continue to benefit from the options that this bill would no longer allow. Thank you for your consideration.**

**SB-1033**

Submitted on: 2/10/2019 12:56:33 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

Every year in Hawaii there is a new bill introduced in regards to the regulation of midwifery, and every year the community comes out in droves to oppose the legislation. We, as a community, do not want these unwelcome regulations on our birthing choices. Hospital midwives and home birth midwives provide very different services. There is not a need within our community for further regulation of midwives.



**SB-1033**

Submitted on: 2/10/2019 8:55:13 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I support legislation for midwives! I have had 3 normal home births, and have always felt safe and well cared for under the guidance of Certified Professional Midwives and Certified Nurse Midwives. Midwives are a woman's best advocate! They educate and empower women to make informed choices. Legislating midwives promotes diversity in healthcare and freedom of choice for women. Women will make informed decisions for themselves, and their pregnancies if they have options! This is what freedom is all about!

**SB-1033**

Submitted on: 2/11/2019 8:24:46 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I believe a woman as write to her own health care and she should be allowed to work outside of the system that she doesn't agree with. The system the pressures her into pills or shots and how she should care for her body is not what I want for myself or one in around me. We should have a choice. I recently gave birth at home with a midwife and felt very empowered by this choice. Having a healthy baby without the pressures of immunization and the stresses from the hospital, as a black woman who is more likely to die in childbirth than any other race I feel that it was the best option for me. There's so much stress even going to prenatal visits and what they've decided they wanted me to do and what pills they wanted me to take even though they weren't necessary but just "preventative quote. Please except my testimony in opposition to this bill. Women need a safe place to give birth without regulation that is decided by the oppressor culture.

**SB-1033**

Submitted on: 2/11/2019 3:16:58 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

My name is Aubrey and I am testifying in STRONG OPPOSITION to SB 1033 which would require licensure of midwives.

Who decides what a traditional midwife is? Who decides how I would like to birth my child? We should have the option to birth our children in our homes with our midwife of choice. I feel it is my right to decide who and where and how my children will enter this world and who will help me do so.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 11:16:06 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Arjeta gashi	Individual	Oppose	Yes

Comments:

Aloha,

I had a birth at home with the midwife of my free choice & i believe every women has the right to choose their own midwife. That it's a personal choice not one the state should make.

i suggest to do voluntary licensure.

Mahalo

**SB-1033**

Submitted on: 2/10/2019 3:15:09 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aubrey Aea	Individual	Oppose	No

Comments:

Aloha honorable chair Baker, vice chair Chang, and committee members,

My name is Aubrey Aea. As a mother who has had a homebirth, as a woman who hopes one day her daughters will have homebirths, and as a woman who supports midwives, I oppose SB1033 as it stands.

SB 1033 is oppressive and seeks to impose conventional models on midwifery. Our legal birth choices will be limited. Women should have the right to chose where they birth, how they birth, and with whom they birth if they so desire. Please do not redefine what a "midwife" is.

What about elder midwives who lack "formal" training, but have decades of hands-on experiences learned through apprenticeships and from elders in their community? Suddenly, they will be unable to practice unless they conform. This is overstepping on rights of legal birth choices.

Also, the wording on "culture" within the bill is far too vague. "Traditional, cultural, religious, or biblical midwives" - Who gets to define culture? It is unconstitutional to regulate a person's traditional, cultural, or religious practice. This simply cannot be enforced. The language instead should be changed to the language in SB 1438 "Consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law."

If a woman wants to choose to birth with a state licensed practitioner, she can birth in a hospital. If she wants to go the traditional/cultural route with a practitioner who has had hundreds of birth experiences yet is not state-licensed, she can birth with a midwife at home. Please do not infringe on our rights to choose and our birth autonomy.

Respectfully, I ask that you oppose SB 1033 as it stands.

Mahalo.



**From:** [Audrey Alvarez](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:04:07 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Audrey Alvarez

Email audrey262@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.



**From:** [Augustine Colebrook](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:28:26 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Augustine Colebrook
Email	augustine.colebrook@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 4:19:24 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

This bill does not adequately exempt traditional midwives.

While I understand the intent, additional work must be done on this measure to ensure that traditionally trained midwives, who have been practicing for years, are able to continue practicing without having to start their education and training from zero.

As an alternative to this measure, perhaps some kind of registry can be created where midwives can register and issues, certifications and education can be tracked.

My name is Babatunji Heath,

I oppose SB1033 because it imposes the obstetrical and medical midwifery model on other models of midwifery and asks the state to sanction only their model and puts other models down, saying these types of practitioners have no formal education and don't even have the right to call themselves "midwives" anymore regardless if they have been delivering healthy babies for 20 years or more.

I have no objection to the state setting standards for "Licensed Midwives" as long as we don't restrict parents legal birth choices but it seems an unnecessary expense and legal hassle. Simply educating the public and our healthcare practitioners about the different types of midwives, their training and their backgrounds would empower parents to make an informed choice whether they want to have their child in the hospital with an OB or CMN or at home with a CPM, a Naturopathic Midwife, a Traditional or Cultural Midwife. Perhaps a comprehensive registry of midwives and a simple informed consent form would be sufficient.

The proposed exemptions in SB1033 will not fix the problem as they are too restrictive. Native Hawaiian women's rights to choose will be greatly restricted if are not amended. Traditional and Cultural Midwives will only be allowed to assist those of the same culture and licensed midwives can no longer also be Traditional Midwives. These kinds of restrictions do not allow a culture to live and breath and evolve. Plus, Elder Midwives who have delivered babies for 20-40+ years and traditional/cultural/religious midwives won't be exempt if they have any "formal training," and then they will be illegal unless they conform to the new more medical model.

I believe we want all birth attendants from Obstetricians to Traditional Midwives to learn from each other not drive them apart. An open, mutually respectful conversation is the best way to address the increasing problem of maternal mortality, the rising rate of cesarians as well as dangerous last minute hospital transports of women who fear mistreatment by hospital staff because of their choice to have a home birth.

Hawaii is sadly way behind the curve in integrating midwifery and obstetrics and while the proponents of this bill may believe it will help this cause I feel they are mistaken. This is because they have not genuinely tried to consult or include the midwives currently serving the people of Hawaii despite

being directly instructed by our legislators last year to do so. The Board of Health made some attempt to mediate between the groups but when it came time to draft SB1033 the writers did not consult with the Home Birth Collective and Elder's Council, which now represents all the home birth midwives currently practicing on Oahu and many of those on the other islands. Instead they falsely claimed to represent the midwives of Hawaii while pursuing their own agenda and continued to use hearsay and antidotal evidence to invoke fear without revealing the true statistics of home births or addressing the issues that often drive parents to chose home births over hospital births.

I hope you will consider these points and join me in opposing SB1033.

Regards  
Babatunji Heath

**SB-1033**

Submitted on: 2/9/2019 11:09:59 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha Lawmakers,

I urge you to oppose this terrible Bill. Midwifery and cultural birthing practices should always be protected.

Mahalo,

Ms. Barbara Barry

**SB-1033**

Submitted on: 2/11/2019 10:24:55 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ben Callahan	Individual	Oppose	No

Comments:

To Whom It May Concern,

I am writing to **oppose SB 1033** on behalf of myself, my wife, and our two young children - both born at home with the support of midwives (one licensed and the other not).

My wife chose to birth at home because she is a healthy woman of color, which means that her chances of a healthy birth are statistically shown to be GREATER if she births at home than in the hospital.

We chose the practioners we did because they supported our vision of healthy, peaceful births and had the knowledge we believe to be important (including but not limited to: basic medical knowledge, years of practice, cultural sensitivity, personal experience, and excellent interpersonal skills). Thus, being able to choose a cultural or community-supported midwife is important to us because many of the women we'd choose from don't value a Westernized-Anglo education and licensure.

We believe that birth is a normal physiological function that powerful women are born with. I also believe that my wife's body is her business, and that **as a woman she has every right to choose where she births and with whom she births**, should we choose to have anyone around at all. This is not something either of us are willing to compromise on, and if she were not allowed to have the practitioners she chose at her births, we would have done it at home with just my partner and mother.

Although this bill looks as though there would be a cultural exemption, there is no current kupuna council for oversight. It doesn't protect any other cultural/indigenous practitioners or traditional midwives, nor is there a bridge of any kind to include them. This bill would criminalize many women who have given their lives to serve their community with knowledge passed on to them--much of which unattainable in classrooms. It would not give these practitioners the same respect, opportunities, or support to succeed in the practices that are crucial for birthing women of color (read: those who have been shown statistically to need the most support at birth).

Furthermore, there is no current pathway in our state to receive the recommended training/certification in this bill, making it unattainable and unrealistic, especially for local

women. This would discourage local women and women of color from pursuing this important path; at best it would encourage our most dedicated island practitioners to leave their communities and for many people from other places to emigrate here.

What our state, our cultures, and our communities need is more culturally-appropriate care, especially when it comes to birth, where women of color have the highest rates of intervention and negative outcomes. We need practitioners who have been taught technical and medical skills, yes, but also who possess the cultural capacity to hold space for a mother during the sacred rite-of-passage that is birth.

I do not believe that this bill will offer that to our state.

**I feel that a remedy to this bill would be to make legislation and licensure optional.** This would not criminalize anyone but would allow individuals to carry on their indigenous practices, give women the power of autonomy in choosing where and with whom they birth, and still give Western-trained midwives access to the things they desire through this bill.

Thank you for your time and consideration. I do hope you think of the well-being of *everyone* when sorting through this bill.



**SB-1033**

Submitted on: 2/10/2019 10:02:35 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I am opposed to SB 1033, mandatory regulation of midwives. This bill is being called colonialism and rightly so. There is no way for local midwives to get the mandatory training in Hawaii. They must travel and study abroad at great expense. This will effectively make local midwives not be able to practice and will supplant them with midwives from the mainland where training is available. This is a tragic loss of culture and tradition no matter how much this bill attempts to disclaim:

"The legislature notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices."

It most certainly does! How can putting local midwives out of business by imposing onerous mandatory out-of-state training NOT impede their ability to incorporate or provide cultural practices?

**From:** [Benjamin Callahan](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:26:46 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Benjamin Callahan

Email jammin.callahan@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/9/2019 2:23:39 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bonny Hinz	Individual	Comments	No

Comments:

**Re: A Bill for an Act, Relating to the Licensure of Midwives SB 1033**

Dear Senator Rosalyn Baker and Senator Stanley Chang:

I am a Certified Nurse Midwife (CNM) in practice at a large healthcare organization in Hawaii, and I am writing to express concerns about how SB 1033 is currently written. Please consider my proposed changes, below.

I am a CNM, with a Master's degree, licensed by the Hawaii Board of Nursing as an Advanced Practice RNs. This bill will not directly affect my licensing. However, **I strongly support licensure and regulation of the other types of "midwives," such as Certified Professional Midwives (CPMs) and Certified Midwives (CMs), to promote standards of care, accountability, and safe provider choices for our Hawaii women desiring out-of-hospital births.**

As you likely know, there is currently no licensing requirement for non-CNM midwives. The term "midwife" is used broadly by many in the community, often with no formal training. The lack of public awareness that there are different types of midwives is a significant problem in our state. In addition to CNMs, who have high levels of education and are licensed, there are also CMs, CPMs, "lay/apprentice" midwives (with no formal education at all), and Naturopathic doctors without obstetric training / licensure. Most people are unaware that different midwives have vast differences in education, training, experience, and scope of practice. Our Hawaii women are not informed of this, and as a result, we continue to see catastrophic and avoidable consequences from inappropriate care.

**Please be aware that there are several CPMs who have lost their licensure in other states due to adverse outcomes who are now practicing in Hawaii.** I am concerned that Hawaii is becoming a repository for such midwives, as they can practice here without licensure, regulation or oversight.

In my many years of hospital practice, I have seen heartbreaking complications (including multiple baby deaths and permanent brain damage) resulting from women attempting birth outside of the hospital and cared for by a variety of "midwives." Common themes in these cases are: 1) the woman was an inappropriate candidate for

home birth due to a known condition or risk, and 2) the birth attendant did not recognize a complication developing.

The bill entitled "**A Bill For An Act "RELATING TO LICENSURE OF MIDWIVES"**" is important in promoting safer provider choices for women desiring out-of-hospital birth. However, I recommend the following clarifications / changes:

-- Provide clarity on the exact type of birth attendants this bill is licensing: the distinctions of CPM and CM should be made clear throughout the bill.

-- This bill does not apply to ALL "midwives," because CNMs are already licensed. Therefore it should be titled: **A Bill for an Act, Relating to the Licensure of Certified Professional Midwives (CPMs) and Certified Midwives (CMs).**

-- Consider organizing the bill into two sections, one for CPMs and the other for CMs. They have vast differences in education, certification, prescriptive authority, and scope of practice. Remember that CPMs have non-collegiate training/certification, and CMs have graduate/Master's level midwifery education. (CNMs, who are licensed by the Board of Nursing, are Registered Nurses with Master's degrees, licensed as Advanced Practice RNs specializing in Midwifery.)

-- This bill should include a section on documentation and reporting of outcomes of women and newborns cared for by CPMs and CMs. This will provide accountability and transparency. The type of midwifery provider, place of birth and use of appropriate guidelines collectively affect the quality of care and outcomes. It is very difficult to assess outcomes and safety without reporting mechanisms. This is an important and much-needed addition to this bill.

Thank you for considering my comments,

Sincerely,

Bonny Hinz, CNM

**SB-1033**

Submitted on: 2/10/2019 10:05:07 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Dawson	Individual	Oppose	No

Comments:

Thank you for the opportunity to provide testimony. As the husband to a practicing midwife and father to multiple children born in the home, I write in strong opposition of this bill, which if passed, will impose financial burdens for midwives in Hawaii. Every Midwife is taught and trained by a mentor that empowers birthing mothers and their families. This bill seeks to disempower and burden those same women and families by imposing unnecessary hurdles that seek to corporatize the right of midwives, mothers, and families. Families are empowered through the very alternative care practices that midwives provide in the home. This bill also seeks to directly attack and encumber Kanaka Maoli (Native Hawaiian) epistemology and culture, with specific attention to Kanaka Maoli birthing practices that prevent indigenous self-sustainability. Such rights are protected and recognized under the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) wherein it is stated that: “respect for indigenous knowledge, cultures and traditional practices [that] contributes to sustainable and equitable development and proper management of the environment.”

Home birthing mothers rely on midwives to provide adequate care throughout all the stages of birth, including pre-labor and postpartum. Home birthing mothers deserve to be cared for by the midwives of their choice(s) and those midwives deserve to provide essential care. Both of whom deserve to do so without the implementation of nonessential and extraneous barriers such as licensure and penalties that will only delay and harm the care that mothers deserve. The implementation of this bill exacerbates the gap between alternative health care and the contracted doctors and midwives of corporate hospitals. I urge you to oppose this bill.

**SB-1033**

Submitted on: 2/9/2019 12:07:58 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carlie Stevens-Britos	Individual	Oppose	No

Comments:

- **The effective date is unreasonably soon** (July 1, 2019), which would almost certainly interrupt maternity care that is already in-progress. (i.e. a woman who has recently chosen an uncertified midwife would suddenly become illegal, and she would either have to go through with an illegal birth or scramble to find a new midwife mid-pregnancy. In many cases, a woman would be unable to legally use the same midwife that attended her previous birth, even if she feels uncomfortable using any other midwife.
- **P. 2, lines 11-13 states "The legislature notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices."** We recognize the attempts to exempt Native Hawaiian healers and Traditional birth attendants, but those terms are defined in such a way that it would still make many currently practicing cultural midwives illegal.
- **Requiring NARM certification for licensure is unnecessary and creates a huge barrier:**
  - There are only a handful of NARM-certified schools in the nation, none are in Hawaii, and it is an expensive 3-5 year program that can cost upwards of \$50 thousand dollars.
  - It is true that SOME of those schools offer distance learning programs and midwives could study under a certified preceptor in Hawaii, but there are fewer than 10 preceptors in the state who are currently accepting apprentices- only a few on each island.
- **There is no pathway for experienced midwives to get certified**, which means that many midwives who have been practicing for decades would be forced out of business, or would have to completely start over in their training. (The NARM pathway for experienced midwives is set to discontinue in December of 2019: <http://narm.org/equivalency-applicants/experienced-midwife/> )
- 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.
  - **There are multiple references to "certified midwives" throughout the document**, but there are currently no CMs in Hawaii, since CM is a designation that was previously only recognized in 5 states. If the intent is

for Hawaii to become the 6th state that recognizes them, that won't help any local midwives.

- The bottom line is that requiring mainland certification will make many of our currently practicing midwives illegal, and it will effectively strip many women of their right to choose. **If we have the right to choose an abortion, we should have a right to choose whichever midwife we feel most comfortable with, regardless of certification.**

#### **Ammendments:**

- **Allow midwives to become licensed without requiring NARM certification** (i.e. remove the financial/distance barrier to obtaining licensure.)
- **Changing the bill to create a registry** instead, where all midwives can easily register & become licensed regardless of certification. I think this would actually be the ideal solution, because then we could track homebirth statistics without requiring NARM certification, which is the barrier that reduces access to care. It's really a win-win-win-win for everyone, because then all midwives could be legal, the public could view the midwives' credentials (or lack thereof) and make an informed decision when choosing a midwife, the State could keep a record of statistics, complaints & bad outcomes, and we wouldn't have to keep coming back to the legislature every year to fight this kind of legislation.
- **Changing the bill to a Task Force or Working Group**, where traditional midwives and homebirth consumers are voting members of the task force. (They have tried to do task forces in the past, but have only ever included medical professionals and excluded the voice of homebirth consumers or any experienced midwives who would have to go through the certification process.)
- **Clarifying the exemption for Traditional Birth Attendants to make it less restrictive-** let women choose whichever traditional birth attendant they want regardless of whether or not they belong to the same cultural group.



**SB-1033**

Submitted on: 2/10/2019 5:28:11 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I support measure SB 1033 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 women enjoying all the benefits the licensure can offer.

**SB-1033**

Submitted on: 2/11/2019 12:54:02 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

*(Re-submitting as the first submission might have not have been sent)*

Aloha,

Thank you for this opportunity to submit testimony.

As a mother and a scholar I have covered extensively the research on birth and I found that one of the greater factors of safety for mother and child is that the mother feels comfortable during birth. That is not something that licensure can offer, while a mother's right to choose her midwife can. And no matter how many exceptions to mandatory licensure one may add, there will always be midwives of some tradition who will be excluded from legal practice, endangering the mothers who would have chosen them, and their children. If there is also a minimum common denominator of knowledge that makes midwifery as safe as possible: again, that is not something that a mandatory licensure can offer, but the result of leaving communication channels open so that hospital personel is available and informed about out patients and, for instance, if a transfer to the hospital is needed for a planned home birth, everyone (included the hospital personel, not just the midwives) know what to do.

Mahalo,

Caterina Desiato

Lecturer, Women's Studies, UH Manoa

**From:** [Celine Consoli](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 1:13:49 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Celine Consoli

Email cfconsoli@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Channa Walz](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:04:48 PM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Channa Walz

Email canaya406@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/9/2019 11:22:42 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

SB1033 : OPPOSE

I am a mother and Maui resident. I gave birth at home with a traditional Hawaii Midwife. I strongly oppose the bill SB1033 because it does not allow mothers to chose with whom they give birth and where they give birth.

This bill throws all indigenou traditional midwives under the bus. It leaves no path for experienced traditional midwives to certify without starting over.

There is NO midwifery training in Hawaii for one, secondly it is extremely expensive if going off island to train, third it does not support indigenou midwifery!

The exemption is unrealistic for traditional midwives and is very vague. It would essentially regulate the midwives out of their practice, and/or force them to practice a colonists, whitewashed, style of midwifery. For all of these reasons I oppose this bill.

Thank you for reading,

Chelle Galarza

**SB-1033**

Submitted on: 2/10/2019 3:05:34 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:



**From:** [Cheryl Burghardt](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 7:23:59 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Cheryl Burghardt

Email burgharc@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

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

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These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/9/2019 4:07:17 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
clara Ioprinzi	Individual	Oppose	No

Comments:

Aloha Senators/Representatives

I strongly oppose SB 1033 and HB 490, it is your kuleana to be educated regarding the life of our mothers and children.

<https://www.cbsnews.com/news/maternal-mortality-an-american-crisis/>

If you watch this short video you will see the high the US mortality rates for both maternal and fetal outcomes. The US is now 46th in the Industrialized nation, with women of color 3-4 times higher, that means there are 2 women dying a day in the US with birth and the fetal mortality is 43rd. Regulation of birth in the US is obviously not working.

Midwives who do not use pharmaceuticals in their birthing practice are not using medical modalities or doing medical birth. Midwives who want to use drugs already have an option to do so by becoming a CNM or OB or NP or GP.

Those who work with other modalities than pharmaceuticals are shown safer in maternal/fetal outcome as shown in the Dutch Studies and also in my birth statistics done in the MCH (Maternal/Child Health degree I obtained under Loretta Fuddy in the John A Burn School of Medicine, one of the top medical schools.

Midwives are essential for the maternal/ child health field. They are willing to provide access to maternity care for all communities, including rural communities educating and empowering women and families to experience their birth.

cooperation not confrontation works with healthier births outcomes

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**SB-1033**

Submitted on: 2/11/2019 10:37:25 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I support SB1033. It is important to license trained midwives so that the families looking for this type of support know that the person giving the care maintains a standard of education and professionalism. With out the licesnse uneducated and undocutmented "self trained" or uncertified trained individuals will be offering support that they should not. Trained Licensed Professional Midwives are an asset to the prenatal and post partum care of mother and child but only if properly trained and to find these properly trained individuals there needs to be a standard held by the state which is adheared to by being licensed just as any other health care professional is.

Mahalo

**SB-1033**

Submitted on: 2/11/2019 1:13:41 PM

Testimony for CPH on 2/12/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Connie Conover	Individual	Support	No

Comments:

**Testimony for: A Bill for an Act, Relating to the Licensure of Midwives SB 1033**

Dear Senator Rosalyn Baker and Senator Stanley Chang:

I am a Certified Nurse Midwife (CNM) in practice at a large healthcare organization in Hawaii, and I am writing to express concerns about how SB 1033 is currently written. Please consider my proposed changes, below.

I am a CNM, with a Master's degree, licensed by the Hawaii Board of Nursing as an Advanced Practice RNs. This bill will not directly affect my licensing. **However, I strongly support licensure and regulation of the other types of "midwives," such as Certified Professional Midwives (CPMs) and Certified Midwives (CMs), to promote standards of care, accountability, and safe provider choices for our Hawaii women desiring out-of-hospital births.**

As you likely know, there is currently no licensing requirement for non-CNM midwives. The term "midwife" is used broadly by many in the community, often with no formal training. The lack of public awareness that there are different types of midwives is a significant problem in our state. In addition to CNMs, who have high levels of education and are licensed, there are also CMs, CPMs, "lay/apprentice" midwives (with no formal education at all), and Naturopathic doctors without obstetric training / licensure. Most people are unaware that different midwives have vast differences in education, training, experience, and scope of practice. Our Hawaii women are not informed of this, and as a result, we continue to see catastrophic and avoidable consequences from inappropriate care.

**Please be aware that there are several CPMs who have lost their licensure in other states due to adverse outcomes who are now practicing in Hawaii.** I am concerned that Hawaii is becoming a repository for such midwives, as they can practice here without licensure, regulation or oversight.

In my 20+ years of hospital practice, I have seen heartbreaking complications (including a baby that recently died) resulting from women attempting birth outside of the hospital and cared for by a variety of "midwives." Common themes in these cases are: 1) the

woman was an inappropriate candidate for home birth due to a known condition or risk, and 2) the birth attendant did not recognize a complication developing.

The bill entitled "**A Bill For An Act "RELATING TO LICENSURE OF MIDWIVES"**" is important in promoting safer provider choices for women desiring out-of-hospital birth. However, I recommend the following clarifications / changes:

-- Provide clarity on the exact type of birth attendants this bill is licensing: the distinctions of CPM and CM should be made clear throughout the bill.

-- This bill does not apply to ALL "midwives," because CNMs are already licensed. Therefore it should be titled: **A Bill for an Act, Relating to the Licensure of Certified Professional Midwives (CPMs) and Certified Midwives (CMs).**

-- Consider organizing the bill into two sections, one for CPMs and the other for CMs. They have vast differences in education, certification, prescriptive authority, and scope of practice. Remember that CPMs have non-collegiate training/certification, and CMs have graduate/Master's level midwifery education. (CNMs, who are licensed by the Board of Nursing, are Registered Nurses with Master's degrees, licensed as Advanced Practice RNs specializing in Midwifery.)

- This bill should include a section on documentation and reporting of outcomes of women and newborns cared for by CPMs and CMs. This will provide accountability and transparency. The type of midwifery provider, place of birth and use of appropriate guidelines collectively affect the quality of care and outcomes. It is very difficult to assess outcomes and safety without reporting mechanisms. This is an important and much-needed addition to this bill.

Yes women should have a choice in their care providers, and where they want to labor and birth their babies. I just want to make it as safe as possible for them, their families, and newborns. Let's license the CPM and CMs that provide care to our women in the community.

Thank you,

Connie Conover CNM

Certified Nurse Midwife

Honolulu HI

Thank you for considering my comments

**SB-1033**

Submitted on: 2/10/2019 11:52:25 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

There should not be regulations put on midwifery practice. If a wombyn so chooses to birth with a Homebirth midwife present then that is the wombyns choice. Regulation and licensure is not going to stop a wombyn from choosing Homebirth. However it will prevent wombyn in having healthier and safer options if they are backed into a corner with slim choices for where they birth. More communication needs to happen. Bridges need to be built so that overall the birth community can thrive.



Daniel Buehler, MD  
Kahala Children's Medical Group  
4211 Waialae Ave., suite 205  
Honolulu, HI 96816  
808-732-2848  
February 10, 2019

To:

Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

Re: SB 1033 – Relating to the Licensure of Midwives  
I am writing in strong support of the bill as written.

As a medical professional it is extremely important to know that our colleagues, in any specialty, are well trained and are mandated to maintain their training throughout their careers. Childbirth is a wonderful and joyous time for the majority of us, and we as a state should do everything in our power to provide the safest environment possible to bring a new baby into this world.

I fully support the use of midwives within and outside a hospital setting and support a woman's right to choose her maternity caregiver. Licensure of midwives in Hawaii does not limit their use and opportunities, but it does provide the public with maternity care that meets a basic minimum requirement.

As a pediatrician in Kahala for 20 years who provides care for many babies born with the assistance of midwives (many of them born at home), I have had the opportunity to see the outcomes first hand. The majority of the mothers and babies have been healthy and thrived in the care of their midwives. However, I have also cared for numerous babies whose complications could and should have been prevented by recognition and timely administration of standard maternity and neonatal practices.

I currently care for multiple children with Hypoxic Ischemic Encephalopathy due to birth complications. Two of these babies were born with the assistance of a midwife at home who did not bring oxygen and standard resuscitation equipment to the delivery. More recently I cared for a baby with severe pulmonary bleeding resulting in CPR and a prolonged admission to the Neonatal Intensive Care Unit (NICU). This mother did not receive adequate counseling and the baby did not receive standard recommended care to prevent this complication. Last month I had another patient admitted to the NICU with a systemic bacterial infection that could have been prevented with recommended prophylactic medicine during labor.

Some people may say that there are also negative outcomes with babies born in the hospital with licensed medical caregivers in attendance. That is true. We may never be able to completely prevent medical complications. But, licensure of all caregivers to a minimum standard expectation will be a very strong component of improving the health of our entire population in Hawaii. And equally important, any patient in the State of Hawaii should be able to make an informed decision regarding the qualifications of their chosen caregivers.

Sincerely,

Daniel Buehler

**SB-1033**

Submitted on: 2/11/2019 8:16:35 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/10/2019 10:02:00 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

February 10, 2019

Danielle Ramos

4875 Nonou Road Unit D

Kapaa, HI 967466

808-652-2703

Re: SB 1033 Licensing of Midwifery Testimony

To whom it may concern:

I am in support of the licensing of mid-wives in the State of Hawaii. 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 when I had my two children on Kauai over 20 years ago, it was definitely not the norm nor spoken of in my circles. My family has deep roots on the island of Kauai and all of my fifty or so nieces, nephews, grand nieces and grand nephews were all thankfully born with healthy births at Wilcox hospital.

After my recent experience in my home, I realize that there are alternatives for child birth that are safe if done properly. I believe that the hospitals should be there to care for the physically unhealthy and provide delivery options for women that choose it. Home birthing is an alternative and the hospital should be there in case of complications or any abnormalities should it arise.

In short, these are the reasons that I support SB 1033:

- Protect the community by providing educational and experience requirements for the practice of midwifery.
- Provide options for women who are giving birth.
- Alleviate the demands on the hospital and medical profession especially with the shortage of physicians.

The day that my granddaughter, Uamaluhi (peaceful rain) was born was a blessing for my family and one I will always remember as we overlooked Wailua through a light mist. Thank you for your consideration of my testimony.

Mahalo,

Danielle Ramos

**From:** [Debbie O'Neill](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 12:35:44 PM

---

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Debbie O'Neill

Email [turtlegonow@gmail.com](mailto:turtlegonow@gmail.com)

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 5:56:08 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Denver Saxton Coon	Individual	Support	No

Comments:



**SB-1033**

Submitted on: 2/9/2019 10:43:46 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

My family has chosen to do homebirths for many generations and I don't believe it is right to impose a law for what they believe is the correct way. There are some spiritual and traditional aspects that is tied to home births and I don't feel it is right to neglect that. This bill is bordering medical tyranny and may cause mothers to give birth illegally if passed.

**SB-1033**

Submitted on: 2/11/2019 7:28:29 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Please see File Attached for testimony.

**SB-1033**

Submitted on: 2/10/2019 9:50:03 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Having worked in the field of Obstetrics for many years, I've seen some intense situations. I cannot express how deeply I support this bill, in that it helps normalize the care that a pregnant/laboring/postpartum woman and her family deserve, and should *a/ways* receive. I work in a highly-respected hospital, and the bad outcomes/emergencies we see are always the **shadowy fake** "midwives/doulas" who tell their patients whatever they need to hear, so that that "practitioner" can advance their agenda, and make money. These **false-midwives** don't utilize evidence-based practice; they tend to practice fear-tactics and prey on the insecurities of vulnerable women and families, who are really only looking for a safe, healthy birth, but get led down a path of lies. Please give our **educated**, talented & empathetic REAL Midwives their due, and honor them with proper licensing and protection, which will ultimately honor and protect our Mama's and their babies, with proper care. Mahalo.

**SB-1033**

Submitted on: 2/10/2019 9:18:10 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
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). 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. 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, most of which have been around for less hundred years. 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.

6. 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.

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  
10 February 2019

**From:** [Elena Skl](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 3:04:59 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Elena Skl
Email	elena_skl2002@yahoo.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

## Testimony in OPPOSITION of SB1033 - RELATING TO THE LICENSURE OF MIDWIVES

I strongly 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.

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.

I STRONGLY URGE you to stand up for WOMENS RIGHTS and OPPOSE SB1033.



**SB-1033**

Submitted on: 2/10/2019 6:53:42 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Erica McMillan	Individual	Oppose	Yes

Comments:

**From:** [Erin von der Ahe](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 7:32:46 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Erin von der Ahe
Email	eevonderahe@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community, which is a concern that WE have, for the safety of our clients. To address the concern that the state has for those whose care it is entrusted, I would like to submit my experience as a nurse in a state where this kind of bill was passed and the ongoing problems that it has caused.

What I saw as a labor and delivery nurse, who was also involved in local birth groups (doula groups, childbirth educator groups, etc) was that the mandating that traditional midwives be licensed by the state did little to improve outcomes, and actually, over time, it contributed to the trend of many women, who, for whatever reason, chose to give birth unattended. I worked in labor and delivery in a large hospital for many years and saw the results of this increasing trend. I am going to describe to you the worst one I saw so that whomever reads this can get a real, visceral, sense of what is at stake here.

A woman and her partner showed up at the emergency room, having planned an unattended birth. Their baby was dangling, feet first, from the mother's birth canal, it was not alive, and the parents had not known that the baby was feet first, and didn't know how to free the head so it could be born alive. None of us will ever forget that moment. Prior to licensing in this state, people who

choose to birth outside of the hospital had a range of providers, all of whom were trained and supervised by a strong, competent, and highly organized traditional network of other, senior midwives and some supportive doctors.

Apprenticeship and peer review systems were in place and made sure that competency and back up were in place and that a midwife had what she needed to practice safely. Once midwives were required to attain and maintain licensure, more and more women were left out in the cold because there were far fewer alternatives, and most of the midwives were forced to charge fees that many young families could not afford. Of course there were those who could, and did, choose licensed midwives. There are already midwives in Hawaii that hold national certification, for those who feel more comfortable with this option. But for the many families who, for their own reasons, choose to have traditional midwives, this option must be left open. It is NOT merely about finances. In areas where there are populations who have unique cultural needs, midwives are always, and have always been, central to maintaining this most important and sacred ceremony of birth. Prohibiting traditional midwifery is a long standing way that colonizers have used to break those they are invading. What that means is, women and families, the very seat of a culture, the seed from which it springs, is crushed.

I strongly agree with the rest of this letter, which was drafted by another person to serve as an outline for those of us who wish to write to you in opposition:

"This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states:

"Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna

convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

(My own note: there has never been an effort on any state's part to work with traditional midwives to set up a training program that is sensitive to local, indigenous populations, and make it accessible to aspiring midwives. We know that the opposite is true. We are fighting against the imposition of values that are not appropriate to this culture and will ultimately drive birthing underground and make it less safe, not more. There is ample evidence that this has happened other places where midwifery is regulated.)

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033. We

can do better! We don't need to fix a system  
that is not broken.

**From:** [Evonne Young](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:04:02 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Evonne Young
Email	vonyoung123@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: la'au lapa'au, lomilomi, and ho'oponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 10:33:39 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

Every year we come back to this bill. Women who want to birth in a hospital should be able to. Women who want to birth with a CPM should be able to. Women who want to birth with someone who has trained in some other way SHOULD BE ABLE TO.

This bill will negatively affect those whose birthing knowledge comes from places other than a western, medical school.



**SB-1033**

Submitted on: 2/11/2019 3:53:42 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

My children were born with the help of midwives and I support this bill because it will expand access to midwifery services that offer comprehensive, safe, cost-effective care to women, newborns, and families.

**SB-1033**

Submitted on: 2/9/2019 2:38:14 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Please find my testimony on behalf of Bill SB1033, a bill to license Midwives in the State of Hawaii. I am a 67 year old woman who has known so many mothers over the years who have chosen an at home birth with great success as well as those who have chosen a midwife to be present for their Hospital birth. I believe that an at home birth is a choice that any parents should be able to make and will continue to make!

As the population of midwives in the island increases, so does the chance that really anyone, can claim to be a midwife, with little oversight and protection for parents. This has, and will continue create a dangerous life or death situation for mother and child.

The bottom line is that there will always be at home births and that there should be licensing for midwives who will attend to these births.

Please pass this bill! Protect life itself! We auntys are counting on you!

Sincerely, Gail Simmons

**SB-1033**

Submitted on: 2/10/2019 7:53:48 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Oppose.

Thank you for listening.

Aloha

**SB-1033**

Submitted on: 2/11/2019 10:19:43 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

To Whom It May Concern,

I am writing to **oppose SB 1033** on behalf of myself and my two young children - both born at home with the support of midwives (one licensed and the other not).

I chose to birth at home because I am a healthy woman of color, which means that my chances of a healthy birth are statistically shown to be GREATER if I birth at home than in the hospital.

I chose the practioners I did because they supported my vision of healthy, peaceful births and had the knowledge I believe to be important (including but not limited to: basic medical knowledge, years of practice, cultural sensitivity, personal experience, and excellent interpersonal skills). Thus, being able to choose a cultural or community-supported midwife is important to me because many of the women I'd choose from don't value a Westernized-Anglo education and licensure.

I believe that birth is a normal physiological function that we as powerful women are born with. I also believe that my body is *my* business, and that **as a woman I have every right to choose where I birth and with whom I birth**, should I choose to have anyone around at all. This is not something I am willing to compromise on, and if I were not allowed to have the practitioners I chose at my births, I would have done it at home with just my partner and mother.

Although this bill looks as though there would be a cultural exemption, there is no current kupuna council for oversight. It doesn't protect any other cultural/indigenous practitioners or traditional midwives, nor is there a bridge of any kind to include them. This bill would criminalize many women who have given their lives to serve their community with knowledge passed on to them--much of which unattainable in classrooms. It would not give these practitioners the same respect, opportunities, or support to succeed in the practices that are crucial for birthing women of color (read: those who have been shown statistically to need the most support at birth).

Furthermore, there is no current pathway in our state to receive the recommended training/certification in this bill, making it unattainable and unrealistic, especially for local women. This would discourage local women and women of color from pursuing this

important path; at best it would encourage our most dedicated island practitioners to leave their communities and for many people from other places to emigrate here.

What our state, our cultures, and our communities need is more culturally-appropriate care, especially when it comes to birth, where women of color have the highest rates of intervention and negative outcomes. We need practitioners who have been taught technical and medical skills, yes, but also who possess the cultural capacity to hold space for a mother during the sacred rite-of-passage that is birth.

I do not believe that this bill will offer that to our state.

Because I always believe that I should never oppose anything without offering a suggestion for a better alternative, I will say that I think a remedy to this bill would be to make legislation and licensure optional. This would not criminalize anyone but would allow individuals to carry on their indigenous practices, give women the power of autonomy in choosing where and with whom they birth, and still give Western-trained midwives access to the things they desire through this bill.

Thank you for your time and consideration. I do hope you think of the well-being of *everyone* when sorting through this bill.

**SB-1033**

Submitted on: 2/10/2019 11:27:02 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I am in support of this bill and making midwifery a regulated profession in this state.

**From:** [Sharron Cushman](#)  
**To:** [CPH Testimony](#); [patrickroyfan@gmail.com](mailto:patrickroyfan@gmail.com)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 6:19:26 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Sharron Cushman
Email	reikimastertaichivhiah@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.



**SB-1033**

Submitted on: 2/11/2019 10:23:55 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

I was born at home in the state of Hawai'i, and I oppose this bill. I believe that it is the mother's right to be attended by whomever she chooses. This bill creates artificial restrictions on who can attend births because the bill is a product of a medical culture that not all of us belong to.

Mahalo for your consideration.

**From:** [Holly Holland](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 9:34:04 AM

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### **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Holly Holland
Email	hpitcher99@hotmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I STRONGLY OPPOSE SB 1033 which would require licensure of midwives.</p> <p>Mahalo for the opportunity to testify on this. Please do not pass SB 1033.</p>

**SB-1033**

Submitted on: 2/10/2019 12:47:44 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**As a mother who has given birth at home I believe it is important to be able to practice birth in the way the mother chooses so long as it is safe. Homebirths with the accompaniment of a midwife with the correct equipment is completely safe and many mothers are able to practice their cultural and religious practices through them. If this bill is passed you are deliberately taking that freedom away from many mothers throughout the islands. Please consider revoking this bill on behalf of culture, religion, and the basic rights that make the islands the “melting pot” that it is. Thank you for your time.**

**From:** [Jade Kealoha](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:47:28 AM

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### OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Jade Kealoha
Email	kamalei_kealoha@yahoo.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 10:27:31 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jan ferguson	Individual	Support	Yes

Comments:

I strongly support SB 1033. I have been a Certified Professional Midwife since 1995.

In the years since certification became available, the profession of midwifery has grown exponentially, both in availability of quality education and in expansion of the midwifery model of care all over the world.

By licensing midwives in Hawaii there will be increased access of services, ensure a standard of care and address the need for care providers in under served areas of our state.

Legislators might be surprised to know that many of their constituents assume that Hawaii already regulates midwifery. For consumers the expectation when they seek the services of someone who identifies as a midwife is that they have proven core competencies and skills. Licensure of midwives in Hawaii will go a long way to meet those expectations.

I have lived in Hawaii for almost 50 years. I have deep respect and gratitude for the unique diversity of cultures on these islands. I see nothing in this bill that limits or restricts the implementation of any cultural practices that serve mothers and babies under the care of a midwife. Licensure would not take away the cultural aspect of care rather ensure the quality and accountability of the midwifery aspect of care.

I urge you to pass SB1033 and have 2019 be the year for licensure for midwives in Hawaii

Jan Ferguson CPM

**SB-1033**

Submitted on: 2/11/2019 10:09:21 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Dearest honorary Committee Members,

I am writing this testimony in OPPOSITION to SB1033

I will be happy to elaborate these points in my spoken testimony. However I realize you will have limited time to read all the testimony regarding this bill, so I will make quick points below.

First and foremost, I must state that as a woman and a mother, and a conscious citizen of the world, body autonomy and reproductive freedoms are paramount when looking at a bill such as this. These are basic human rights.

Problems with the bill itself:

1. The redefining of the word midwife to suit a specific type of education (or in this case 3 types of education) directly interferes with the history and tradition of midwifery and ancient practices which precedes certification for thousands of years. The specific titles of CM, CMP, CNM speak for themselves and they are "subcategories" of Midwife. There are more than 3 subcategories of Midwife. The state is in dangerous territory when it attempts to erase historical content by redefining words in order to institutionalize a natural physiological process, which precedes the written word and is common grounds for ALL existence.
2. This bill will relocate/displace the majority of Hawaii's current and trusted home birth midwives from their own families and the families they serve by forcing them to obtain certification elsewhere. There is no direct pathway to becoming a CM in the state of Hawaii (there are only 6 states which recognize this pathway for certification), and the number of approved preceptors for CPM certification is extremely limited. In turn, replacing our current Midwives with Midwives from the mainland United States, who don't understand the nuances of Hawaii's distinctly unique cultural and demographical variables is direct colonialism. This is dangerous legal territory between the State of Hawaii and the Kingdom of Hawaii. It becomes dangerous for families to be served by a practitioner who is not invested in the community, eroding skill sets and trust that has been built on the backs of our mothers and grandmothers for generations.

3. The exemptions surrounding this bill are not only restricted, but the way they are written promotes racism, separatism, and infringe on religious freedoms which is completely unconstitutional. Stating a Traditional Midwives (which is redefined as a Traditional Birth Attendant within this bill) can only align with their practice within a certain culture, simply does not make sense. Any person could have several different cultures or cultural belief systems that they align with. Your culture is NOT your ethnicity, so who defines culture? Same with religion. Who defines religion? Must it be organized religion or are spiritual religious beliefs considered? Restricting a midwife or a mother to only work within the confines of a certain religious belief system is unethical and unconstitutional.

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 5 months. Families due in the fall, with their now growing babies have chosen their midwives. This would be a direct disruption of care and does not provide a reasonable timeframe to even attempt to complete or obtain ANY of the education or certifications deemed suitable in this bill. It likely outlaws the trusted midwife that has delivered their previous children and forces many of these families, and those in the next several years to come, to chose a birth plan that doesn't suit them or a midwife who may not understand or align with the family.

5. This bill promotes ONLY the medical model of midwifery which does not serve all people. Despite the institutionalized birth model pushing their agenda, the families of Hawaii have come together and stated 5 years in a row, they want CHOICE, not limitations! They want their current Traditional Midwives to serve in their communities AND they want others to have access the birth and attendants they desire as well. The people of Hawaii want to coexist! And with Hawaii's rich and proud culturally diverse population, we have the unique possibility to do just that!

**SOLUTIONS ARE POSSIBLE!** Here are just a few...

1. If this bill is truly intended 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 access and be able to practice to their fullest extent and scope...AND...leave the rest out! There doesn't need to be dangerous and demeaning exemptions if it only pertains to those 3 particular pathways to midwifery.

2. In 2014 Senator Josh Green brought to light that this is a deeply complicated subject in Hawaii and suggested creating a task force to look at the unique variables involved in this type of legislation. In 2017 Senator Roy Takumi deferred HB2184, stating a Task Force inclusive of ALL stakeholders (medical model, traditional model, and families receiving the services) was NECESSARY for any further laws to be introduced regarding this topic. This Task Force has yet to convene amongst the various practitioners and community members, yet another unpopular bill has been



introduced. It is time for this conversation to happen! Year after year, these one sided attempts are a waste of everyone's time and energy.

3. Consider a self regulatory body. In an attempt to address concerns, Hawaii Home Birth Collective has risen! All of Oahu's Home Birth Midwives (inclusive of all factions, NDs, CPMs, and Traditional Midwives) as well as several Midwives from the neighbor islands have joined together in support of the diverse needs and desires of the community members receiving the services. Within the collective, there is an Elder's Midwife Council, there is a grievance process, there are gatherings to promote continued education and peer review. HIHBC requests transparency in statistics, disclosure of training/education of the practitioners providing service to families, while encouraging and empowering families to be educated, informed, and responsible for their decisions in the care they are choosing to receive.

I will wrap it up here, but I DO look forward to the opportunity to represent my own family in addition to the midwives and families looking for a way to COEXIST at tomorrow's hearing.

Thank you for taking the time to genuinely look at this subject with a humane heart and mind.

With Aloha

Jaymie Lewis

Home birth mother of 2

Kailua Resident for 13 years

TO: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

DATE: Tuesday, Feb 12, 2019

PLACE: Hawaii State Capitol, Conference Room 229

FROM: Jennifer Chin, MD

**Re: SB 1033-Relating to the Licensure of Midwives**

**Position: STRONG SUPPORT**

As a current third year obstetrician/gynecologist resident physician with the University of Hawaii and a member of the American College of Obstetricians and Gynecologists, I strongly support SB 1033 for the following reasons.

I joined this profession because I believe that women make up the backbone of our society. It is thus imperative that women's health be at the center of this bill. Women have a right to safe, healthy pregnancies where qualified skilled providers are in charge of their care. Women also have the right to know the credentials of the providers they choose for this extremely important and sometimes dangerous time of their lives.

I am still in the middle of my training and know how tirelessly the physicians around me work to ensure that every single patient is taken care of to the highest standard of care. We spend 12 years of our life training for our profession, countless nights studying the intricacies of the human body, and many, many hours perfecting our ability to care for all women. We also make personal sacrifices to obtain the best education possible for our profession. I know that licensed midwives feel the same way and we are all working toward a common goal.

We understand that not every woman wants the exact same birth experience. It is a moment that she will remember forever and of course she wants to have the best birth experience possible. SB 1033 ensures that women will be able to choose what type of birth they want, while knowing they are in safe, capable hands. This is not a bill about taking away choice, but about giving women the information they need to make an informed decision. We are not forcing anyone to choose a physician. Women are free to choose their provider regardless of the outcome of this bill. However, they need to know the true credentials of their provider.

All of us physicians are required to publicly report our credentials and are held to a very high standard of practice. Similarly, the International Confederation of Midwives has set forth standards and criteria that need to be met by midwives who want to become licensed. I support this process because it leads to transparency and standardization for women seeking care from midwives.

In conclusion, I support SB 1033 because it empowers women to have safe, healthy pregnancies and make informed decisions about their providers. This bill would provide a channel for midwives to become licensed under a standardized set of criteria, thus creating a diverse set of licensed health care

providers for pregnant women seeking care during their pregnancy. Please join me in supporting SB 1033 to ensure the safety of all women in the state of Hawaii.

Thank you for allowing me to testify.

**SB-1033**

Submitted on: 2/9/2019 11:25:24 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Jennifer Mitchell](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 12:09:00 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Jennifer Mitchell

Email gethawn@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 8:21:41 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Regulation of all midwives in Hawaii is necessary to protect the safety and lives of women and newborns. As stated in the Auditor's Report No 17-01, home births are increasing in Hawaii as well as the rest of the United States and currently 28 states provide licensure for non-nurse midwives.

Let us not wait until the State is sued before we take action. Additionally, it is the right thing to do to protect Hawaii's people and our future. Thank you.

TO: Senator Rosalyn Baker, Chair, Committee on Commerce, Consumer Protection and Health  
Senator Stanley Chang, Vice Chair, Committee on Commerce, Consumer Protection and Health

DATE: February 12, 2019

PLACE: Hawaii State Capitol, Conference Room 229, 415 South Beretania Street, Honolulu, HI 96813

FROM: Jenny Foster, CNM, Ph.D, MPH, FACNM, FAAN

RE: SB 1033

Dear Senators Baker and Chang,

My name is Jenny Foster, and I am currently a resident of Manoa. I testify in **strong support of SB 1033**. I have been a midwife for 36 years; I retired from Emory University in Atlanta, Georgia in May 2018, where I was the Director of their Midwifery Education Program. I also was embedded for five months at the World Health Organization's Collaborating Center for Midwifery in the Americas at the University of Chile. From 1985-1988, I served as the first midwife to practice at Molokai General Hospital.

There is now global recognition via a substantial scientific literature that midwifery is an important cadre of health professional who can contribute to the survival, health, and wellbeing of childbearing women and newborn infants in all countries. The core competencies of midwifery care are well articulated by the International Confederation of Midwives, the professional association that represents midwives in 113 countries. In the United States, certified nurse-midwives, certified midwives, and certified professional midwives are *all* educated in these global competencies.

Beyond basic education, though, regulation through licensure and strong professional associations provides midwives the ongoing support they need to ensure good midwifery practice. Because of the great benefits midwifery care provides, more women in Hawaii need access to skilled, professional midwifery care. Currently, in Hawaii, nurse-midwives are already licensed under the Board of Nursing by DCCA, as advanced practice registered nurses practicing midwifery (APRNs). Certified professional midwives and certified midwives, who are skilled professionals also educated in the global competencies described above, now have the opportunity to be recognized by licensure via **SB1033**. Overall, the advancement of midwifery as a profession will provide more women with access to the high quality, women-centered care that midwifery provides. In sum, the reason I support the passage of SB1033 is that it strengthens midwifery and thereby supports more women and their families who need them.



**From:** [Jessica Pojas](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:59:22 AM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Jessica Pojas
Email	jess.pojas@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

COMMITTEE: Consumer Protection and Commerce

Date: February 12, 2019

Time: 9:00 AM

Place : Room 229

RE; SB 1033

Honorable Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair

My name is JoAnn Farnsworth and I am a member of The Hawaii Maternal and Infant Health Collaborative. I am in support of SB 1033 which would establish the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. It will provide for rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. If passed this legislation will enhance access to perinatal services throughout the state, specifically in rural communities where access is most challenged. Additionally, it will enhance consumer choice and safety for mother and infant.

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governor's Association. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawaii have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

As noted in the 2017 Auditor's Sunrise Analysis, <http://files.hawaii.gov/auditor/Reports/2017/17-01.pdf>, midwives provide a service that impacts public health and safety and should be regulated. Establishing education and practice standards for the profession of midwives should help improve safety of births in the community. By recognizing midwives as a profession, licensure will create opportunities to improve relationships between midwives, medical providers, and hospitals. Improving these relationships should help identify births that need advanced medical care sooner and improve transfers of high risk pregnancies to medical providers and hospitals.

In order to enhance consumer protection and provider choice the Hawaii Maternal and Infant Health Collaborative supports requiring midwives to have documented education, national certification and meet the definition of "midwife"(per the International Confederation of

Midwives).

We also believe that midwives should participate in data collection and peer review to ensure a process for quality improvement is in place. And that midwives should practice within their scope based on and consistent with their education and national certification, and abide by all state and federal laws that relate to their practice (birth records, HIPAA, record keeping/documentation, etc.).

**SB-1033**

Submitted on: 2/9/2019 6:16:29 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

i oppose this bill for licensure of midwives because it will block access to traditional midwifery care as well as obstruct the ability of traditional midwives to offer this type of care

**SB-1033**

Submitted on: 2/11/2019 12:05:24 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/11/2019 9:41:48 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I am from Hawaii. Born and raised here. All 3 of my children (2012, 2013 & 2015) were born at home, with a midwife.

Please continue to allow Hawaii voters to have all of our different options. We are asking for birth autonomy which demands different practices for different people. Accordingly, we oppose the bill as is.

The Hawaii Regulatory Licensing Reform Act makes it clear that Hawaii should provide only the minimal level of regulation necessary to protect the public.

Licensure should be used only as a last resort as it is the most stringent form of regulation available in the state. Licensing fees, costs or religious, personal, or philosophical reasons will cause a number of midwives to not seek license. It will result in limiting the cultural/traditional/religious midwifery passed on from generation to generation here in Hawaii, and limit native Hawaiian woman's rights and reduce options for all Hawaii mothers interested in a midwife-assisted home birth.

These are the Specific Amendments that I am asking to be made to this bill:

1. No redefining of the term "Midwife". Midwives existed millinea before the obstetric or medical midwifery model.
2. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners to the language in SB 1438 "consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law." Or simply ask that all practitioners provide a disclosure stating education and experience.
3. Take out the section that restricts Certified Professional Midwives from practicing as a cultural/religious practitioners. They can be both.

4. Oppose the bill as is and ask to amend it into a DCCA (Department of Commerce and Consumer Affairs) Midwifery study. Collect statistics and decide on legislation after accurate stats are collected.

5. Create a Task Force bringing together the three different models of birth care for the benefit of our Hawaii Families to help in the promulgating of rules and scope of practice:

-Obstetrical

-Medical Midwifery

-Professional/Traditional/Cultural/Religious Midwifery along with representatives from the birthing community.

Please, no passage of these bills in their current forms! Thank you.

Respectfully, Joshua Friebe



**SB-1033**

Submitted on: 2/10/2019 11:27:33 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Juan Astorga	Individual	Oppose	No

Comments:

I am speaking today as a man, married to a woman that is pregnant with our child and we want to birth at home. To see a woman and baby be free to birth, not just be delivered, is the way that is best for them, which for me, means safest for them. My wife trusts herself, she knows herself. To be given the space and security to experience birth in all its waves. To tune into herself as her baby tunes into her to make their big arrival and experience the most complex transition our bodies as humans will experience. I trust my wife's and my baby's bodies are much safer guiding themselves throughout this transition than a medical industry that has no sensitivity, no self awareness, no ability to tune in and ask, "What does THIS mother need?" or "What does THIS baby need?" but instead force feeding their own agendas and timelines...that is risky business, that is unsafe practice and that creates fear for my loved ones. Keep your sterilized regulations, your "college says" and your institutionalized and therefore narrow standards out of my healthy confident instinctual perfectly unpredictable wife and child's birthing synchronization. The current model of pregnancy and birth is not working, the United States ranks second to last in in the world of developed countries for maternal and infant deaths! These types or statistics have made us afraid to go to a hospital and birth our child.

My wife and I made an informed decision to have our baby at home with a midwife. Our certified professional midwife is our guide through this journey, and has empowered my wife and I. She allowed me to connect more with baby and mom throughout the pregnancy. The reassurance we receive from her, that I can deliver the baby, makes me feel excited, powerful and proud. A feeling every man should feel. I know she is fully qualified and capable of delivering my child, and will continue to do so for many families.

This is a decision that all present and future mothers and fathers should be free to make for themselves and their children and not be restricted by another's choice or idea of what is best. If this happens you are robbing us of our choice. The government needs to not regulate home birth and the providers. As a man it is important for me to protect and provide for my wife and family, and taking the choice from me to birth at home is hindering me me to do just that.

Juan Astorga

**SB-1033**

Submitted on: 2/10/2019 9:32:00 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Judith I Ojukwu	Individual	Oppose	No

## Comments:

My name is Judith Ojukwu and I live in Honolulu, Hawaii. As a home birth consumer, I have actively relied on the support of the midwives and the community in which it comes from. I recognize that Hawaii does not have the funds to support a licensure office which would detract from the real needs of the state.

**From:** [Juliana Koo](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:22:31 AM



## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Juliana Koo
Email	jhawaii8@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Ka'i'iniokapu'uwai Herrick](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 7:02:43 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Ka'i'iniokapu'uwai Herrick

Email mauithery@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

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The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 9:49:06 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha

My name is Kamaka Jingao and I am the father of a 14 month old daughter, who was born at home in Kailua. It was the most amazing experience any father could have, watching his wife give birth to his daughter on the land that they live on.

I am in opposition of SB 1033 as it stands.

In the future if we have another child, I would like to have to choice to decide who attends the birth and who assist in the process of welcoming the baby.

Please oppose SB 1033 as it stands

Mahalo,

Kamaka Jingao

**From:** [Karalyn Tukuafu](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 6:52:01 PM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Karalyn Tukuafu
Email	nalanitukuafu@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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



The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 8:16:47 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/10/2019 4:51:21 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Karli King](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:02:36 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Karli King
Email	kingbirths@aol.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 7:21:23 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

My name is Katelyn Higgins, I live on Schofield Barracks, and I am writing you in opposition to SB1033.

I personally feel the effective date is unreasonably soon ([July 1, 2019](#)), I am currently “due” mid June but my previous two pregnancies went to 42 weeks exactly. With the current midwife I have chosen and feel most comfortable with if I go to close to 42 weeks or beyond to let my baby come on it’s own I would have to choose to have my baby with the midwife I have chosen illegally or have no birth professional present. As you can see that is not stress that a pregnant family should have to deal with.

There is no pathway for experienced midwives to get certified, which means that many midwives who have been practicing for decades would be forced out of business, or would have to completely start over in their training. (The NARM pathway for experienced midwives is set to discontinue in December of 2019: <http://narm.org/equivalency-applicants/experienced-midwife/> )

Thank you for your time,

Katelyn Higgins

**From:** [Kayce Pearson](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 6:08:19 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Kayce Pearson
Email	moontreemidwifery@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.



## TESTIMONY IN OPPOSITION to SB 1033

Respectfully submitted to the authors, Chair, Vice Chair, Senators who submit this bill:

Aloha, Thank you for your interest in promoting midwifery in Hawaii. I believe Hawaii has the opportunity now to present to the legislature a succinctly written bill/ plan with the intention of improving maternal and infant outcomes in the state of Hawaii, increasing public/consumer/and professional awareness of the role of the midwife in that goal, and providing access for the education, training, and regulation of midwives and the profession. In my opinion, SB 1033 does not approach that goal.

However, now is our opportunity to simplify and specify, with inclusion/provision for all, by offering a clarity of terms/titles, defining and making available access to educational routes, experience opportunities, creating accountability, regulations, licensing for those who so desire, a framework for community awareness of the various aspects of midwifery care, and those who provide it, etc. Many working models of midwifery care exist in the states; Hawaii's uniqueness adds special consideration - preserving traditional cultural ways amidst interfacing with modern medical world in the many facets of women and children's health care.

I attach below also my letter IN OPPOSITION to the last bill presented: the issues and arguments deserve repeating as they remain the same.

I am Kathe Gibbs, Licensed Midwife, and am in OPPOSITION of this bill for midwifery licensure. I support licensure, but this bill as written is incomplete with certain inaccuracies and inadequacies. I participated in the legislation process for regulating and licensing midwives in Washington State in 1981, and again in California in 1995. I was in the first group of midwives who were licensed in both states. Legislation was complex process, entailing many committees, drafts, hearings simply due to the complexities and differences in the demographics, culture, social determinants of health that exist in each state. Hawaii is unique also.

First, it presents as a bill to establish mandatory regulations and licensure for CM's and CPM's via the 2 pathways identified. I have been a Licensed Midwife by the Department of Health (Washington state) and the Medical Board (California) and practicing since 1981, thus pre-dating the NARM pathway to midwifery and MEAC accreditation. Since this bill addresses only CM's and CPM's it excludes me from licensing, that is to say, that with my level of education and experience/excellent outcomes, there is no place for me to practice within this bill. I suggest a reciprocity avenue, or a 'grandmother' clause to include such practitioners as myself.

Next, the Native Hawaiian Healer per Papa Ola Lokahi exemption begs for clarification. The inclusion of the indigenous, traditional midwife, in order to preserve their knowledge, skills, and experience of these midwives I believe is crucial to best serving the people of Hawaii; exemption/inclusion?

And, the Board: I think the Board of Midwifery to be established should include both consumers and professionals in the field of maternal and infant care; this means consumers, midwives, perinatal nurses, OB's, neonatologists, pediatricians, public health officials for the most comprehensive input and guidelines to be drawn re: regulation and practice of midwives in this state.

Finally, I feel strongly about women's rights to choose their care providers and location of care in this childbearing years as a inherent right, with clear choices via designated certifications, or informed consent, to increase the availability of safe care for all.

Hawaii is one of the last states to recognize and regulate the licensure of midwifery practice. In order to avoid reinventing the wheel so to speak, we may do well to look at other states which have successfully licensed midwives, and the pathways therein. In so doing, we will find the components of the Board, educational requirements, regulations for licensing and practice with standards of care for which each midwife is accountable, improved statistics and outcomes, and proven substantial financial savings for the state.

Hawaii therefore is in a position to create a bill more comprehensive and evolved than this one, which can serve the complex demographics and traditions of the people, by being an example of the highest standards of education, regulation and licensing, producing then practitioners and standards of care that meet Hawaii's maternal and infant health care goals.

**SB-1033**

Submitted on: 2/10/2019 11:04:17 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha nā ,

As a Native Hawaiian mother, birth worker, and community member, I am in OPOISITION of this bill for various reasons. The first is that birth is sacred and flows in autonomy with the birthing mother. In no way should the government have the right to intervene in the process of this birthing mother's rights on WHERE she will birth and with WHO she chooses will support and assist her. For those who choose licensure regulations, they have the option to have an OBGYN in a hospital. For those who choose to have a home birth midwife, they have the option to have a midwife to birth at home. Until Hawai'i accepts the utilization of a legal birthing center, this is not the appropriate time to regulate our existing midwives who need not have a certain licensure according to people who are not in this community. Please understand and consider that all we truly want is for our mothers to have the right to choose where, how, and with whom we want to birth. When our mothers are empowered, our families are empowered, our children are empowered, and our keiki are our future leaders. It starts with us. Mahalo for your time and consideration.

Aloha piha

**SB-1033**

Submitted on: 2/10/2019 7:18:59 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

It is absolutely an individual's right to choose how and with whom they give birth. Birth practices and birth is a sacred right and it should never be criminalised to bring your child into the world the way you wish.

**SB-1033**

Submitted on: 2/10/2019 7:08:25 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I oppose this bill because I believe it is a woman's right to decide how and where she gives birth to her child and do not believe it should be up to the government to decide this for her.

**SB-1033**

Submitted on: 2/10/2019 8:40:16 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I am in opposition to this Senate Bill 1033 and the mandatory licensure of Midwives.

**SB-1033**

Submitted on: 2/9/2019 7:53:24 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Kuuleinani Maunupau](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 4:03:33 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Kuuleinani Maunupau

Email kuuleinani69@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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



The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Kii Kahoohanohano](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:11:07 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Kii Kahoohanohano

Email hokulani23@hotmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 8:55:29 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

IN OPPOSITION

Aloha honorable chair Baker, vice chair Chang and committee members,

My name is Kristl Woo and I am in opposition of SB1033 as it stands. As someone who has been a part of birth world since 2007 as I assisted mothers & their families in the capacity of a doula, I've seen how important it is for a woman/mother to decide what kind of birth experience she would like whether it be at home or in a hospital. I've seen how as she researched what was available to her, how it empowered her to make the best decisions for her baby, family & her body and it made her more knowledgeable and responsible for the decisions she made. As SB1033 stands, it would eliminate these opportunities for a mother to make her own decisions because it will limit her options and basically mandate her choices. It takes responsibility and choices away from a mother and families and weakens them and partly instills a fear that women do not know their bodies best.

Please oppose SB1033 as it stands. Thank you for your time and service.

Mahalo,

Kristl Woo

**SB-1033**

Submitted on: 2/9/2019 12:34:36 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

OPPOSE

Consider these amendments:

1. No redefining of the term "Midwife". Midwives existed millinea before the obstetric or medical midwifery model.
2. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners to the language in SB 1438 "consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law." Or simply ask that all practitioners provide a disclosure stating education and experience.
3. Take out the section that restricts Certified Professional Midwives from practicing as a cultural/religious practitioners. They can be both.
4. Oppose the bill as is and ask to amend it into a DCCA (Department of Commerce and Consumer Affairs) Midwifery study. Collect statistics and decide on legislation after accurate stats are collected.

Create a Task Force **bringing together** the three different models of birth care for the benefit of our Hawaii Families:

- Obstetrical
- Medical Midwifery
- Professional/Traditional/Cultural/Religious Midwifery along with representatives from the birthing community.

Mahalo nui loa!

**SB-1033**

Submitted on: 2/9/2019 7:30:40 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/11/2019 1:58:44 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I have had three friends safely deliver their babies under the care of traditional midwives.

Traditional midwives have a role to play. For high risk pregnancies, of course the mother should go with the care of an ObGyn, but since low-risk pregnancies generally go very well and unassisted births are not illegal, allowing women to birth under the expert care of a traditional midwife helps fill gaps in care due to physician shortage and would entice mothers who otherwise wouldn't approach the medical establishment to access maternal care.

Requiring midwives to receive education outside Hawaii in order to become a CPM is only going to decrease the accessibility of this field as well as the number of midwives in the state without much or any increase in safety in return. If safety is your biggest concern, streamlining home-to-hospital transfers and discouraging physicians from firing patients who choose midwifery care would be great places to start.

Please allow these midwives to continue fulfilling their role in the community and continue giving women a choice of who assists with their care during pregnancy, labor and postpartum.

Mahalo nui.

**SB-1033**

Submitted on: 2/11/2019 6:41:29 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

This bill is off to a good start, but AS WRITTEN, will outlaw traditional or non-medical midwives, which will make homebirth difficult or near-impossible. As a home birth attendant, I want others to have that option. I feel it is the right of all women to decide how and where I give birth, and to decide who I want to assist me.

The so-called 'exemption' for traditional 'birth attendants' (not even allowed to be called midwives) puts severe restrictions on anyone practicing as a midwife, or assisting with a homebirth. Therefore I oppose the bill. "Traditional birth attendant" NEEDS TO BE defined in the bill. Who will decide who is and who is NOT a 'traditional birth attendant'?

This bill AS WRITTEN will restrict, not support, home birth access for women in Hawaii. Much like outsourcing our medical and educational needs, we could lose sight of the very experienced community of birth workers already here on the islands and not force them to leave for more education, or change careers because insurance won't cover their services.

Signed,

Laura Dvorak

Hilo, HI



**SB-1033**

Submitted on: 2/10/2019 6:44:53 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I choose to have my children at home with a midwife present and think this bill restricts the care that I want and need during homebirths. It would make homebirths more risky without the proper personal available to us homebirthers.

**SB-1033**

Submitted on: 2/10/2019 11:35:34 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I strongly support SB1033 and urge CPH to pass this bill.

I believe that midwives, as defined by the International Confederation of Midwives and certified nationally, should be recognized in Hawaii and allowed to practice to their fullest scope. Currently as an advanced practice registered nurse under the certified-nurse midwife speciality, I am allowed to practice to the full scope of my education and training in Hawaii. I want that for other midwives here in Hawaii so that clients can access safe midwifery care(per midwifery standards) in the capacity clients desire.

2/12/2019

To: Senate Committee on Commerce, Consumer Protection & Health  
Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair  
Conference Room 229  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Leah Hatcher CPM

Time: Thirtieth Legislature Regular Session of 2019  
Tuesday, February 12, 2019

TESTIMONY IN STRONG SUPPORT OF SB1033, RELATING TO THE LICENSURE OF MIDWIVES

Dear Senator Baker, Senator Chang and committee members:

Thank you for the opportunity to testify in strong support, of SB1033. I agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated.

My situation is that I'm currently being investigated for practicing medicine without a license. I have been a midwife for over 21 years. The letter I received from RICO states that: *"...you may be practicing medicine by offering prenatal care, newborn care, and perinatal medical care. According to the informant, you do not limit your practice to "comfort of the mother" during labor as a "doula". You also inform patients about status of pregnancy, the health of the baby..."* This has been a terrible assault on midwifery, on myself and on the families that I work with. I have asked Rico as well as the HI Medical Board Executive Officer to please tell me what I'm doing that is practicing medicine so that I may differentiate it from practicing midwifery, because I desire to stay in compliance with the law. (I believe that I have been in compliance with the law.) No one can give me an answer to my question; because the practice of midwifery is not defined in our law.

I implore you to please define and regulate the practice of midwifery.

I have a unique perspective on licensure. I learned the art of midwifery the old fashioned way, in an apprenticeship with an elder midwife from 1995-1998. I considered myself a "traditional midwife". Eventually I became licensed in 2007, when it became the law in my former state. I had not been in favor of licensure because I was afraid, like many others, that licensing would over-regulate midwives. On the contrary, it was a great improvement.

Some of the benefits I experienced from becoming licensed:

- the ability to contribute to society with my gifts and skills without the risk of being charged with practicing medicine without a license
- the ability to collaborate with other care providers because they recognized my license to practice
- Access to laboratory services, life-saving medications and insurance reimbursement.
- Access to improved educational opportunities, updates from state agencies and the public health department.

The benefits that families experience with licensure are also very important:

- There will be established standards of skill level, education, record keeping and disclosure on the part of any potential licensed midwife they are considering.
- Improved access to care, financial assistance for the costs and a complaint process for unsafe practices in the community.
- Better birth outcomes!

I provide to my couples orally and in writing: my Standards of Practice, Informed Disclosure of Midwifery Care, and informed consent documents about prenatal testing and procedures. Collaborating physicians also see my standards of practice, which delineates when I will consult, when I will initiate transport to a hospital, as well as what are prohibited practices that I will not do. This helps couples to know exactly where I will draw the lines in our working relationship. This is true informed consent.

SB1033 uses the International Confederation of Midwives definition of a midwife. This definition is accepted throughout the world and by all U.S. national midwifery certifying bodies and professional organizations. I believe that women in Hawai'i deserve the opportunity to work with a midwife who has demonstrated nationally recognized competencies.

I believe that licensing midwives will increase their integration into the healthcare system, which has been proven to improve birth outcomes, including increased breastfeeding, vaginal deliveries and vaginal birth after cesareans, and decreased interventions and neonatal death.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523> .

Mahalo nui loa for the opportunity to testify.

With Aloha,

Leah Hatcher CPM

Resident of Kauai

**From:** [Leialoha Lani-Montira](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 1:32:38 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Leialoha Lani-Montira
Email	alohakoukeiki@yahoo.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 2:44:08 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I strongly support SB1033 and demand that the State of Hawai'i pass this legislature to require licensing for all practicing midwives.

Having supported friends at three births where licensed midwives were present, I know firsthand how important it is that birthing women are afforded not just adequate medical support, but truly skillful midwifery to aid in the most important task on earth: The absurdly difficult transition of bringing a human from a womb into the world. Requiring licensure for midwives is the only way to ensure that all birthing women receive the skilled, practiced, and imminently insightful care they deserve.

By passing SB1033, you not only ensure a safer world for women and their families, you ensure a healthier Hawai'i. The time is now.

**SB-1033**

Submitted on: 2/10/2019 1:13:25 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Colonization, patriarchy, all of it is relevant in relation to birth, because they have impacted how we view birth.

But I think at the core of THIS matter is that there are a group of women whose birthing choices would be NEGATIVELY impacted by this bill. Therefore, how can it be a good thing?

Women who want to birth with practitioners who are state-regulated should and totally do have that option—it's called a hospital.

Women who want to birth with those who have hundreds of birth experiences but are not regulated by the state should and do have that option—usually, they birth at home. SB 1033 will remove our rights to choose these kinds of practitioners.

We need conversation, not regulation. We need open hearts and open minds—and we need to realize that it's not just about us, but about our children and their children, because this will affect them all.



**SB-1033**

Submitted on: 2/10/2019 11:00:09 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
lizel zeager	Individual	Oppose	Yes

Comments:

Aloha,

My name is Lizel Zeager. I am a new mom of two healthy baby TWIN boys. As I write this, they are turning 15 months old this week and absolutely thriving! I owe it to my team of FOUR incredible midwives who were present for my home birth in November 2017 to share my perspective with you.

As an Occupational Therapist, mother, AND a consumer of homebirth midwifery services, I am NOT asking for the regulation of these practitioners as I honestly don't believe regulation will make consumers safer. Personally, as a homebirth consumer and a woman who has worked as a professional in the Western/conventional world of medicine, I do not perceive a safety benefit to regulating a field that already self regulates itself and supports the human mind, body, and spirit during the childbirth process. Every woman, family, pregnancy, and circumstance is unique, different and special.

I know how important it is for a mother to maintain her freedom of choice to birth with whoever she chooses and wherever she chooses. I also understand that how, where, and with whom a woman births is a personal choice and I strongly believe it needs to remain that way. I actually think that keeping the regulations OFF the midwifery practitioners would lead to safer, healthier, and happier birth experiences for all moms and babies involved!

To be honest, I had a different team of women planning to be present at my twin home birth, however, 3.5 weeks before I hit 40 weeks, my intuition (or my babies!) told me to make a switch. I felt a little uneasy going into my first birth not having someone specific present. Had I not had the freedom to choose who I wanted to have there by my side, my home birthing experience would have been completely different. I gave birth 3 weeks early at 37 weeks (which is the first week considered full-term for twins), plus one of my boys was actually born in-the-caul! IT WAS SO COOL!!! Having 2 of the midwives present who weren't on the original team made my birthing experience, and especially my recovery period, a million times more manageable. Also, having my midwifery team of four amazing women allowed me to feel so safe and secure while in labor that I was able to let go with ease, have a wonderful out-of-body experience, and birth my twins at home (without medical interventions) during my incredibly short 8-HOUR LABOR!!!!!!

I had a healthy home delivery of two healthy twin baby boys with the support of 4 different kinds of midwives. Two of which will no longer be able to legally practice should this bill pass. I was accompanied by a cpm (the only kind of midwife that would be licensed according to this bill) a naturopathic physician (who would be able to keep practicing legally as Hawaii licenses ND's) a biblical midwife, and a traditional midwife. I know in my heart, and the rest of my family knows too, that we had the \*ultimate\* birth team with us as we welcomed our twins into this world.

I am so grateful for being able to voice my needs to choose and handpick my midwifery birth team. It reduced complications for sure and allowed both boys to exit through the birth canal calmly and safely. Everything is energy and we are all connected!! These women are the most amazing women you will ever meet and my hope is that they will continue to be allowed to bring in more beautiful baby Souls into the world here in our beautiful state of Hawaii. We are creating our future here, as we speak!

Please rethink allowing this regulation to go through. It is limiting and instills separation, fear and lack into the birth world, which is the last thing our pregnant moms and babies need at this most crucial time!

I absolutely love my birth story and hope that all women here in Hawaii can be empowered and allowed to choose their own midwives to be present at their birth. I would love for more women here to be happy and excited when sharing their own birth stories in the future too!

It means a lot to me, my husband, and my twin boys for you to read my testimony and allow it to be shared with everyone present.

Mahalo nui loa,

Lizel Zeager

REGULAR SESSION OF 2019

Hearing date February 12, 2019 at 9 am Room 229

RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable CPH Chair Baker, CPH Vice Chair Chang and committee members,

Thank you for the opportunity to testify regarding SB 1033. I am optimistic that we are continuing to create a Hawai'i we can feel good about and call home. The Hawai'i I know and love is a melting pot of different cultures, ideas and perspectives where people are continually challenged to co-exist, practice tolerance and mutual respect, and embrace one another with the "aloha spirit." My name is Dr. Lori Kimata, I am a fourth generation Hawai'i resident, 13 yr graduate of Punahou School, BA from UCLA and Doctorate from NUNM, and have been practicing Naturopathic Medicine and Midwifery for thirty years.

Although there are many problems with SB 1033, I will only mention a few of the key problems here and suggest specific amendments at the end.

First page one line 12-17 re-defines the word "midwife" to satisfy only ONE particular model of midwifery care, the medical midwifery model implying other midwives now do not exist or "should" change to be more like them, disregarding the actual meaning of midwife which is "a person who assists women in childbirth," first known use of midwife in 14<sup>th</sup> century.

Right from the beginning of SB 1033 there is a lack of understanding of the different kinds of midwives that are here serving different segments of the Hawai'i community. This bill implies that being a midwife means adhering to a medical midwifery model rather than a traditional/cultural midwifery model. This bill will make it illegal for traditional midwives to call themselves what by culture they and their communities have called themselves for millennia.

Pages 19-21 of this 43 page bill exempts "a traditional birth attendant who is a person without formal education and training" etc (line 11-21 and all of page 20). This once again illustrates that the writers of this bill lack an understanding for who traditional midwives are. Definition: "A traditional midwife is traditionally trained and educated through a program or system distinctly different from the discipline of nursing." This does NOT imply "no formal education and training." Does the legislature believe there are no other formal trainings for midwives other than certified or nursing programs? Clearly midwives have had formal customary ways of passing knowledge down through the generations. These midwives are practicing from a more traditional midwifery model, and they for religious, personal and philosophical reasons choose to practice in a different model other than the obstetrical or medical midwifery model. They believe that they are ultimately accountable to the communities they serve, that midwifery is a social contract between midwife and client and that women have a right to choose their care provider. If the legislature must define a traditional midwife, perhaps they can use the definition provided here?

Page 21 lines 1-4 imply that if you are a certified midwife or have been one you cannot be a traditional midwife as well. Once again this is restrictive. A certified midwife may choose to practice the traditional midwifery model rather than the medical midwifery model and why would the legislature want to restrict this?

I am curious why the writers of this bill did not consult the traditional/cultural midwives or the home births midwives on Oahu to avoid coming to this conflict during a hearing? All the home birth midwives on the island of Oahu and many from outer islands belong to the Hawaii Home Birth Collective, a self-regulating, home birth organization with representatives from ALL midwifery pathways, and 100% of members are opposing SB 1033 because of many of the reasons stated here.

There are no actual Hawai'i statistics to show that the traditional midwifery model is unsafe. The legislature and the community both deserves clear education. More education, less restrictions. Everyone needs more education about options, obstetric options and procedures, medical midwifery options (hospital/insurance controlled), as well as traditional/cultural options. Full disclosure and full transparency is the best for all.

I am asking you as legislatures to allow these different pathways to co-exist for the safety and birth autonomy of our people.

I am asking for this bill to be amended as follows:

- 1) Take out the re-definition of midwife (page 1 and page 4-5)
- 2) Define CNM, CPM, CM, Traditional/Cultural midwife. Do not define "midwife" or if a definition is necessary use the original definition of it.
- 3) Include in the definition of "midwife assistant" and "qualified midwife preceptor" a person who is assisting or training under a traditional/cultural midwife, not only the medical midwifery model.
- 4) Change all the restrictive language of the traditional/cultural exemption to say simply "A person acting as a traditional/cultural midwife must disclose their education and training to their clients and make it clear to them verbally and in writing that they are not licensed by the state and their qualifications have not been reviewed by the state."
- 5) Remove lines 1-4 on page 21. Allow certified midwives to also be traditional/cultural midwives if they so choose.

Once again I oppose SB 1033 as it stands and am optimistic together we can come to a place where different models of midwifery can co-exist for the safety, health and birth autonomy of the people of Hawai'i.

Sincerely,  
Dr Lori Kimata, ND Midwife

**SB-1033**

Submitted on: 2/10/2019 4:46:46 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lydia Doublestein	Testifying for American College of Nurse Midwives, C-MAC	Support	No

## Comments:

As a practicing Certified Midwife (CM) and member of the Committee for Advancement of Certified Midwives, a committee of the national organization for Certified Nurse-Midwives and Certified Midwives (ACNM), I ABSOLUTELY SUPPORT SB490.

1. SB1033 will increase access to maternity care and improve maternal/newborn outcomes.
2. Passage of this bill allows for expansion of the midwifery workforce by licensing and regulating midwifery.
3. Licensure and regulation protects the public.
4. The bill provides for full-scope practice, to the level of the midwife's education and certification.
5. Licensing CMs will increase access to primary and reproductive healthcare, including family planning services.  
[journals.plos.org/plosone/article?id=10.1371/...](https://journals.plos.org/plosone/article?id=10.1371/...)

**SB-1033**

Submitted on: 2/11/2019 3:47:22 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I am a certified nurse-midwife and I support this bill! It will expand the midwifery workforce and will increase access to maternity care which is desperately needed to improve maternal and newborn outcomes.

**From:** [Marcie Ahana](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:38:23 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Marcie Ahana
Email	marciemoo.ahana@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.



**SB-1033**

Submitted on: 2/10/2019 6:01:00 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mari Stewart	Individual	Oppose	Yes

Comments:

**I stand in Opposition to SB1033 in its current form.**

**SB-1033**

Submitted on: 2/10/2019 4:06:31 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

To the honorable members of the Hawaii Senate:

I am writing in support of this bill as a Certified Midwife, a member of the ACNM's Committee of Midwife Advocates for Certified Midwives, and a board member of New York State Alliance of Licensed Midwives,

SB1033 supports midwives working to the full extent of their education, certification, and scope of practice. Supporting midwives means more support for mothers, babies and families.

- Appropriate licensure and regulation improves safety women and their families.
- Increasing access to high quality maternity care improves maternal/infant health
- Midwives provide high quality primary care and reproductive healthcare
- Licensure of CMs helps to expand the midwifery workforce and increases the public's access to high quality, evidence-based care,

Respectfully,

Marian Seliqini, CM, MS

**From:** [Maricela Kempf](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 12:29:21 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Maricela Kempf
Email	maricela.kempf@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 9:43:26 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**Dear Committee**

**i strongly OPPOSE SB1033 FOR SEVERAL REASONS.**

**HERE IS ONE AND THAT SHOULD BE ENOUGH TO LET THIS BILL DIE.**

**This is totally unconstitutional and borders on racial and religious discrimination. What defines a "distinct cultural or religious group"? It is illegal to determine who one serves on the basis of race or religion, and requiring midwives to do this is simply outrageous. Many traditional practitioners are specifically prohibited from such discrimination.**

**Warmly,**

**Martina K. Maui**

**SB-1033**

Submitted on: 2/9/2019 10:32:54 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

As an Advanced Practice Registered Nurse with a certification in Pediatrics I believe this bill will cause confusion among the public. Basically it will make the practice of a 'licensed midwife' the same as that of a APRN Nurse Midwife. How is the public to distinguish between a Nurse Midwife and a Licensed Midwife if they are defined to have the same practice under the law. Midwives who in the past have been classified as 'lay' midwives did not need to use any of the drugs in the proposed formulary and were known to support and encourage natural birth processes. There should only be one classification of midwife in the state of Hawaii and that is Nurse Midwife. That is why the regulations were allowed to lapse and licensure was moved to the Board of Nursing. Allowing confusing regulations is a danger to the public. Please do not allow this bill to move forward.

Mary Kawasaki MSN, APRN, CPNP

1224 Luna Place

Honolulu, HI 96822

808-523-7468

**SB-1033**

Submitted on: 2/10/2019 10:14:06 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Midwives perform a very important service for our community for women that want to have natural and home births. Regulation and licensure of this practice will will improve maternal and infant healthcare in the state. It will allow better oversight and barrier-to-entry to the profession, thereby creating better outcomes and cooperation with hospitals and insurers. In short, I wholeheartedly support this bill and hope you see its merits too. Thank you!

**SB-1033**

Submitted on: 2/11/2019 7:18:57 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I support the licensure of midwives. They have a much-needed role for the many women who choose and have the right to choose birth with midwives.

Please support the licensure of midwives and help to enrich the birth choices women in Hawai'i have!

Megan Deets



**SB-1033**

Submitted on: 2/11/2019 8:58:09 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melissa Walsh-Chong	Individual	Support	No

## Comments:

I am in strong support of SB 1033. I practice as a traditional midwife on the island of Maui, I am a homebirth Mom of three children. I support this bill as written. I look forward to Hawaii joining the many other states that have recognized the CPM credential along with opening up opportunities for mothers through recognition of the CM.

**SB-1033**

Submitted on: 2/10/2019 8:37:10 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

I fully support this bill, as its time for Hawaii to have licensed midwives that can legally offer their services to the public and be labeled as professionals with protocols and high standards of care.

Its time that the public be educated about midwives and what they offer to the public and how they are a part of women's care.

Its important for this bill to pass so there is continuity of care when referring over to OB's for high risk pregnancies as well as continuation of care when transporting from a home birth to the hospital.

I am in support of bill SB1033

Sincerely,

Merrily Daly CPM, RN, CLNC

**SB-1033**

Submitted on: 2/10/2019 1:19:12 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Mikey Gamboa](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:19:10 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Mikey Gamboa

Email rasmikey@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 1:14:31 PM

Testimony for CPH on 2/12/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
MonaLisa Riordan	Testifying for 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 recently had a safe, fast and wonderful delivery at home with my midwife team. And I believe every woman has the right to choose where she delivers her child and the birth support team or person she wants in support of her pregnancy, delivery and post-partum care.

(2) The requirement for NARM certification for licensure is unnecessary and unreasonable for residents of Hawaii. The cost would be prohibitive and limit the number of licensed practitioners in Hawaii.

Thank you for considering my testimony to support the OPPOSITION of passing this bill in Hawaii.

Sincerely yours,

MonaLisa Riordan

**SB-1033**

Submitted on: 2/11/2019 5:03:44 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Hawaii birth testimony 2019Feb11

RE: SB 1033 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 (HB 2184 HD1) for the following reasons:

\* this bill damages traditional practices of many cultures and interferes with women's right to choose their attendant.

\* this bill is EXTRAORDINARILY restrictive; it imposes regulations GREATER than (and more restrictive than) the regulating bodies it cites (ACNM, NARM, MANA, and others);

\* it reduces access to care (especially on neighborhood islands) by reducing the number of midwives;

\* it imposes western medical standards;

\* it imposes medical standards PERIOD! (birth is not a medical event and non-nurse midwives are necessarily NOT medical providers);

\* it harms traditional cultural birth practice in order to impose rule on other midwives;

\* Native Hawaiians should have the right to choose their traditional birth attendant of choice, regardless of whether that birth attendant has been certified by western medical standards;

\* studies show that homebirths usually lead to fewer complications and interventions (per study <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>, <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12165/abstract> );

\* this bill does not contain a realistic local pathway for local midwife licensure;

\* there are many more problematic characteristics of this bill.

In summary, this bill is a danger to mothers and babies (the people the bill supposedly will protect).

Hawaii is one of the remaining unique places where birth is sacred. Please help keep it this way.



**SB-1033**

Submitted on: 2/9/2019 12:28:20 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/9/2019 2:40:01 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**SB-1033**

Submitted on: 2/10/2019 9:50:43 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I STRONGLY OPPOSE testimony SB1033.

It is our right as a mother, parent, caretaker to choose how we want to labor and birth our babies.

Please do not take that away from us. I have had two hospital births and knew I would never want to go through that again. It felt scary, routine, sterile, and cold. My last (third) labor and delivery, I had my child at home with the support of my midwife and husband. The most amazing, empowering, comforting, decision I have ever made.

**SB-1033**

Submitted on: 2/11/2019 5:14:19 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Noelani Ahia](#)  
**To:** [CPH Testimony](#); [patrickroyfan@gmail.com](mailto:patrickroyfan@gmail.com)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 6:32:31 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Noelani Ahia
Email	jennahia@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 11:37:17 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I, Noelani Love, a native Hawaiian mother and birth educator, am in opposition to this bill. As written, this bill would not truly allow traditional (lay)midwives to practice fully as midwives. All women should be allowed the opportunity to choose where they birth and with whom, as long as they feel safe and supported. Birth is NOT a medical practice, but rather a natural bodily function, and should not involve the state or governmental authorities. The experience of child birth, as well as other humans attending birth, has been around since the beginning of mankind, and does not need to be treated as something that needs certification or licensure. Before hospitals, women chose who they surrounded themselves with during the birth process in the privacy and comfort of their homes.

For the midwives who are currently practicing homebirth in Hawaii, this bill, as written, would make many of these midwives unable to practice legally, because they would need to become further certified. Currently, there are no midwifery schools in the state of Hawaii, so the option to birth at home with very experienced homebirth midwives would not be as accessible.

The U.S. has some of the highest infant and maternal mortality rates compared to other developed countries, and some of the lowest homebirth rates. Interesting statistic to consider. Please consider allowing those who wish to birth at home to choose who attends them without it becoming a matter of the state.

Mahalo from an empowered woman who birthed my child naturally in the comfort of my home 11 years ago,

Noelani Love

Sunset Beach, North Shore, Oahu

**SB-1033**

Submitted on: 2/9/2019 1:33:59 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

As a Maui born and raised resident, and mom of 3 (2 homebirths attended by a traditional midwife) I support this bill.

My first born son was an attempted homebirth but we had to transfer into hospital care.

We need licensure, legitimacy, and respect of birth attendants and professionals.

I support this bill because I support the mothers right to informed consent and access to the best healthcare possible.

Please vote Yes on this bill so we can start seeing some positive changes in maternal care in Hawaii



**SB-1033**

Submitted on: 2/11/2019 4:42:52 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Regular session of 2019

SB1033 Hearing date 2/12/2019, room 229, 9:00am

Testimony in OPPOSITION

Honorable Senate CPH Chair Baker, Vice Chair Chang, and committee members Keohokalole, Nishihara, Ruderman, Thielen, and Fevella

SB1033 is unnecessarily restrictive and culturally insensitive.

There are already limited medical services offered on all the islands besides Oahu. How would eliminating over 1/4 of our states currently practicing midwives create a safer birth for the rural families they serve.

I quote, "Candidates whose first language is not English, it might be helpful to focus on the activities that will enhance verbal skills and reading skills." To use a certifying test that is only given in English is racist and exclusinary of the many cultures that make Hawai'i their home.

Please OPPOSE SB1033

Mahalo,

Paolo Morgan.

**From:** [Patricia Brubaker Brubaker](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 8:08:44 AM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name Patricia Brubaker Brubaker

Email pyb@hawaii.edu

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 8:16:59 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

My family and I strongly oppose SB1033. It significantly restricts our rights to choose best available midwife services for childbirth, pre-natal, and post-natal care.

Also since there are no certifying schools for midwives in Hawaii SB1033 is not practical and creates an extreme burden for midwives looking to get certified, as proposed.

We had an excellent home birthing experience with a non-certified, but highly experienced midwife in Honolulu less than a year ago and we would do it all over again.

We strongly oppose SB1033

**Rachel Curnel Struempf**

**Gentle Beginnings Midwifery**

**Kailua-Kona, Hawai'i**

**(808)990-8025**

Regular Session 2019

SB1033 Hearing date 2/12/2019, Room 229, 9:00am

Testimony in **OPPOSITION**

Honorable Senate CPH Chair Baker, Vice Chair Chang and committee members

It has been my honor to serve the women of Hawai'i since 1995. The ohanas I work with are primarily low income and many live in very isolated, rural parts of Hawai'i Island. I am deeply concerned with the wording of SB1033. If this bill passes, I currently do not meet the licensing requirements. SB1033 is not only unnecessarily restrictive but it is both culturally insensitive and unabashedly discriminatory to non-English speaking midwives.

Childbirth is a normal biological function. The birthing parents who decide to birth at home have the constitutional right to choose the midwife that can best suit their individual needs regardless of her educational pathway to midwifery. To limit the legal status of non-certified midwives in turn limits the right of choice. I feel this is a violation of an individuals right to body autonomy.

The Hawai'i Regulatory Licensing Reform Act states, "*Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons.*"

Yet the very certification test SB1033 requires is *only given in English*. In a state so rich in cultural beliefs, this eliminates virtually ALL of the midwives who do not speak English as their primary language.

There is only one testing facility in the state that can administer the 8 hour written NARM test.

This bill only recognizes one educational pathway for the traditional midwife, attending a MEAC accredited school. Unfortunately, at this time there are only 10 schools in the country which meet these requirements, none of which are located in Hawai'i. While some of these schools do offer a distance learning option, it still requires the student to physically fly to the school multiple times a year. This distance option also requires working with a qualified CPM preceptor. At this time there are fewer than 10 midwives who meet the MEAC preceptor requirements in the state.

At least one quarter of the state's midwives will not be able to seek licensure without additional seeking additional credentials. The implementation date of July 1, 2019 is unrealistic and has the potential to leave many women without a care provider at the most vulnerable time in their pregnancy. This date also leaves absolutely no consideration for the midwives who will be forced to comply with the costly and lengthy additional certifications in order to even apply for licensure.

SB1033 is very problematic. The exclusion of non-certified midwives is very disrespectful. It is insulting to presume that just because a midwife does not hold a certification she is "without formal education and training" when their practice pre-dates certification. How do you ask a midwife of 35-40 years to not call herself a midwife or carry lifesaving equipment or antihemorrhagics? How do you legally limit a midwife to only work with ohanas of her culture or religious affiliation and who determines what culture a midwife identifies with. Most traditional midwives in Hawai'i have a rich multi-cultural heritage as do their clients.

Instead of passing unfair, restrictive, and discriminatory legislation please consider changing SB1033 to implement a task force or a working group. Bring ALL sides to the discussion and help us find common ground. Or better yet, engage the Hawai'i Homebirth Collective, Mama Hawai'i and the Hawai'i Midwifery Council in a discussion about their plans, already in the works, for a council of the states elder midwives to oversee complaints and help facilitate a more respectful working relationship between the holistic and medical birth professionals.

Please Oppose SB1033

Mahalo for your consideration in Opposing SB1033,

Rachel Curnel Struempf, DEM

**SB-1033**

Submitted on: 2/10/2019 11:57:35 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**Good morning Chair Baker, Vice Chair Chang, and members of the Health Committee.**

I come before you this morning in **opposition** to Senate Bill 1033. I am now a retired attorney and the mother of three grown children born at home in Hawaii with traditional midwives. Both of my two midwives are still practicing 27 years later, and have safely and expertly helped countless families with their births. Both were traditional midwives, trained and apprenticed, with years of birthing experience by the time I hired them.

SB1033 seeks to license all midwives in this state, with a purported exemption for “Traditional Birth Attendants.” However that exemption is so narrow and so restrictive that most midwives assisting at homebirths would no longer be able to practice without violating the law. Thus, a woman intending to give birth at home will be hard-pressed to find a midwife to help her.

If the intent of the bill were simply to certify and license certain midwives, I might be able to support it. But the bill claims to offer an exemption from the licensing requirement for “traditional” midwives. This section is extremely restrictive and will eliminate most “traditional” midwives by the definition alone:

- Who will determine who is, or is not, a “traditional birth attendant”? The State of Hawaii? The medical establishment?
- Why are traditional midwives limited ONLY to assisting women (quote) “only in that “distinct cultural or religious group”?”
- How can it be legal in 2019, in Hawaii, to force anyone to limit their services to a particular ethnic or religious group?
- How do I, or my daughter, or my granddaughter find a midwife that fits my/our cultural or religious group? Given the cultural/ethnic mix in Hawaii, how could anyone?
- Traditional midwives can’t have any formal education or training and still be considered a “traditional” midwife? My midwife DID have wonderful training, it just didn’t involve nursing school. It involved training and assisting with hundreds of births in a southern birth center.
- What are birthing women going to do if this bill becomes law on July 1st and their midwife does not fit the restrictive description of a “traditional” midwife?

Did I struggle during the 1970s for the right to control my own body, only to learn now that the State can forbid me from using a midwife of my choosing? (A woman can choose to have an abortion but can’t choose her own midwife?)

If the intent of this bill is to enable Certified Professional Midwives (CPMs) to be licensed in order that they can write prescriptions and bill insurance companies, then please limit the scope of this bill to the licensing to CPMs. Other alternatives to this bill might include:

- an online registry of all midwives’ qualifications to provide true informed consent for pregnant women
- a Task Force which includes birthing mothers’ voices

I urge you NOT TO RESTRICT traditional midwives from providing a much needed service to birthing mothers throughout Hawaii.

**Please uphold women’s right to choose, and vote NO on SB1033 as currently written.**

For: Honorable Senate Commerce, Consumer Protection, and Health  
Committee Co-Chairs Roslyn Baker and Senator Stanley Chang  
and Committee Members,

Hearing: February 12, 2014 @ 9:00pm  
Conference Room 229

RE: SB 1033 - Relating to Midwifery

### IN OPPOSITION

My name is Rebekah Stewart Botello.

I am a woman. I am a wife. I am a mother of four, and perhaps, in the future, a mother of more! I am a highly educated professional with 4 collegiate degrees, two of which are Master's Degrees. I am a Pastor. I am a registered voter in the State of Hawaii. I am a doula, childbirth educator, and student midwife. I am a life-long Homebirth Advocate.

I have sacrificed many hours of precious sleep in order to read the entirety of SB 1033 with all of its flaws and draft this testimony you are about to read. Why? I believe so strongly that you are on the brink of either making the BEST decision for the people of Hawaii or a most disastrous one! I have given up time with my husband, my young children, and others in order to come here to stress the VITAL RESPONSIBILITY you have to terminate SB 1033 and any bill that is related to it currently or in the future (Note: related House Bills). There is no way in this written or verbal testimony that I have the time to state all my objections to SB 1033. Suffice to say, there are many. For brevity, I am compelled to limit my comments, but be assured, these comments express only the bare beginnings of my vehement opposition to this bill!

From the time I was a child, I knew I would birth my children in the privacy, sanctity, and safety of my home. The bill you are proposing, SB 1033, is an affront to my personhood, to my intelligence and education, to my citizenry, and to the future of my children and grandchildren. Should my testimony be limited by time constraints, let me detail the five most important reasons why I STRONGLY OPPOSE SB 1033 and any related House Bills.

**OPPOSE SB 1033:** To support all mothers birth choices. OUR Bodies! OUR Babies! OUR Births! This is not a CONSUMER DRIVEN BILL! Your responsibility is to represent Consumer Choice. And SB

**OPPOSE SB 1033:** Because currently here in Hawaii we have cultural, traditional, and religious midwifery models available to all. These time honored practitioners have



passed on their wisdom from generation to generation. If enacted, this law could make them illegal by helping anyone outside their faith. This is Unconstitutional!

**OPPOSE SB1033:** Because it asks the State to impose obstetrical and medical midwifery on Hawaii birthing mothers while claiming that non-medical practitioners have no formal education.

**OPPOSE SB1033:** Because the medical community does not own the word “Midwife” and if enacted, cultural, traditional, and religious can be prosecuted if they call themselves “midwives”.

**OPPOSE SB1033:** Because there has not been any Hawaii Birth Data submitted to prove the allegation that Hospital Births are safe and Home Births are dangerous.

**If you haven't already done your research, let me reiterate the TRUTH. Homebirth is sacred and safe - if not safer than hospital birthing.** Homebirth operates on a midwifery model of care and not a medical model.

Hospital birth trends show rising cesarean rates, indiscriminate use of induction and augmentation techniques, rising medication usage, rising fetal distresses, and more. This is not for me! This is not for many women who prefer natural childbirth at home.

My first birth occurred when I was almost 36, my second at almost 38, my third child at age 39, and my fourth at age 40. Because my age (over 35), the Medical Model of birthing would have classified me, according to ACOG, as “high risk” even though that is completely false!

Let me tell you of my glorious birth experiences that contradict all uneducated claims that homebirth is not safe!

My first labor was 5 hours with an active delivery time of 26 minutes. My second labor was 1.5 hours with an active delivery time of 10 minutes. My third labor was only 2 hours and an active delivery time of 6 minutes. I caught my daughter with my own two hands. And my 4th baby was born in her first trimester directly into heaven. These incredible birth experiences validated what I have been raised whole life to believe and what I have been educated to understand is true: Homebirth is safe. Homebirth is beautiful. Homebirth is sacred. Especially now, I would NEVER CHOOSE a hospital birth experience for myself. This bill narrows maternal choice and gives control of Experienced Midwives to Medical Practitioners who do not have a clue as to the intricacies and efficacy of the midwifery model.

Under these ridiculous definitions, mothers who would otherwise choose a midwife they deemed safe and qualified would be forced to give birth in a hospital, a place where

they would feel an overwhelming sense of fear and anxiety, thus hindering them from giving birth safely and naturally. This is simply unacceptable!

If passed, this bill would require, not merely suggest, a woman, such as myself, to be examined by a medical physician even though I am in excellent health and have no medical indications otherwise. Again, this is simply unacceptable!

This bill could require me to deliver possible future children in a hospital setting if I was having a VBAC, twins or other multiples, or if my baby was not in the vertex position!

This bill could compel me to undergo medical interventions that could jeopardize my health, my safety, the health and safety of my unborn child, and possibly subject me to even further interventions such as a cesarean birth which I would never choose unless my life depended on it! How is this acceptable? It is not!

This bill would violate my medical privacy by requiring any possible homebirth providers I would speak with to report my "intent to give birth at home" to the State Department of Health. Yet I say again, this is simply unacceptable!

For centuries upon centuries and even till today, woman all over the world give birth at home surrounded by those who love them and with whom they have close personal relationship. Hospitals do not provide loving, long-standing, personal relationships. You know that. I know that.

The pomposity of the American Medical Society to believe that the medical model of birthing is superior to the midwifery model and homebirth model is preposterous. The Homebirth model of childbirth cannot be viewed, understood, or regulated by the Medical Model of birth, just as our American culture cannot be viewed, understood, or regulated by any other culture. They are simply just not the same! They are not related!

Dr. Wah Kai Chang, my great grandfather, was a well respected homebirth doctor in the early 1900's. He would be appalled by this ludicrous legislative proposal. He delivered more babies at home in his distinguished career than were ever recorded. He raised my grandmother to believe in the beauty and sanctity of homebirth. She, in turn, passed this legacy to my mother, a highly skilled birth advocate, who raised me to believe in the beauty and sanctity of homebirth as well. And this unshakeable belief is what I will pass to my two sons and my daughter.

Hospital birthing does NOT prevent all fetal or maternal injury or death. To propose such is inane! In fact, many a woman and child has been injured or even killed because of obstetricians with aggressive birthing practices. Let's be real! Unforeseen emergencies happen in hospitals, as they do in homebirth settings as well. Let me again emphasize the words - UNFORESEEN emergencies. That's all they are. Unforeseen.

Hospitals are designed to treat maladies, sicknesses, terminal conditions. Pregnancy is NOT a sickness and birthing is NOT, in its purest form, a medical procedure. It is a natural process of life that NO ONE can control nor should try to control or regulate.

If passed, this bill would potentially force me to have my personal health care reviewed and that of my unborn child to someone who is “certified” by a medical board rather than allowing me to trust my birthing experiences to a highly trained, highly prepared, highly experienced Naturopathic Doctor as well as my mother who has had 42 years of attending births as a doula and student midwife. This is simply, unacceptable!

Moreover, if I want to experience my own “planned home birth” with ABSOLUTELY no one there to “assist” me, that is my right! It is my body. It is my child. No one “assisted” me in getting pregnant in the first place. With the exception of my husband’s participation, I did that all on my own, thank you! I didn’t need any help to birth my four children, and I don’t need any help to birth any other children I may choose to have in the future.

The only birthing assistance that I would feel the need to personally request would be in the case of an unforeseen emergency where I feel my life or the life of the child I am about to birth is in eminent danger.

Other than that, I do not want nor require the assistance of any other human being. MY body is pregnant. MY body was designed to conceive, grow, and deliver a baby. And the fact that I need to stress that point here today is quite astonishing to me! If I invite anyone to my birthing experience it is because I value their presence at the sacred event, not because I require their help. I simply, don’t.

**To another important point, it is audacious for the Hawaii State Legislature to pass laws that have legalized abortion - the premeditated termination or, dare I say, murder of live unborn fetuses - and then turn around and attempt to legislate the birth procedure for women who have chosen to keep their babies alive long enough to birth them.** While there are some of you on this committee who are Pro-Life, there are some of you who are Pro-Choice.

To those who are Pro-Choice I say, it makes no sense whatsoever that you will support abortion rights yet want to tell a women where to birth her child if she has chosen NOT to terminate her pregnancy. I repeat myself again. This is unacceptable!

According to current Hawaii State law, any woman can have an abortion up to week #24 of her pregnancy. Imagine that even when I could feel my 4 children kicking, punching, squirming in my womb, I could have decided to terminate their life! Medicare even pays for abortions here in the State of Hawaii. Moreover, minors under the age of 18 can get an abortion without even notifying their parents or guardians!

To those of you who are Pro-Life, I plead with you! You cannot in good conscience give any credence whatsoever to this bill. You must fight for a woman's right to birth the life inside of her in a way that is conducive to her own educated understandings and to her own moral, ethical, and spiritual beliefs as much as you have fought for the right of a live fetus to live and not be aborted!

**Finally, SB 1033 is NOT about women's health.** It is about control and, as far as I can tell, rests heavily on egotistical, self serving, and pompous thinking as well as gross misinformation and misrepresentation of the truth of homebirth efficacy and safety.

It is not the State Senate's prerogative, nor anyone else's prerogative, to legislate how I care for my own body and what happens in it. Aside from how I nourish and care for my own body, the greatest decision I can make in regards to my body is whether or not I choose to have children, and if so, where, when, how, and with whom I choose to experience the birth process!

SB 1033 far overreaches the scope of any kind of legislative authority and responsibility granted to the Hawaii State Legislature by the United States Constitution. It doesn't protect women's rights. It destroys them. I respectfully remind you that is your sworn duty as public servants and elected government officials to uphold the Constitution of the United States, a document I have read more than once!

**THE UNITED STATES CONSTITUTION:  
ARTICLE VI**

***Section 3: The Senators and Representatives before mentioned, and the Members of the several State Legislatures, and all executive and judicial Officers, both of the United States and of the several States, shall be bound by Oath or Affirmation, to support this Constitution; but no religious Test shall ever be required as a Qualification to any Office or public Trust under the United States.***

No where in the Constitution does it give the legislative branch the right to control the bodies of American citizens!

If you are going to tell women when, where, and how they can or cannot birth their children, will future bills be proposed to legislate WHICH women are and are not allowed to conceive? Will you attempt to tell women, like myself, what I can and cannot eat while I am pregnant? Will you attempt to legislate breastfeeding and mandate that women only feed their infants baby formula? Where does it end? Women's bodies, MY BODY, is my own. It is my own property. It is sacred. It is private. No governing body can ever never change that.

Killing SB 1033 bill doesn't force women to have planned homebirths. No. Women who want to birth in hospitals still can do so. Killing this bill will do what is right - protect the

right of ALL WOMEN to choose the appropriate avenue of maternity care for themselves.

As a free born citizen of the United States of America, I do not need to document or prove to anyone what my personal maternity choices are. It is no one's business except my own. No obstetric health care provider, ACOG board, medical board, State Legislator, or any other single person has any right to dictate my personal "standards of antepartum, intrapartum, or postpartum" care nor demand that I show proof of such.

Home birth is a deeply cultural practice that is both respected and honored. We are all descended from an ancestor who gave birth at home. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

In closing, it is horrifying to think that under this proposed bill, my friend and trusted advisor, Naturopathic Doctor, Lori Kimata, as well as my mother who is a 42 year veteran Birth Advocate, doula, childbirth educator, and student midwife, could be prosecuted or penalized under SB 1033 for being present to support me or others in childbirth experiences simply because they had different faith! How is this acceptable? It's not! If the "gray areas" of this bill could be further extended to prosecute or penalize my husband, other family members, or friends who are aware of my choice to have a "planned homebirth experience" and choose not to "report me to proper authorities," I am equally horrified!

Should my husband and I choose to birth any further children following the proposed date for SB 1033 to take effect, you can be assured that we will birth them in the privacy, sanctity, and safety of our own home with a MIDWIFE OF OUR OWN CHOOSING. Do not deny us that right to choose homebirth regardless of whether or not it matches the "medical standards" proposed by this outlandish bill.

If the numbers of people calling, writing, or otherwise testifying to oppose this bill don't meet your expectations, don't be fooled! There simply has not been enough time given for people to find out about this disadvantageous piece of propose legislation and to voice their concerns. Should you choose to give SB 1033 a longer chance to be viewed and discussed by concerned citizens of Hawaii, you will undoubtedly hear more voices of opposition. You must listen! You must do what is pono!

You MUST VOTE NO regarding something you are likely woefully misinformed on!!! I implore you to do your own extensive research on the safety and efficacy of homebirth here in Hawaii, in America, and across the world. I implore you to trust the experts!

Who are the experts? Not any Senator or others who only have experience in the Medical Model of Birth.

Trust the experts... Mothers like me, Homebirth Doulas, Midwives, and Educators who have countless years of experience as their foundation for assisting mothers, fathers, and children.

If you do your research well, if you trust the experts and not those who perhaps have ulterior motives, I believe your conclusions will lead you to no other conclusion than this...

SB 1033 bill is bad for women/mothers, bad for children, bad for men/fathers, bad for our State of Hawaii and our future generations!

If you pass this bill, please know this. You are NOT an advocate for women. You are not an advocate for children. You are NOT an advocate for the mothers, fathers, and children of today or generations to come. You are not advocates for your own children and grandchildren's rights to choose the maternity care that is appropriate for them.

I implore you. Kill this bill TODAY. Do not allow governmental bureaucracy to infringe on women's rights to care for their own bodies in the way they see fit, to choose the maternity care options that are right for them as individuals, and to follow their own moral, ethical, and spiritual beliefs about pregnancy and childbirth.

Thank you to those on this committee who have the intelligence, courage, and foresight to kill this bill immediately! Thank you for protecting my right to birth any future children that I may choose to have in the privacy, sanctity, and safety of my own home and with those who I choose to invite to my birthing experience. Thank you for protecting the right of my children's and grandchildren's rights to do the same when their time comes to grow a family of their own.

I am - we all are - relying on you to do the right thing. Terminate SB 1033 and and related House Bills. Stop trying to pass this kind of legislation. It's unnecessary and unwanted by the very people you swore an oath to represent.

Respectfully,  
Mrs. Rebekah Stewart Botello

**SB-1033**

Submitted on: 2/10/2019 2:57:39 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Regina Willette CM, LM	Individual	Support	No

## Comments:

I heartily support the SB1033. It will greatly enhance maternal care in Hawaii. Similar legislation in other states has been passed with good results. The bill is also sensitive to Native Hawaiians. The provinces of Ontario and Quebec in Canada have long had aboriginal exemptions in their midwifery laws, and this has worked out well for the communities involved.

**SB-1033**

Submitted on: 2/11/2019 8:27:24 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

The question here is if we trust our WOMEN to make an educated decision when hiring someone to help us birth our babies at home or not. We trust women to abort children in their pre teen years but we cannot trust women to hire someone that we feel is qualified to help us birth our children at home. Based on this bill passing it will increase the cost of services and force women like me to go unassisted and birth alone at home because the risk if this bill passes is huge for the midwife. When women go into figuring out how they would like to deliver their baby they are aware of the risks especially for those that chose a home birth. Let us decide. STOP OVER STEPPING INTO MY MEDICAL CHOICES!



**SB-1033**

Submitted on: 2/11/2019 6:57:19 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

To Chair, Vice Chair and members of the committee;

I oppose SB 1033. The Hawaiian Islands are home to people of various cultures, religions and backgrounds. The Western medical model of care is not sought by everyone. This bill, and its regulations, will restrict and infringe on people's choice of birth attendant when it states that traditional midwives can only serve those within their culture and/or religion.

Any regulation or law pertaining to licensed midwives must not hinder, limit or change the scope and reach of care and birth work that traditional midwives have been providing for the communities of Hawaii.

Please vote no, and oppose SB 1033. Mahalo

Aloha,

Rocio Bueno

**SB-1033**

Submitted on: 2/10/2019 8:12:04 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronen Zilberman	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date on Tuesday, February 12 at 9:00am in Room 229 RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair Baker, vice chair Chang and committee members,

My name is Ronen Zilberman. I have been a photojournalist here in Hawaii for over 20 years and am a father who was once skeptical of home birth before becoming a father. However, since my experience with the birth of my 4 children under the care of midwives here in Hawaii I am an advocate for the care of midwives to assist birthing families.

As a Hawaii citizen with experience working with midwives here in Hawaii, I strongly oppose SB1033 as it stands. There are several issues with the bill as it is currently written that make it unfair to practicing midwives and the birthing community who utilize their services. I would like to see the following amendments included that will create a bill which better serves our communities:

1. No redefining of the term "Midwife". Midwives existed for millinnia before the obstetric or medical midwifery model.

2. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners to the language in SB 1438 "consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law." Or simply ask that all practitioners provide a disclosure stating education and

experience.

3. Take out the section that restricts Certified Professional Midwives from practicing as a cultural/religious practitioners. They can be both.

4. Oppose the bill as is and ask to amend it into a DCCA (Department of Commerce and Consumer Affairs) Midwifery study. Collect statistics and decide on legislation after accurate stats are collected.

5. Create a Task Force bringing together the three different models of birth care for the benefit of our Hawaii Families:

Obstetrical

Medical Midwifery

Professional/Traditional/Cultural/Religious Midwifery along with representatives from the birthing community.

Please oppose SB1033 as it stands.

Respectfully, Ronen Zilberman

**From:** [Rose Bickett](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:18:01 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Rose Bickett

Email [mothertreeoflife@gmail.com](mailto:mothertreeoflife@gmail.com)

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 5:54:26 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

As a health care provider myself, I fully support a safer environment for the midwives and their family's they serve. This bill will help ensure a better working relationship with other health care system for quicker and safer due process.

**SB-1033**

Submitted on: 2/11/2019 8:14:42 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**From:** [Sanoë Kuailani](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:19:34 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Sanoë Kuailani
Email	lomialohamaui@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>



The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/9/2019 1:11:28 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Dear Committee,

Thank you for taking my testimony into consideration as I OPPOSE SB1033. I feel the bill is unclear in its current form and impinges on a women's right to birth with whom she feels safest. I wonder if there is a middle ground still? I hope we can find it so that people doing good work are not deemed as illegal practitioners of an ancient art and that those that are acting irresponsibly (in the traditional and medical birthing communities) are held accountable. I believe all sides of this debate have a woman and baby's best interests in mind. Please work with the birthing community, the WHOLE birthing community, to find a middle way.

Thank you,

Sara DiGrazia

**SB-1033**

Submitted on: 2/10/2019 9:52:15 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I strongly oppose to this bill as I feel it is an invasion of women's right to chose with whom and where we want to welcome our own children.

For women's sacred birth to be regulated by people who have no education on anthropology and ancient history is quite troubling to me and I believe we have to come to a time every body in the community to unite and support each other rather than regulating the birth workers.

I have birthed two healthy children at my freedom and comfort of home with a person who I trust to be attending my birth and I would like to keep it that way without anyone being penalized.

**SB-1033**

Submitted on: 2/10/2019 10:13:35 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I'm an ob/gyn working in Kapiolani Medical Center and Queens. We are seeing an increase in the number of transfers into the hospitals from attempted community births that were UNNECESSARY complications. These complications occurred because they were unrecognized or managed incompetently. These unnecessary complications resulted in harms to the mom and to the baby and were directly due to the fact that the people who had been trusted with their care were not trained or skilled enough to recognize or manage those complications. This needs to stop.

**SB-1033**

Submitted on: 2/10/2019 9:43:11 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Selena M. Green, CPM, RP	Individual	Oppose	Yes

Comments:

I strongly oppose! See attached.

**From:** [Sharon Willeford](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 5:26:44 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Sharon Willeford
Email	slwsurfing@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 7:57:17 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I'm a licensed certified nurse midwife in an active private practice on Kauai that includes home birth. I support the bill for multiple reasons. It expands access to maternity care for women, it facilitates access to physician and hospital services to women under midwifery care when the need arises, and enhances access to valuable information to consumers as they make decisions regarding maternity care.



**From:** [Sandra Toliver](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 5:20:05 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name Sandra Toliver

Email [artstoliver@yahoo.com](mailto:artstoliver@yahoo.com)

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

REGULAR SESSION OF 2019

Hearing date 2-12-19 time 9:00 a.m. Room #229

RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair Baker, vice chair Chang and committee members,

My name is Sheena Duarte.

I am in Opposition of SB1033 as it stands.

"The ultimate choice about how one ends one life is very important," Sen. Rosalyn Baker said regarding the "Our care, Our Choice" Bill.

Senator Baker- You said that *choice* is important. I come to you asking that you give the future generations a *choice*, the ultimate *choice*, to choose who is at their birth, and how their midwife is trained. Please give us the *choice* that you yourself have advocated for others. I respectfully ask you to give women the *choice* on how life begins and the type of midwife it begins with.

Passing this bill takes away *choices* for women, *choices* women have fought for many years for. It is a setback for society as a whole to force women into birthing the same way and to make it illegal to birth in a way that women have birthed for thousands of years.

There are currently three *choices* when it comes to birthing. There is the obstetrical hospital *choice*, the medical midwifery (Hospital/ insurance controlled) *choice* and the professional traditional/ cultural midwifery *choice*.

This bill if passed will take away one of those *choices* from women. This bill will no longer allow traditional and cultural midwives to call themselves midwives. Historically they have always been midwives- but this bill would make them illegal to be called a midwife by taking ownership of the title “Midwife” and then defining what a midwife is.

I’m respectfully asking that you amend this bill so that I can still have a *choice*. Here are my suggested amendments:

- Please look at SB 1438 which would give “consumers access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs.” Please don’t make it so that my religion must match the religion of the midwife or vice versa. What if women had to choose OB doctors like that?
- Please do not define the term midwife. Midwives existed before nurses. Nurses are nurses. Midwives are midwives.
- Please do not restrict Certified Professional Midwives from practicing as a cultural/religious practitioner. They can be both.
- Please oppose the bill as is and amend it into a DCCA midwifery study. Please let a decision be made after accurate stats are collected.

Please oppose SB1033 as it stands.

Sincerely,

Sheena Duarte



**From:** [Sierra Dew](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:07:58 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Sierra Dew
Email	sierradew.info@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 5:15:59 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:



REGARDING SB 1033: STRONGLY OPPOSE

My name is Sovereign Duarte. I am eight years old and in training to become a midwife. I feel like I should have a choice to choose who teaches me and not for the state to choose for me. Because then that's not a choice.

When I have babies, I want the same midwife that my mommy had. But if you pass this bill, I cannot have them as my midwife. This bill would make them illegal to be called a midwife.

This bill does not only change my mommy's life but it changes my life when I'm 18. I am not here for myself. I am here for my next generation- for my children! I am just here because my mommy said so. I am here because I want to have a choice.

Please oppose this bill for my generation of women.

Sovereign Duarte, 8 years old (almost 9)

**SB-1033**

Submitted on: 2/10/2019 4:47:13 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

I oppose SB1033 because

- I support all mothers birth choices and this would limit them
- currently here in Hawaii we have cultural, traditional, and religious midwifery models available to all. These time honored practitioners have passed on their wisdom from generation to generation. If enacted, this law could make them illegal by helping anyone outside their faith.
- it asks the State to impose obstetrical and medical midwifery on Hawaii birthing mothers while claiming that non-medical practitioners have no formal education.
- the medical community does not own the word "Midwife" and if enacted, cultural, traditional, and religious can be prosecuted if they call themselves "midwives".
- there has not been any Hawaii Birth Data submitted to prove the allegation that Hospital Births are safe and Home Births are dangerous.

**SB-1033**

Submitted on: 2/11/2019 12:03:33 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha Representatives,

I am writing in OPPOSITION of SB1033.

Hawai'i does not need regulation of midwifery, women have autonomy and the resources to choose who they want to invite into their family, regarding their pregnancy and birth.

Approximately 2% of births occur at home.

The U.S. has one of the worst maternal and infant outcomes because of hospital birth outcomes.

What Hawai'i desperately needs, as much of the United States does, is COMMUNICATION and MUTUAL RESPECT between hospital birth workers and Out Of Hospital birth workers.

Along with respectful communication, more data collection and research needs to be done, as the sunrise bills from previous years still have not shown reliable data to the claim that Hawai'i needs midwifery regulation.

Enforcing COMMUNICATION and constant CONTINUING education in understanding midwifery and the NEED for both hospital and OOH birth workers is all Hawai'i really needs.

Mahalo,

Summer Yadao

Mother of 2 hospital birthed babies at Kapi`olani which were far from desirable and 1 home birth in Ma`ili.

**SB-1033**

Submitted on: 2/11/2019 6:03:02 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sunny Savage-Luskin	Individual	Oppose	No

Comments:

**SB-1033**

Submitted on: 2/11/2019 12:04:33 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

**Testimony in OPPOSITION of SB1033**

**Dear Senators of the Commerce, Consumer Protection and Health Committee,**

**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 its 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. I would be forced to leave my long time home here on Oahu to train under a certification program that is largely created and taught by white people. Which is fine for some people. But it is not fine for me and my family. 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. We need to develop 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 oppose SB1033.**

**Thank you,**

**Suzanna Kinsey**

**SB-1033**

Submitted on: 2/10/2019 11:31:12 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing Date: 2/12/19

Hearing Time: 9:00 am

Hearing Room: #229

RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha Honorable Chair Baker, Vice Chair Chang and Committee

Members,

My name is Syndee Taira. I recently had a home birth with the assistance of midwives and was privileged to have the option to give birth at home. Giving birth is a safe and natural event, and we should have the right to our own birth choices. Our legislators and community need to be educated about the origins and backgrounds of midwifery and how it became medicalized.

I am in Opposition of SB1033 as it stands.

- To support all mothers birth choices. OUR Bodies! OUR Babies! OUR Births!

- Because it asks the State to impose obstetrical and medical midwifery on Hawaii birthing mothers while claiming that non-medical practitioners have no formal education.
- Because the medical community does not own the word “Midwife” and if enacted, cultural, traditional, and religious can be prosecuted if they call themselves “midwives”.
- Because there has not been any Hawaii Birth Data submitted to prove the allegation that Hospital Births are safe and Home Births are dangerous.

I am asking for these specific Amendments:

1. No redefining of the term “Midwife”. Midwives existed before Nurses. Nurses are Nurses. Midwives are Midwives.

2. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners to the language in SB 1438 “consumers shall have access to all routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs. These midwifery practices may be exercised to the fullest extent allowed under applicable federal law.”

3. Take out the section that restricts Certified Professional Midwives from practicing as a cultural/religious practitioners. They can be both.

4. Oppose the bill as is and ask to amend it into a DCCA (Department of Commerce and Consumer Affairs) Midwifery study. Collect statistics and decide on legislation after accurate stats are collected.

Please oppose SB1033 as it stands.

Sincerely,



Syndee Taira

**SB-1033**

Submitted on: 2/11/2019 7:21:32 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

i oppose SB1033 because it is yet another bill set forth to regulate someone else's body. As a mother of two, both children born at home, I feel strongly that every woman has the right to choose how she wants to birth and with whom. People have been trying to regulate womens' bodies for a long time. In certain states even choosing to have your baby in the safety and privacy of your own home was punishable by law. In these states , government or other deemed professionals were said to know what was best for your body . Why do we feel the need to take that right away from a woman? Why are we preoccupied with who knows best for someone else? As long as we are confident in our own abilities as OB/GYN, or certified nurse midwives, or lay midwives, or cultural practitioners, or whatever your label, why focus on the other. Stay good at your work, and let individuals choose what type of practitioner,if any, fits their individual needs. I have been a doula for many years and I have seen the greatness of all these professionals. Thank you for your time. Mahalo, tara mattes

**SB-1033**

Submitted on: 2/11/2019 7:25:27 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

## Comments:

I am in support of midwives! I am a mother of two home birth babies and I went through all of my prenatal, birth and post natal completely with my midwives. They were and still are amazing support for me and my health as a woman and as a mother. Please support this bill

mahalo truly for you time and consideration.

**From:** [Tiare Lawrence](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:21:22 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Tiare Lawrence
Email	tiarelawrence@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/11/2019 12:05:34 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

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

Comments:

As a woman and mother, I wish to provided my testimony on why I oppose SB 1033. On its surface SB 1033 appears to support the health and well being of women, babies, and families through licensure requirements for midwives; however, all this will serve to do is greatly reduce the birth choices of the women of Hawaii. If passed, a great deal of women will be swiftly denied the option of peaceful traditional birth options and forced into a strickly hospital based model. It is well documented that for healthy, normal pregnancies home or non-hospital births are some of the safest and have the greatest outcome in the vast majority of cases. By requiring liscenses without providong a viable avenue to recieve required certificates and liscensing, this will will effectively remove the choice for a woman to choose the health care provider they desire. Choice of provider is one of the most important cornerstones in any positive healthcare environment and by removing that choice women and famHawaiiilies would be denied their most basic autonomy. I hope that you will seriously consider the follow on effects of removing that autonomy of choice for the current and future generations of the women of Hawaii.

**From:** [Trinette Furtado](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:01:55 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Trinette Furtado

Email Peles808Grrl@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.



**From:** [Victoria Kaluna-palafox](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 2:12:28 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Victoria Kaluna-palafox
Email	vkalunapalafox1@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Wahinehula Ka'eo](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 1:16:21 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Wahinehula Ka'eo

Email wdkaeo@hawaii.edu

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/9/2019 8:39:58 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wai'ala Ahn	Individual	Oppose	No

## Comments:

I strongly oppose SB1033 it removes the rights of woman and ohanas from choosing and having the birth they want and deserve; it undermines the abilities of individuals, practitioners and the rights of all who would choose this birthing practice. Traditional practitioners both KÄ• naka maoli and others are harmed by this bill! Please Oppose SB1033 for the rights of families, practioners and the future. Mahalo

**From:** [Ye Nguyen](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 11:50:32 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Ye Nguyen
Email	dryenguyen@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**SB-1033**

Submitted on: 2/10/2019 1:22:23 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Yuko Kowal	Individual	Support	Yes

Comments:



**SB-1033**

Submitted on: 2/11/2019 7:47:14 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

Every woman deserves the right to birth the way they believe is best for them and their baby.

**SB-1033**

Submitted on: 2/11/2019 8:26:46 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

**SB-1033**

Submitted on: 2/11/2019 8:29:16 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

**SB-1033**

Submitted on: 2/11/2019 9:17:32 PM

Testimony for CPH on 2/12/2019 9:00:00 AM



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

Comments:

I strongly oppose SB1033. This bill is a violation of the rights of women who chose to have a natural birth the traditional Hawaiian way which has been done for generations without Please stop cherry-picking the rights people should and should not have.

I strongly oppose SB1033.

**SB-1033**

Submitted on: 2/11/2019 9:16:22 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

Birth practices are a mother and family's choice.

**SB-1033**

Submitted on: 2/11/2019 11:00:06 PM

Testimony for CPH on 2/12/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Tiana Kamen	Individual	Support	No

Comments:

Aloha Kakou,

Mahalo nui loa for your time to hear this bill and read my testimony. I am a nutritionist on the island of Kaua'i and focus on the health of women and children. While the perinatal period is the one of the most important times in a women (and her child's) life, I have witnessed a gap in adequate and professional care for our island community. Our island's families need more professional alternatives to birthing and perinatal care, apart from the few OBGYN's on island. There are not enough birthing professionals, regardless of the type of medicine they practice. Many people live far away from the hospital, and we desperately need localized professional birthing care on all parts of our island. People past Hanalei would take at least 1.5 hours to get to the hospital, and that is without considering the road is closed due to the floods. Near term mothers will need to move out of the area, out of their homes! What if they had a licensed professional midwife in the area?

Midwives are one of the oldest professions on the planet and an essential part of caring for our women in all phases of life especially preparing them for pregnancy, supporting them through the pregnancy and caring for them post natal. I worked for a naturopathic doctor/midwife in Portland, Oregon and first hand witnessed the professional and loving care that a midwife can provide to women, babies, husbands, wives and their entire families. I saw women who came in with their vaginas crookedly sutured together and infected after birth by an OBGYN at a hospital and fixed by this Naturopath Midwife. Another woman was pregnant with a child with one kidney. She had both an OBGYN and a Midwife because she knew she needed to give birth in a hospital, but she also wanted extra care and a second opinion with natural approaches from a midwife. The midwife and OBGYN worked together. Oregon and many other states shine a bright light on the benefits to women, children and families when we license midwives. The benefits are without limits.... medical, emotional, social, local.

The importance of the midwifery profession and service they do for women is unquestionable. By supporting this bill, we have the opportunity to give our community access to high quality birth professionals. We also have the opportunity to strengthen our birthing community by encouraging new professionals to study midwifery. The more people working in the birthing field together, the stronger our care for our community can be.

Midwives often provide the love that is not found in the hospital, simply because there is no time for that in such a system. Birthing is love. Pregnancy is in my future and I sure hope that by then Hawaii has a list of licensed midwives that I can look up in a directory, that I know I can trust with my life and child's life. If I am a low-risk pregnancy, I wouldn't have it any other way.

Access to professional midwives is a critical step in providing optimal care for Hawaii's women. Please help the women of Hawaii by supporting this bill.

Mahalo nui loa,

Tiana

**SB-1033**

Submitted on: 2/11/2019 11:02:49 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

As a Certified Nurse Midwife, I strongly support SB 1033 to license Certified Professional Midwives and Certified Midwives. I support this legislation because it is falls in line with the American College of Nurse Midwife 's position statement on The Principles for Licensing and Regulating Midwives in accordance to the Global Standards of the International Confederation of Midwives, ICM. The ICM

represents Midwife organizations in approximately 100 countries, has advocated for a standardized minimum level of training for all midwives globally. The initiative has [received widespread support](#) from 7 major midwifery organizations in the U.S. ( the link will also lead you to ACNM's position statement)

At least 28 United States have licensure for Certified Professional Midwives. In the interest of public health and safety and in the interest of growing midwifery as a profession, I strongly urge you to support SB 1033.

Thank you, Susan Sims CNM



**SB-1033**

Submitted on: 2/11/2019 9:26:47 PM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

Oppose.

Let parents and their doctors decide their birthing options. The state should stay out of this.

**SB-1033**

Submitted on: 2/11/2019 11:24:39 PM

Testimony for CPH on 2/12/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Smith-Johnson	Individual	Support	No

Comments:

Midwifery is a calling . Not only is it a calling but it is a revered social construct and profession that one is honored to hold. It is not something any and everyone can just call themselves and do. When I hear that someone is a midwife it holds meaning and expectation. As a firm believer in the midwifery model of care and proponent of Homebirth, I know that Midwives can change not only individual lives, but the scope of how we birth as a community at large. I am a mother of 6, all born with Midwives ..in every setting from hospital to birth center to the comfort of my home. And each midwife I had was one who I trusted with my life and the lives of my children. I trusted their skills and training. I knew they were beyond capable of keeping me safe while allowing me to birth the way i chose. Up until recently i thought there was a held standard of care , practice and training that I could count on from someone who calls themself a midwife . However , after moving to Hawaii in 2017 while pregnant with my 6th child i got to see that this isn't the case here . I assumed that midwife meant someone who is highly skilled , trained and a custodian of birth , especially when one saysbthey are a midwife and have attended over 200 births. I assumed that meant they knew how to keep me safe and knew what to do during normal , low risk birth. I assumed that someone who calls themself a midwife and cares for women and families would know the bare minimum as far as midwifery skills. When someone who is a midwife doesn't know basics like how to monitor heart tones that is concerning. When I have to show the "midwife" in the midst of a contraction where to put the Doppler... this is concerning. In the midst of my birth , I might as well had been laboring without a midwife due to the lack of skill, no-how or discernment. I consider my birth unassisted for this reason and my husband and family are still traumatized from the utter lack of ability , skill or training that is passed off as midwifery. Luckily, I birth easily and fast. Luckily all of my births are and were uncomplicated. But in the midst of my birth and during my postpartum , I wondered what does this mean for others who aren't as lucky. What does it mean for the community at large , when there are people who believe themselves to be Midwives just because they want to be not because they have gone thru the rite of passage to become one. What does this mean for clients who don't know the difference between a trained , skilled midwife . And I Hawai'i shouldn't be the dumping ground for Midwives who can't practice other places or the breeding ground for l'll equipped and i killer ones either . I say this as a a midwifery student and traditionally trained student midwife thru the apprentice model. I say this as one who has seen lots of birth, experienced what great Midwives can do and be. It is a disservice to clients and the community to continue allowing any and everyone to say they are Midwives without the accountability

and true informed consent given to clients on what that means . I am a homebirthing mother of 6 who is a promised midwife , who had to midwife myself thru my own birth ... I was ok but what about the client who isn't and doesn't know what they don't know...who is assuming that a midwife automatically means someone who trained , apprenticed and has to uphold to a certain standard of care. What happens to those families who think this is what midwifery care is? Midwifery is a beautiful calling and profession but there is no short cut or easy way to it. You can't just wake up one day and be one. You can't want the accolades and glory that comes with the role but not adhere to being held accountable for something so magnanimous. Because what we do and how we do it matters. And when Midwives are held to a certain standard, able to work within their scope, properly trained and required to have a level of skill... we all win and it makes the community that much stronger. And with the way maternity care for people of color is within the health care system , we can't get this wrong. I support the creation of Midwives being able to work within their scope of care. I support clients being able to know and trust that the person who calls themselves a midwife has a certain level of skill. I support collaborative care that benefits us all. I support this legislation.

Tanya Smith-Johnson, MS

**SB-1033**

Submitted on: 2/12/2019 7:24:51 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

I oppose this bill because it leaves black and brown women behind. It is demanding licensure of people who often times can not afford it nor do they need the colonized teachings when their ancestors gave them all they needed to know. It is racist and elitist!!

**SB-1033**

Submitted on: 2/12/2019 7:38:09 AM

Testimony for CPH on 2/12/2019 9:00:00 AM



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

Comments:

Being in a hospital setting sparked anxiety for me and having the option of having a calm and natural birth with the help of medical professionals (midwives) in my own home was the only choice for me. They helped me not only with prenatal care, but the birth of my son and my postpartum care as well. I also attribute my success with breastfeeding to these women. They should be able to get licensed just like any other doctor or health care provider.

**LATE**

From: [Wendy Harrison](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 5:17:26 AM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Wendy Harrison
Email	wendyh76@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

From: [Tanya Walker](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 4:54:54 AM

**LATE**

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Tanya Walker
Email	centralcoastmidwife@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>



The Problem: Problem: 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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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

From: [Candice Roberts](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 4:51:07 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Candice Roberts
Email	kandee051@yahoo.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

From: [Sue Roberts](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 5:21:40 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Sue Roberts
Email	roberts.candice51@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>I do support the ability for midwives to licensure in anyway they chose and to operate within that License. If I want a midwife that administers medication then the freedom to chose so should be an option. However if I want a midwife that understands and has training in the natural and spiritual part of birthing or training my my cultural practices then I should have the freedom and ability to chose that as well. Forcing licensing removes freedoms when the licensing is only one sided and narrow minded and doesn't include all models of birthing. Please do not vote yes on this bill. We all have the right of choice over ourselves and our families. Please show that you respect women and their ability to make good choices by not removing their choices and forcing them down a path that many many women do not want. Current this choice already exist in our state. Don't remove it. All of our differences and cultural backgrounds are what makes Hawai'i so great. Don't force the mainland ways on our people.</p>

**From:** [Dawn Poiani](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Tuesday, February 12, 2019 6:56:11 AM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Dawn Poiani

Email dawn@pitreart.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Sky Connelly](#)  
**To:** [CPH Testimony](#)  
**Subject:** Support for SB 1033: Relating to the Licensure of Midwives  
**Date:** Monday, February 11, 2019 8:13:08 PM

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Senator Baker, Senator Chang and Honorable Senators of the Commerce, Consumer Protection, and Health committee--

I am writing to you in **strong support** of SB 1033 and the regulation of direct-entry midwives and traditional birth attendants in the state of Hawaii.

I am a certified professional midwife (CPM) with a small practice on the island of Maui. I want the accountability, protection and benefits that licensure can offer me and the profession of midwifery.

Research shows that integration of midwifery into the broader health care system improves outcomes ( See: Vedam S, Leeman L, Cheyney M, Fisher T, Myers S, Low L, Ruhl C. (2014) Transfer from planned home birth to hospital: Improving interprofessional collaboration. *Journal of Midwifery and Women's Health*. 59(6):624.

Also see: 2018, Vedam S, MacDorman M, Stoll K, DeClercq E, Cheyney M, Fisher T, et al. *Mapping Collaboration across 50 states: access, outcomes and equity*. PLOS ONE. Publication date February 21, 2018. <https://doi.org/10.1371/journal.pone.0192523>).

The families of Hawaii deserve high quality, safe and compassionate care.

Most midwives that would be eligible for licensure under this law live on neighbor islands. This makes midwives especially poised to fill provider shortage gaps in rural areas in the state.

Licensing midwives will add protection for consumers and accountability. Currently, there are no standards that someone calling themselves a midwife in the state of Hawaii has to adhere to. They are under no obligation to tell consumers about their credentials or lack thereof or about how much training or experience they may or may not have. They are also not required to disclose if they had lost their license in another state and moved here to Hawaii to practice because there is no oversight.

It is time for Hawaii to be a leader by improving care for families across the state.

I strongly urge you to pass this bill and put Hawaii's families first.

Thank you for your time,  
Sky Connelly LM, CPM

--

P 949-391-2352

F 760-452-7516

[growmidwifery.com](http://growmidwifery.com)

[facebook.com/GrowMidwiferyAndAyurveda](https://facebook.com/GrowMidwiferyAndAyurveda)

[calendly.com/grow-midwifery](http://calendly.com/grow-midwifery)

**LATE**

**From:** [Sommer Paulson](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Tuesday, February 12, 2019 7:04:14 AM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Sommer Paulson

Email mauicommunityyoga@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

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"Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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



The Problem: Problem: 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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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

From: [Shayna Fuller](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:01:10 AM

**LATE**

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name Shayna Fuller

Email surfpaina@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

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

The Problem: Problem: 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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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [David Schaper](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:16:45 PM

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## OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name David Schaper

Email [oschpr@gmail.com](mailto:oschpr@gmail.com)

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

I read this statement and encourage you to support the existing birthing community. Any midwife who can produce recommendation statements from at least three successful births should be given license immediately.

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

The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states:  
"Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."

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

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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [Gretchen Losano](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Monday, February 11, 2019 10:59:17 PM

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 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Gretchen Losano
Email	gleisenring@gmail.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

I am testifying in STRONG OPPOSITION to SB 1033. Women have been giving birth since the beginning of humanity...traditional midwifery practices have also been around since the beginning of humanity, obviously, or we wouldn't be here to deliberate such a ridiculous topic. Many women have been conditioned to feel uncomfortable with the idea of giving birth anywhere but a hospital. So that is what they chose. Other women, however, chose home birth, and part of that very carefully thought out decision is whom will be present. These women, myself included, are aware of the fact that the entire birthing environment, including the energy of those present, can make a birth go smoothly, or incredibly difficult. If a woman feels comfortable with the midwife she chooses to be at her birth, it is worth more than 1000 licenses. During both of my pregnancies I met several licensed midwives that I did not feel comfortable with. If a bill like this passed I would have been forced to either birth "illegally" or chose one of these women to be at my birth because they were the only ones who technically had the right license.

In addition to limiting the personal choices of a birthing mother, the language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.

For example: In exemptions (b) it states:  
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The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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

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These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery and for all home birthing mothers in Hawaii.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

Mahalo,  
Gretchen Losano





From: [Gretchen Losano](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Monday, February 11, 2019 10:59:17 PM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Gretchen Losano
Email	gleisenring@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033. Women have been giving birth since the beginning of humanity...traditional midwifery practices have also been around since the beginning of humanity, obviously, or we wouldn't be here to deliberate such a ridiculous topic. Many women have been conditioned to feel uncomfortable with the idea of giving birth anywhere but a hospital. So that is what they chose. Other women, however, chose home birth, and part of that very carefully thought out decision is whom will be present. These women, myself included, are aware of the fact that the entire birthing environment, including the energy of those present, can make a birth go smoothly, or incredibly difficult. If a woman feels comfortable with the midwife she chooses to be at her birth, it is worth more than 1000 licenses. During both of my pregnancies I met several licensed midwives that I did not feel comfortable with. If a bill like this passed I would have been forced to either birth "illegally" or chose one of these women to be at my birth because they were the only ones who technically had the right license.</p> <p>In addition to limiting the personal choices of a birthing mother, the language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p>

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Mahalo,  
Gretchen Losano



From: [Kathleen Majors](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 1:29:01 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Kathleen Majors
Email	motheradventurously@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

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From: [Justin Roberts](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 5:05:30 AM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Justin Roberts
Email	rob0051@yahoo.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

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**LATE**

**From:** [Kylr Kohl](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony in OPPOSITION to SB 1033  
**Date:** Tuesday, February 12, 2019 5:30:37 AM

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Kylr Kohl
Email	kdevylder@yahoo.com

Type a question Aloha Chair Baker, Vice Chair Chang, and CPH committee members,

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

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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

TO: Committee on Commerce, Consumer Protection, and Health

DATE: Tuesday, Feb 12, 2019

PLACE: Hawaii State Capitol

FROM: Bliss Kaneshiro MD, MPH

Re: **SB 1033**



**Position: STRONG SUPPORT**

Dear Senator Rosalyn Baker and Stanley Chang

As an obstetrician gynecologist I am writing in strong support of SB 1033. My views are my own and do not represent the University of Hawaii where I am a Professor with Tenure at the John A. Burns School of Medicine.

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.

To ensure that all of Hawaii's mothers and babies have a safe and happy birth experience, I urge you to support the Licensure of Midwives bill. This bill will ensure that community birth providers have had formal obstetrics education to care for mothers and their infants, follow patient safety regulations such as no high-risk pregnancy deliveries at home, adequately inform their patients regarding their educational background and the possible risks of community birth, and require timely completion of birth certificates and other data for all planned home births.

Thank you for the opportunity to submit this testimony on this very important Women's Health Issue.

Handwritten signature of Bliss Kaneshiro MD, MPH.

Bliss Kaneshiro MD, MPH

**SB-1033**

Submitted on: 2/12/2019 8:53:05 AM

Testimony for CPH on 2/12/2019 9:00:00 AM

**LATE**

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

Comments:

To Whom ever this concerns,

I believe whole-heartly that midwives should be licenced in the state of Hawaii. I have worked with many midwives and have had a midwife for one of my own deliveries. During that time I never felt so safe and taken care of. Midwives go threw extensive training and are prepared to handle any complications that can arise during birth. Even if a birth becomes to complex they are aware of when transport to a hospital needs to take place. By having midwives in our communities study shows for healthier and safe delieveries with less complications. Midwives are more then able to complete there job and they help the community be a safe place to bring their babies into. We need OBs and we need Midwives they all have a role in births in Hawaii. Please License the Midwives of Hawaii we need them!

**SB-1033**

Submitted on: 2/12/2019 8:58:35 AM

Testimony for CPH on 2/12/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Katy Benjamin	Individual	Oppose	Yes

Comments:

Aloha.

My name is Kathryn Benjamin, and I am a doula in Hilo Hawai'i and practice theight all of Eaat and North Hawai'i Island. For several years now, I have watched and testified against this body's attempts to outlaw the practice of homebirth. The assaults on women in this society are endless, and just as we may perceive we are making some progress, a body who has no connection to what they are legislating thinks they can see fit what is best for our bodies. Birth is not sickness, it is not an illness that need be healed, it is a completely natural process that we have embodied since time immemorial. As a birth worker, when we need the modern western model for survival, we are ALL grateful. However, in my 8 years attending births, I have seen far more harm done by the western obstetric mode than I can even begin to recount, including coercion, rape, lying, misdiagnosis, and grave disrespect toward women, babies and their ohana.

This bill seeks to look "inclusive" and to placate to the homebirth community but we are no fools. Extremely well trained midwives will Be left unable to practice and huge swaths of our women, many without insurance, will be left with no option but to birth at home unassisted. Your bill WILL KILL WOMEN ANS BABIES. It will be on your hands.

I fear the bill as written will outlaw traditional or non-medical midwives, which will make homebirth difficult or near-impossible. As a mother of three children born at home with a 'lay' or traditional midwife, I want others to have that option. I feel it is my right as a woman to decide how and where I give birth, and to decide who I want to assist me. This bill would take away a birthing woman's right to choose -- I can choose to have an abortion, but I can't choose who will assist me giving birth?

The so-called 'exemption' for traditional 'birth attendants' (not even allowed to be called midwives) puts severe restrictions on anyone practicing as a midwife, or assisting with a homebirth. Therefore I oppose the bill.

## TALKING POINTS

- "Traditional birth attendant" is not defined in the bill. Who will decide who is and who is NOT a 'traditional birth attendant'?
- If the answer is Papa Ola Lokahi will decide, how will that work for Filipino midwives, Amish midwives, Thai midwives, Native American midwives, haole midwives?
- Does the law mean that no birth attendant who has ever had formal education & training can be deemed exempt? (And many have trained in birthing centers on the mainland in rural areas.)
- Can a Japanese woman get midwifery care from a Native Hawaiian midwife? Can a Filipino midwife assist at my haole birth? Can an Amish midwife care for a Catholic birthing woman? How can, when the law states this 'traditional' midwife must assist at births only within that distinct cultural or religious group? (The exact words in the Bill.)
- Are traditional midwives being told they can easily self-define as having a particular cultural or religious exemption? Where does it say in this bill that midwives or birthing mothers can define for themselves whether they are, or can hire, someone of a different culture or religion? (If it's self-defining, why is the wording even there?)
- Just which drugs or devices are forbidden these 'traditional' midwives? Is oxygen forbidden? Herbs? That mucus suction or tube that my midwife had to use on my 3rd child who wasn't breathing when he was born?
- How will I find such a 'traditional' midwife if she's not allowed to advertise? And what does advertise mean? Can she send me an email stating that she will help me with my birth? Can she post on facebook? Can she have a business card? If my co-worker tells me about her midwife, is that advertising which will land the midwife in jail?
- The required 'disclosure form'. Not such a bad idea. Except for WHAT is required, and WHO will do the requiring, and WHERE the information will be kept.
- WHAT: The form appears intent on discouraging the birthing woman from using the 'traditional' midwife by the focus on what is 'disclosed':
  - Must say midwife has no state license
  - Must say qualifications not reviewed by the State
  - Cannot carry any life-saving medications

- No way to complain
- Must have a plan to transport
- WHO: Can the 'department' require more information than this bill minimally requires? Could the 'department' require the midwife to list fees, personal assets, street address, spousal information, ethnicity, cultural identity, etc.?

Why does the government get to require any of this of a birthing woman?

- WHERE: Will the form be filed with the State? (If not, what is the purpose of requiring a midwife to fill it out?)
- A 'traditional' midwife cannot claim the exemption if they have ever been certified by a national midwifery organization

Wording on respect for Native Hawaiian cultural practices.

- Does that really mean anything in this bill? How is just saying you aren't going to do something, right after you just did the 'something' at all helpful?
- What are those practices this bill is not going to affect? Birth? Why not say that? Or is implying it without intent to protect such practices what you are trying to do?
- Is Papa Ola Lokahi ready to take on this monitoring aspect for the medical establishment? What criteria will they use to decide if something is a 'traditional healing practice'? How akamai is the organization on birthing practices?
- What does 'pursuant to the Constitution of the State of Hawaii' even mean? I find nothing in the State Constitution about birth, midwifery, healing practices, and very little on health in general.
- Other points shared by others who've read the bill:
  - The definition of family exempted would allow a parent, spouse, child, or sibling to assist at birth, but does that mean a grandmother (or other auntie) cannot help her granddaughter give birth?
  - Some traditional midwives do have formal training, but have chosen to follow traditional ways instead. Will they be barred from being exempted?
  - How does one stay within their cultural group in Hawaii? How many families are a mix of cultural groups?
  - Does Papa Ola Lokahi even have midwifery within its kuleana?
  - Wouldn't a registry that requires all midwives to simply to list their qualifications, experience, and any complaints be a simpler and more effective way to provide informed consent to birthing mothers?

Other ways this bill tries to discourage/stomp out homebirth:

1. Licensed midwives are required to “continually assess the appropriateness of the planned location of birth” (Why would you write a built-in skepticism requirement in a bill purporting to help birthing women?) pg 15
2. Licensed midwives if attending a ‘community birth’ (i.e, homebirth) are required to call 911 if imminent mortality. (Is that also required in a hospital or birthing center birth which has gone wrong? This inane requirement just reinforces that homebirth is too dangerous.) pg 15
3. Licensing for CPMs requires NARM certification and completion of a formal education and training program (MEAC or Bridge Cert by Jan 1, 2020. (This will be next to impossible considering the timeframe, and few instructors available in the islands. Moving to the mainland would be an impossibility for many.) Pg 24, 25
4. License renewals required every 3 years; fees to be determined. Pg 26
5. License can be REFUSED a license renewal if the licensed midwife does any “aiding and abetting” an unlicensed midwife. (Further reinforcing the dangerousness of traditional midwives.) pg 29
6. CPMs can NOT prescribe (But CAN use 12 medical interventions: oxygen, Vita K, intravenous fluids, anesthetics, epinephrine, blood clotting agents, etc.) pg 36, 37
7. This bill will be effective in 5 months on Jul 1 2019. And traditional, lay, or direct entry midwives will be practicing in violation of this law from that point on.

From: [Anthony Fuller](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:23:19 AM

**LATE**

 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Anthony Fuller
Email	kanekapila@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>



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Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

From: [Briana Pierce](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:21:43 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Briana Pierce
Email	briana.pierce@hotmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

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From: [Kenneth James](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:39:05 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Kenneth James
Email	hadoken05@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

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From: [Makana Lloyd](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:32:27 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	Makana Lloyd
Email	makanalloyd2@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>

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From: [melanie davis](#)  
To: [CPH Testimony](#)  
Subject: Testimony in OPPOSITION to SB 1033  
Date: Tuesday, February 12, 2019 8:13:39 AM



 **OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives**

Name	melanie davis
Email	melanie.808.davis@gmail.com
Type a question	<p>Aloha Chair Baker, Vice Chair Chang, and CPH committee members,</p> <p>I am testifying in <b>STRONG OPPOSITION</b> to SB 1033 which would require licensure of midwives.</p> <p>The language in this bill is very problematic and would cause a very large divide in the midwife community. This bill is insensitive to Kanaka Maoli and many other cultural practices. This bill tries to regulate what happens within these cultural practices and does so extremely poorly.</p> <p>For example: In exemptions (b) it states: "Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii."</p> <p>The Problem: Midwifery is not one of the practices named in Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.</p> <p>(cont.) "Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii".</p>



The Problem: Problem: 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.

These are only SOME of the issues with this measure and if passed this would cause a large divide in the community driving much of the midwife population underground and into unassisted or illegally assisted options. This is very dangerous and unnecessary. Offering training and resources is one thing but requiring and regulating would be very bad for Hawaii's midwifery.

Mahalo for the opportunity to testify on this measure. Please do not pass SB 1033.

**From:** [paulaluv@everyactioncustom.com](mailto:paulaluv@everyactioncustom.com) on behalf of [Paula Luv](#)  
**To:** [CPH Testimony](#)  
**Subject:** I support equity in health care  
**Date:** Tuesday, February 12, 2019 8:35:41 AM

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Dear Hawaii Senate Commerce, Consumer Protection, and Health,

Everybody deserves affordable and equitable access to reproductive and sexual health care, regardless of gender, gender identity, citizenship status, or income. SB 1043 could make this a reality.

This bill comes at a critical juncture, when the rights of immigrants, people of color, LGBTQ people, and women are all under attack. Restrictions on reproductive health care have been shown to cause harmful effects on public health, particularly for those who already face significant barriers to receiving care, such as low-income women, women of color, immigrant women, young women, survivors of domestic violence, and transgender and gender-nonconforming people.

Hawaii should continue to be a national leader and protect reproductive health equity for all people. I urge you to support SB 1043 and pass it out of committee.

Sincerely,  
Paula Luv  
Honolulu, HI 96816  
[paulaluv@outlook.com](mailto:paulaluv@outlook.com)