



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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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health
Thursday, February 14, 2019
9:31 a.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 490, RELATING TO THE LICENSURE OF MIDWIVES**

Chair Mizuno 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 \$276,608.00,¹ 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.

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



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

Prepared for the House Committee on Health
Thursday, February 14, 2019, at 9:31 a.m. in Room 329

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

The Hawai'i State Commission on the Status of Women supports the intent of HB490, 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 care. No regulations means that only those with socioeconomic class privilege have meaningful access to midwifery care. This measure 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. Mahalo for the opportunity to testify.

Sincerely,

Khara Jabola-Carolus

North American
Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

Ida Darragh, CPM, LM
Executive Director
Credentialing Specialist
Ida@narm.org

February 12, 2019

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Hawaii House Committee on Health
Hawaii State Capitol
Honolulu, HI 96813

Testimony for Committee on Health:

The North American Registry of Midwives (NARM) strongly urges support of HB 490 to license Certified Professional Midwives in Hawaii. NARM issues the credential, Certified Professional Midwife, which is the basis for licensure in 33 other states.

HB 490 will set standards for acquiring and maintaining a license to practice as a midwife. The CPM credential is currently held by 18 midwives in Hawaii, a strong number considering that the state has not previously required certification or offered a license. Current and future midwives who do not yet hold the credential may meet certification criteria via on-line education and supervised internship within their state, and may take the certification exam at a local University testing center. Travel to the mainland is not required.

HB 490 will insure that nationally recognized standards are met for education and clinical practice, that midwives will be held accountable to the families, the state, and to the national credentialing organization. Holding a licensee also gives assurance to families that their midwife has met state defined standards, and improves the safety of transfer of care if needed.

Please support HB 490 for the licensure of midwives when it comes before your committee this Thursday.

Sincerely,



Ida Darragh
Executive Director, North American Registry of Midwives



Midwives Alliance of Hawaii

2/11/19

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

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2019
Thursday, February 14, 2019 at 9:31am

TESTIMONY IN STRONG SUPPORT OF HB490, RELATING TO THE LICENSURE OF MIDWIVES

Dear Representative Mizuno, Representative Kobayashi and committee members:

Thank you for the opportunity to testify in **strong support, with an amendment, of HB490**. 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 HB490 to establish a regulatory program for the practice of midwifery.

HB490 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 HB490 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

To: Committee Chair Representative John Mizuno
Committee Vice Chair Representative Bertrand Kobayashi
Committee on Health

Date: February 14 2019; Room 329

RE: **Support for HB 490; Relating to the 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 brings together government and non-governmental organizations to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. 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 HB 490 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 measure and encourages the Committee to support its passage. Thank you for the opportunity to provide this testimony.



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

Thursday, February 14, 2019, 9:31 AM
Hawaii State Capitol, Conference Room 329
415 South Beretania Street

To: Representative John Mizuno, Chair – Committee on Health

From: Hawaii Maternal and Infant Health Collaborative

Re: HB 490, 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 Representative Mizuno 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.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Hawaii Chapter

AAP - Hawaii Chapter

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February 11, 2019

To: Representative John M. Mizuno, Chair, Committee on Health

Re: Support for HB 490 Relating to the Licensure of Midwives

Dear Senator Baker:

The American Academy of Pediatrics, Hawaii Chapter, **supports** HB 490 Relating to the Licensure of Midwives. The American Academy of Pediatrics, Hawaii Chapter, is an organization of over 300 pediatric providers. Our mission is to attain optimal physical, mental and social health and well-being for infants, children, adolescents and young adults.

HB 490 creates regulation of midwives (certified midwives and certified professional midwives) through a midwifery program under the Department of Commerce and Consumer Affairs.

This legislation would improve safety for pregnant women and newborns. Currently there are no minimum education or competency standards required for advanced practice nurses to declare themselves as midwives. This legislation would mean that patients electing to use midwives would be guaranteed that their provider has been trained according to national and international standards for midwifery.

This legislation would also improve transparency of the midwife profession. Regulation under the Department of Commerce and Consumer Affairs would permit families recourse to a complaint process if they experience negligence, unprofessional conduct, or harm by a person practicing midwifery.

Safety of women and children is the key issue behind this legislation. We urge you to pass this legislation from your committee.

Sincerely,

A handwritten signature in black ink that reads "Michael S.L. Ching".

Michael S.L. Ching, MD, MPH, FAAP

Vice-President

HB-490

Submitted on: 2/12/2019 8:43:22 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	AAUW of Hawaii	Support	No

Comments:

Dear Chair Mizuno, Vice Chair Kobayashi, and members of House Committee on Health,

On behalf of AAUW of Hawaii, I write to you to strongly support HB 490 which would regulate midwives.

HB 490 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: House Committee on Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

DATE: Thursday, Feb 14, 2019
PLACE: Hawaii State Capitol, Conference Room 329

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

Re: HB 490 – Relating to the Licensure of Midwives
Position: 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 **supports HB490** 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 mandatory licensure of the practice of midwifery in order to protect the health, safety, and welfare of women, infants, and their families.¹
- Since 2010, the International Confederation of Midwives (ICM) has called for minimum education and training standards for all midwives in all countries, including the United States.² ACOG endorses these standards, and HB490 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 guaranteed health care that at least meets minimum standards for safe, high quality maternity care.

HB490 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.

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

² Global Standards for Midwifery Education (2010). International Confederation of Midwives.

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.
- HB490 is not restricting rights or options from consumers, as women can still choose the birth attendant of their choice. HB 490 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.
- HB490 encourages such collaboration, responsibility, and accountability.

Recommended amendments:

- HB490 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 HB490 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 HB 490.

Thank you for the opportunity to testify.

February 11, 2019

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

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

Re: **H.B. 490– RELATING TO THE LICENSURE OF MIDWIVES.**
Hawaii State Capitol, Room 229 , February 14, 2019, 9:31 AM

HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write in strong support of H.B. 490, 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 H.B. 490 with suggested amendments.

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

REGULAR SESSION OF 2019

Hearing date February 14, 2019 at 9:31 am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable Health Chair Mizuno, Health Vice Chair Kobayashi 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 HB490 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 HB 490 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 12-13 of HB490 are traditionally demeaning (indicating no formal training), discriminatory, restrictive and would HB490 be asking the legislature to determine a person's culture(s) and restrict care by culture?

There are many other more specific problems in HB490, 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

HB-490

Submitted on: 2/12/2019 10:33:06 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Ho`omana Pono, LLC	Oppose	Yes

Comments:

In Strong opposition.

HB-490

Submitted on: 2/12/2019 1:55:19 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Women should have full bodily autonomy to decide where they birth, who is present and who provides the support they need. As a mother, a business owner in the birth community and birth doula, I oppose this bill.



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

REGULAR SESSION OF 2019

Hearing date February 14, 2019 at 9:31 am Room 329

RE: HB490 Relating to the Licensure of Midwives
IN OPPOSITION

Aloha honorable Health Chair Mizuno, Health Vice Chair Kobayashi 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

HAWAI'I MIDWIFERY COUNCIL

'A'OHE HANA NUI KE ALU 'IA.

EST. 2015

Regular Session of 2019

HB490 Hearing date 2/12/2019, Room 329, 9:30am

Testimony in **OPPOSITION**

Honorable House HLT Chair Mizuno, Vice Chair Kobayasi and committee members,

The Hawai'i Midwifery Council stands in STRONG OPPOSITION of HB490.

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 HB490 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 HB490'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. HB490 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, and Mama Hawai'i 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

HB-490

Submitted on: 2/12/2019 12:57:54 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chrystie Fujimoto	Hawaii ACOG	Support	Yes

Comments:

HB-490

Submitted on: 2/12/2019 8:43:07 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Russell Stewart	The Christian Churches	Oppose	No

Comments:

Dear Representatives:

My name is Pastor Russell Stewart and I have been Christian minister and Founding Pastor of a local Church on Oahu for the last 20 years and I am opposed to HB490 as it is written and will take whatever measures available to me, including enlisting the assistance of a Frist Ammendment Law firm that I am already in contact with, to prevent this bill from becoming a Law here in Hawai'i.

I am also a native Hawaiian and the Acting Foreign Minister of the Kingdom of Hawai'i, a lawful reinstatement Hawaiian group for independence since 1993.

HB490, in part, sanctions the practice of Midwifery according to Hawaiian culture which inherently includes its intertwining with the pre-Christianity, Polynesian/Hawaiian religious practices to the exclusion of all other religions including Hawaiian Christianity. This bill goes even further to restrict Christian Midwives from ministering to any woman outside of our beliefs. Our religion REQUIRES it! We call it Evangelism.

The ancient Polynesian religion had been cast off and rejected by the Alii and the highest ranking kahuna of Kamehameha I prior to the arrival of any Christian missionaries.

Historically, the arrival of Christianity found Hawai'i plunged into a religious vacuum. Upon hearing the Christian Gospel, the Queen along with the Kahuna, Hewahewa, embraced the good news and opened the newly formed Kingdom of Hawai'i to embrace Christianity and shortly thereafter Hawai'i became and functioned as a Christian Nation. It was known as such for virtually all of its years as a Sovereign Kingdom. (See Hawaiian Constitution of 1840) Eventually, over 90% of the Hawaiian people became Christians.

In reality, therefore, Christianity IS the Hawaiian Kingdom's cultural religion. It was the religion of the Hawaiian Monarchy and our last Queen. Why then is it not exempted along with those who practice the old, rejected, ancient beliefs?

I oppose this bill as well on the grounds that it violates a woman's Constitutionally protected a Right to contract and her Constitutionally protected Right of Association. By forcing a mother to contract only with State approved midwives, it violates her Constitutional Right to associate with a midwife of her choosing and to contract with someone NOT of her choosing.

HB490 will make our practice of Biblical Midwifery a crime and put our religious practices afoul of the law. Our Midwives are Ordained by God to assist all women in need in their births. We will not give up this ministry to the State. We are separate.

As it is also an evangelistic arm of our Church we are committed to use this Office of a Midwife to spread the Gospel of God's goodness to those we serve as we have done for the last 20 years and under the same Biblical command given almost 4,000 years ago in the Books of Genesis and Exodus.

Nurse-midwives have been in existence only since 1958. What gives them the right or authority to regulate our Church and to restrict us from the use of God's title of Midwife? The medical profession didn't create the name Midwife, God did, and neither you nor they have any authority to take it away.

The "Sunshine Analysis" says, "They (midwives) provide such services as an alternative to a medical doctor such as an obstetrician." This is completely false and completely backwards. Birth is a safe and natural right of life. Doctors are trained to "rescue" people in trouble health wise. Pregnant women are not sick, they are not in danger, and they are not in need of being rescued.

The statement should read, "Medical doctors such as obstetricians and nurses provide such services as an alternative to a Midwife in the rare case of an emergency."

Our Midwives are the best trained professionals anywhere. They are a woman's safest choice.

Midwifery is the safest method of birthing throughout history and still is by all statistics. As far as I know, there is no record of a maternal death in Hawaii due to midwifery. The medical profession is not even close! Hospitals are rife with reports of the horrors of both infant and maternal deaths due to unnecessary medical interventions. Hawai'i is the WORST of all 50 states and the United States is the WORST among the top 50 industrialized nations! Why! Not because of Midwives! Yet they say they want to "protect" the community from the safer practice of Midwifery?

Keep in mind also that a midwife has never aborted or killed a baby in a home birth. Nurses and Doctors have killed millions! In hospitals! How is that safer for mother and child?

There is NO reasonable necessity to protect the health, safety, or welfare of consumers against what is the safest way for a woman to birth. Please just leave the Midwives alone. Don't ruin another good thing through uncalled for regulations.

Our Church is here to bless the community not to fight the State. But, if we are forced to fight, we will to protect our God-given rights and responsibilities.

Thank you for you thoughtful consideration of our opposition to this flawed HB490.

Respectfully,

Kahu Russell Stewart

HB-490

Submitted on: 2/12/2019 5:36:57 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Whitney Herrelson	Informed Choice Birth Services	Oppose	No

Comments:

I am a student midwife at the Midwives College of Utah, bachelors of science in midwifery program. I oppose this bill, because of the fact that it would benefit me as a middle class white midwife attending a MEAC school who will obtain an CPM, LM, who moved to Maui a year ago. I ask the legislature to examine who this bill leaves behind. The answer is people of color and low income women. I will graduate my program with more than \$50,000 in debt, and will travel out of Hawaii many times to gain my clinical and academic requirements. How does this student loan debt change the way a traditional midwife, a servant to her community, practices? This bill is derogatory in that traditional midwives cannot call themselves midwives. This bill is classist and racist, and I strongly oppose.

HB-490

Submitted on: 2/11/2019 10:40:03 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I strongly support HB 490. 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 culture 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 HB490.

Jan Ferguson CPM

I hope 2019 is the year of licensure for midwives in Hawaii.

HB-490

Submitted on: 2/12/2019 6:42:31 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca Russell	Individual	Support	No

Comments:

my name is Rebecca Russell and into 2015 I gave birth to my daughter at home. It had always been my desire to have a homebirth provided there are no medical indication of a need for hospital. When I went it had always been my desire to have a homebirth provided there were no medical indication of a need for hospital. In the absence of a state licensing process I opted to choose a midwife who was also an RN. But Hawaii has many excellent midwives and the families of Hawaii deserve to have the option only licensed midwife and a home birth. The isolation of the islands prevents families from having options other than, in many cases, the single hospital available on island. Licensed midwife's give families the option to have a homebirth providing them with the comfort and care of their family and home and Vairo m The isolation of the islands prevents families from having options other than, in many cases, the single hospital available on island. Licensed midwives give families the option to have a homebirth providing them with the comfort and care of their family and home environment. The culture of Hawaii is one of connection to family and the Aina. Please support the licensing of midwives and promote and support the option for families to give birth in this loving and traditional way.

Mahalo

HB-490

Submitted on: 2/12/2019 12:30:34 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

Comments:

For the safety of our mothers and newborns, please pass HB 490.

HB-490

Submitted on: 2/11/2019 8:18:17 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Chair Mizuno, Vice Chair Kobayashi and Honorable Representatives of the 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. There are many "midwives" currently practicing in Hawaii that do not have training, have no credentials, and who have lost their licenses in other states due to negligence. This creates an unsafe environment with no accountability for Hawaii's families.

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

HB-490

Submitted on: 2/11/2019 9:23:20 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I oppose HB 490. Regulating and controlling how women chose to give birth especially in the Hawaiian tradition of midwifery when this has been done for generations, further debases and robs the Hawaiians of what little culture they have to hold on to.

HB-490

Submitted on: 2/11/2019 8:34:46 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Support	No

Comments:

Chair Mizuno,

I strongly support HB490, the bill regarding the licensure of midwives.

Simply put- Every mother deserves a well-qualified provider to be taking care of them during pregnancy, delivery, and postpartum. This bill will allow that to happen.

Colleen F Inouye MD MMM FACOG

HB-490

Submitted on: 2/12/2019 9:11:03 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Logan Luffel	Individual	Support	No

Comments:

I support HB490. Hawaii needs a path for certified midwives to obtain state licensure. Without licensing, mothers and babies can be put in harms way with inexperienced and unqualified practitioners and that could very easily lead to legislation that outlaws midwives attending home births all together (like in Illinois). Licensure for midwives protects families and responsible midwives state wide and helps protect our right as women to give birth where we choose and with the attendant we choose.

HB-490

Submitted on: 2/11/2019 10:54:42 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Having Licensed midwives means that babies can be delivered safely at home and cultural practices can still be respected and followed. It means the Midwife doing the delivery has training, education and will keep the mother and baby safe. As a former labor and delivery nurse I know this training is important in saving lives of moms and babies. I support this bill because I feel babies should be delivered by someone who is well trained and licensed.

HB-490

Submitted on: 2/11/2019 10:30:01 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I support HB 490, which relates to the licensure of Direct-Entry midwives. I am a Certified Professional Midwife and wish to hold a license to practice midwifery in the state of Hawaii, I believe that licensure will improve access to skilled care providers, and would add one more option for maternity care in Hawaii.

Sincerely

Dani

HB-490

Submitted on: 2/11/2019 11:26:35 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Smith-Johnson	Individual	Support	Yes

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 themselves 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 themselves 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

HB-490

Submitted on: 2/12/2019 4:00:50 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara DiGrazia	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date February 14, 2019

9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

Dear Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members

Please oppose this bill. It 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

HB-490

Submitted on: 2/11/2019 9:16:45 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura Acasio	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/12/2019 2:55:27 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Petra Gilmore	Individual	Support	No

Comments:

Aloha,

my name is Petra Gilmore and I have been blessed with the opportunity last year to choose a midwife for the birth of my first born son. My experience was incredible and I felt safe, comforted and supported. Overall, I would choose the service of a midwife over and over again.

During my first pregnancy I was also going simultaneously to Kaiser to get all my tests and labs done, also ultrasound services etc. It was at most times a hassle and the service was so different that I sometimes resented my appointments.

We are most likely going to have another baby. I will definitely go with the choice of my midwife again, the idea that I could have all services provided by one person would be amazing.

This is not against hospital services or western medicine, this is simply to have a choice of how to give birth and in which way we decide to do so.

To me, having a homebirth with my midwife was one of the most magical experiences of my life and I wish the option be available to everyone, I know many women who aren't able to have a home birth due to the regulations and cost not being covered.

Kind regards, Petra Gilmore

From: [Jade Stevens-Poire](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 2:14:13 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Jade Stevens-Poire
Email	sneakyfern@gmail.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Christina Jung](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 6:57:03 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Christina Jung
Email	joyfortruth@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/11/2019 8:39:38 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I oppose HB490 as it will impose western laws upon a traditional practice which is based on Hawaiian Religion and spirituality. It will inhibit many of our practices and possibly encroach upon other cultural rights as passed down through tradition.

Sean Chun

Cultural Practitioner, Island of Kaua'i.

HB-490

Submitted on: 2/12/2019 12:58:59 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sayaka Blakeney	Individual	Oppose	No

Comments:

I strongly oppose this bill since I have a family that is bi-cultural and non-religious and have home birthed two of my five children and am planning on doing the same this coming spring with my new baby that I am pregnant with.

I trust my midwife who has been delivering over 2000 babies and whether she has a license or not is not what I am looking for but how she cares for me and my family, how she holds her energy, how she practices with other women is what I see is most important to me and for it to be under someone else's regulation, that is so disrespectful to my decision as a woman and a mother.

Please do not pass this bill in respect to all mothers who are capable of making proper decisions for themselves.

Your time and mine is very appreciated.

From: [David Schaper](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 9:15:35 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	David Schaper
Email	oschpr@gmail.com

Type a question

Aloha

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

I humbly beg you consider well your options and support the existing community of midwives in a meaningful and intelligent way.

I am testifying in **STRONG OPPOSITION** to HB 490 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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What is really needed is better communication and problem-solving, NOT regulation that

would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/11/2019 9:29:01 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Oppose	No

Comments:

Oppose.

Let parents & their doctors decide their birthing options. The state should stay out of this.

HB-490

Submitted on: 2/12/2019 7:25:29 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashlie McGuire	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date February 14, 2019 at 9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

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

Thank you for the opportunity to testify regarding HB490. 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 HB490, I will only mention a few of the key problems here and suggest specific amendments at the end.

Page three 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 14th century. This bill assumes that people will consider a "midwife" a certain way? We are curious where the legislature gets this information and why they assume so? Rather than promoting assumptions, why not promote education to the community about different birth options and different types of birth providers. For example, a "midwife" is "a person who assists women in childbirth." A "certified nurse midwife" is "a person who has gone through a specific educational pathway etc." A "certified professional midwife" is "a person who, etc." A "traditional/cultural midwife" is "a person who, etc." and if Hawai'i legislature decides to license midwives there will be a definition, a "licensed midwife" is "a person who, etc."

Right from the beginning of HB490 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 12-13 of this 26 page bill exempts "a traditional birth attendant who is a person without formal education and training." 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 13 also implies 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 HB490 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
- 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) Allow certified midwives to also be traditional/cultural midwives if they so choose.

Once again I oppose HB490 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

HB-490

Submitted on: 2/12/2019 8:15:10 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

HB-490

Submitted on: 2/12/2019 2:55:02 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing date February 14, 2019

9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,

Regarding supporting mothers in birth, there exists the cultural/traditional/religious midwifery models passed on from generation to generation, and the more recent obstetrical model and medical midwifery models. Can these different models co-exist for the benefit of birth autonomy, birth choices? SB1033 imposes the obstetrical and medical midwifery model on other models and simply asks the state to support their model and put other models down, saying these types of practitioners have no formal education and don't even have the right to call themselves "midwives" anymore.

This is Hawai'i. It's time to stop oppression now. We don't have to agree, we can however respect and learn from each other's differences, living and breathing the "aloha spirit law."

Your Choice Of Home Birth Midwife will be restricted because:

The Legislature, through these bills, will control and limit your legal birth choices.

The Legislature, through these bills, will define birth as an unsafe medical procedure rather than a safe natural life event.

The Legislature, through these bills, will control and determine your basic human right to birth how you want and with whom you want.

Native Hawaiian women's rights to choose are restricted if this exemption is not amended and made less restrictive.

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 more of a medical model. This is a big limitation of legal birth choices!!

Traditional, Cultural, Religious or Biblical Midwives will only be allowed to assist those of the same culture? What does that even mean? Who defines "culture"?

In a nutshell, it will be impossible to regulate what constitutes a person's traditional, cultural, or religious practice without being unconstitutional.

If you regulate and restrict Midwifery you regulate legal birth choices! You affect birth autonomy.

HOW TO PRESERVE AND PROTECT YOUR RIGHTS TO CHOOSE...

Education IS the KEY!

A) OUR LEGISLATORS NEED TO BE EDUCATED about the origins/background of midwifery and how it became medicalized.

- With 98% of births taking place in hospitals the medical model for birth is not solving the problem as they routinely promote and uses practices and procedures that are proven to be harmful or risky to mothers and babies.

- The US ranks 47th in the world for maternal mortality (death) rate globally. Ranking number 1 means the least number of maternal deaths.

- Our Federal government just passed a bill “Ending Maternal Mortality Act 2018” to address this problem, and according to the World Health Organization, half of the U.S. deaths were preventable.

- Note: Poor maternal mortality rates are highest among African American, Asian and Asian/Pacific islanders, basically women of color.

B) THE COMMUNITY NEEDS TO BE EDUCATED on options for hospital and out of hospital deliveries! They need to know whether they are getting the:

a. Obstetrical Hospital Option

b. Medical midwifery I(Hospital/Insurance Controlled) Option

c. Professional Traditional/cultural Midwifery Option

so they can choose the model that works best for them.

C) ALLOW ALL OF OUR DIFFERENT OPTIONS. Our State community is asking for birth autonomy which demands and fully allows different practices for different people.

From: [Darci Tretter](#)
To: [CPH Testimony](#); [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 2:03:13 PM

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

Name	Darci Tretter
Email	darci.tretter@gmail.com

Type a question

Aloha

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

Senate CPH Chair Baker, Vice Chair Chang, and committee members.

I am testifying in **STRONG OPPOSITION** to HB 490 and 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490 or SB 1033.

From: [Krystal Niemczura](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 3:52:29 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Krystal Niemczura
Email	krysnzura@gmail.com

Type a question

Aloha

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

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: drakebeil377@gmail.com
To: [HLTtestimony](#)
Subject: End the Exclusion of Mental Health from HIT
Date: Tuesday, February 12, 2019 11:35:09 AM

Drake Beil
55 South Judd Street, PH-2
Honolulu, HI 96817-2631

February 12, 2019

John M. Mizuno
Chair, House Committee on Health

Dear John Mizuno:

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

HEARING: Thursday, February 14, 2019, 9:31 a.m., Room 329

RE: Testimony IN STRONG SUPPORT of HB1269
RELATING TO AUTISM SPECTRUM DISORDERS

I strongly support HB1269 which amends "Luke's Law" to clarify that licensed mental health professionals with adequate training and competence from a variety of backgrounds can provide necessary behavioral health services for the treatment of individuals with Autism Spectrum Disorder (ASD). The current statute severely limits the number of providers insurance companies are required to utilize to treat ASD in our state and, as a result, severely limits access for many families. Funders, including insurance companies and the Department of Education have been hesitant to pay for these services by anyone other than Licensed Behavior Analysts (LBAs). This bill would help clarify that health plans should cover needed services for individuals with ASD when provided by an expanded pool of competent providers.

Please vote YES on HB1269 to allow greater access to care for these individuals, families, and communities in need of effective services.

Sincerely,

Drake Beil
8082233223

From: [Maria Ramos](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:06:28 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Maria Ramos
Email	ramos.bracamontes@gmail.com

Type a question

Aloha

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

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/11/2019 6:03:31 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sunny Savage-Luskin	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/12/2019 1:28:15 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malani Rivera	Individual	Oppose	No

Comments:

I strongly oppose HB490, because woman should have their fundamental right to give birth how they want and not have the government interfere. Please do not allow this bill to go through.

Mahalo.

HB-490

Submitted on: 2/12/2019 9:09:26 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Autumn Ness	Individual	Oppose	No

Comments:

While I understand the intent of this bill, I oppose it because traditional midwives are not adequately exempted. There must be a mechanism by which traditionally trained and practicing midwives can be registered without having to start their education and licensing from zero.

From: [Illah Folsom](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 3:52:14 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Illah Folsom
Email	folsomfamily1@gmail.com

Type a question

Aloha

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

I

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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.

Other problems:

- 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.
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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: ❖

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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.

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“(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.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 5:09:37 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

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

I am testifying in STRONG OPPOSITION to HB 490 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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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

kobayashi1 - Melvia

From: donnalenes@hotmail.com
Sent: Tuesday, February 12, 2019 4:50 PM
To: HLTtestimony
Subject: Testimony in SUPPORT of HB1269

Donna Sing
POB 10305
Honolulu, HI 96816-0305

February 12, 2019

John M. Mizuno
Chair, House Committee on Health

Dear John Mizuno:

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

HEARING: Thursday, February 14, 2019, 9:31 a.m., Room 329

RE: Testimony IN STRONG SUPPORT of HB1269 RELATING TO AUTISM SPECTRUM DISORDERS

I strongly support HB1269 which amends "Luke's Law" to clarify that licensed mental health professionals with adequate training and competence from a variety of backgrounds can provide necessary behavioral health services for the treatment of individuals with Autism Spectrum Disorder (ASD). The current statute severely limits the number of providers insurance companies are required to utilize to treat ASD in our state and, as a result, severely limits access for many families. Funders, including insurance companies and the Department of Education have been hesitant to pay for these services by anyone other than Licensed Behavior Analysts (LBAs). This bill would help clarify that health plans should cover needed services for individuals with ASD when provided by an expanded pool of competent providers.

Please vote YES on HB1269 to allow greater access to care for these individuals, families, and communities in need of effective services.

Sincerely,

Donna Sing
8087346012

HB-490

Submitted on: 2/13/2019 9:22:38 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara G. Melamed	Behavior Medicine Associates, University of Hawaii	Support	Yes

Comments:

Above Testimony by Barbara G. Melamed,

In favor with modification that provides certification training for doulas and Hawaiian practitioners paid for by insurers or school of nursing or other online CE programs approved by certification boards in American Midwifery

TO: House of Representatives Committee on Health

DATE: Tuesday, Feb 14, 2019

PLACE: Hawaii State Capitol

FROM: Bliss Kaneshiro MD, MPH

Re: HB 490

Position: STRONG SUPPORT

Dear Representatives Della Au Belatti, Nadine Nakamura, Joy San Buenaventura, Calvin Say, James Tokioka, and Gene Ward,

As an obstetrician gynecologist I am writing in strong support of HB 490. 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.

A handwritten signature in black ink, appearing to read 'Bliss Kaneshiro', with a stylized flourish at the end.

Bliss Kaneshiro MD, MPH

TO: House of Representatives Committee on Health
Representative John M Mizuno, Chair
Representative Bertrand Koyabashi, Vice Chair

DATE: Feb 14, 2019

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Jennifer Chin, MD

Re: HB 490-Relating to The Licensure of Midwives

Position: STRONG SUPPORT

As a current third year obstetrics/gynecology resident physician with the University of Hawaii and a member of the American College of Obstetricians and Gynecologists, I strongly support HB 490 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 over 10 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. HB 490 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. Women are free to choose their provider regardless of the outcome of this bill.

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 HB 490 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 HB 490 to ensure the safety of all women in the state of Hawaii.

Thank you for the opportunity to testify.

From: Maricela Kempf <noreply@jotform.com>
Sent: Tuesday, February 12, 2019 4:36 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Maricela Kempf
Email	maricela.kempf@gmail.com

Type a question

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

Senate CPH Chair Baker, Vice Chair Chang, and committee members.

I am testifying in STRONG OPPOSITION to HB 490 and SB 1033 which would require licensure of midwives.

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Sent: Tuesday, February 12, 2019 4:31 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Mia Maloney
Email	mia.b.onorato@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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.

Other problems:

- 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).
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- 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.
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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:❖

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

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

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

kobayashi1 - Melvia

From: rachael.ruiz@student.chaminade.edu
Sent: Tuesday, February 12, 2019 4:30 PM
To: HLTtestimony
Subject: Testimony in SUPPORT of HB1269

Rachael Ruiz
3140 Waiialae Ave, KIE 11
Honolulu, HI 96816

February 12, 2019

John M. Mizuno
Chair, House Committee on Health

Dear John Mizuno:

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

HEARING: Thursday, February 14, 2019, 9:31 a.m., Room 329

RE: Testimony IN STRONG SUPPORT of HB1269 RELATING TO AUTISM SPECTRUM DISORDERS

I strongly support HB1269 which amends "Luke's Law" to clarify that licensed mental health professionals with adequate training and competence from a variety of backgrounds can provide necessary behavioral health services for the treatment of individuals with Autism Spectrum Disorder (ASD). The current statute severely limits the number of providers insurance companies are required to utilize to treat ASD in our state and, as a result, severely limits access for many families. Funders, including insurance companies and the Department of Education have been hesitant to pay for these services by anyone other than Licensed Behavior Analysts (LBAs). This bill would help clarify that health plans should cover needed services for individuals with ASD when provided by an expanded pool of competent providers.

Please vote YES on HB1269 to allow greater access to care for these individuals, families, and communities in need of effective services.

Sincerely,

Rachael Ruiz
808-594-7627

From: Sommer Paulson <noreply@jotform.com>
Sent: Tuesday, February 12, 2019 4:30 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sommer Paulson
Email	mauicommunityyoga@gmail.com
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From: Randy Gonce <noreply@jotform.com>
Sent: Tuesday, February 12, 2019 4:28 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Randy Gonce
Email	rgonce@my.hpu.edu

Type a question

Aloha

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Sent: Tuesday, February 12, 2019 4:25 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	pahnelopi mckenzie
Email	2spiralbirth@gmail.com

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❖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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

My name is Babatunji Heath,

I oppose HB490 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 HB490 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 HB490 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 HB490 as it stands.

Regards
Babatunji Heath

From: [Amanda Haff](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 5:30:11 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Amanda Haff
Email	amandajhaff@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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: ❖

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Beki Light](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 3:36:34 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Beki Light
Email	beki@psoasbodywork.com

Type a question

Aloha

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

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From: [Jessic Corpus](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 6:28:52 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name Jessic Corpus

Email crpsjss@gmail.com

Type a question

Aloha

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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;
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- (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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Jacqueline Grow](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 6:25:07 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Jacqueline Grow
Email	jacquigrow@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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❖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.

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❖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

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“(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

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 4:52:32 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Hawaii birth testimony 2019Feb13

RE: HB 490 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 490) 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.

HB-490

Submitted on: 2/12/2019 3:13:23 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I'm sure those of you pushing this bill have the health & well-being of Hawaii's people & keiki in mind, while doing so. Thank you for that.

But have you stopped to consider that perhaps criminalizing all aspects of being human on earth may not be a good thing? That maybe we don't need laws to govern every move we make? That maybe some aspects of existence are too sacred to fully comprehend, let alone, regulate, based on a limited perspective & thus a limited understanding of the intricacies involved?

Can you come up with some bills that would support, strengthen & empower people. ..rather than further criminalizing even the most basic functions & necessities of living?

Mahalo for your time in reading this. Please forgive my ignorance & assumptions. I know you'll do better. I hope you can sleep at night & that God forgives us all.

~Luana

(808)699-6130

P.O. Box 23086

Honolulu, HI 96823

HB-490

Submitted on: 2/12/2019 2:17:15 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/12/2019 1:09:03 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stacey Moniz	Individual	Oppose	No

Comments:

Aloha and thank you for hearing my testimony from Maui in **STRONG OPPOSITION** of HB 490.

As a grandma of two home birth babies, I love that home birth is part of the continuum of choice women have. This bill on its surface sounds like it's trying to create an exception for "traditional" or "cultural" birth practitioners, but really what it's doing is making them second class citizens in this discussion by demoting them from midwives to cultural birth practitioners if they don't get licensed. Becoming a licensed midwife is unavailable in Hawaii, so even if you wanted to get licensed, you'd need to get to the mainland, pay for your trips, somewhere to stay on top of the tuition! The barriers grow and are greater for the women of Hawaii.

Home birth is the way babies have been born since the beginning of time. Both my grandsons were born quietly in the comfort of our home, surrounded by love and calm. I wish my children had been born this way, it was so beautiful. I realize that for a very small number of births (whether in the hospital or at home) birth doesn't happen so easily, but it's unfair to regulate something as close to nature as birth based on such a small number of outcomes. You can try to distill the numbers to make them sound scarier than they are, but when you look at 'bad outcomes' side by side, you must consider unnecessary interventions, cesareans, and other medical interventions that happen at hospitals because many moms consider those negative outcomes. And I urge you to look at how many of the cesareans happen as a result of medical intervention in the first place; that maybe if you'd just let time and nature take its course, no intervention would have been necessary. Because moms consider those negative outcomes, too.

I believe we all want the same thing: healthy births for moms and babies. Until there is an affordable way for the women of Hawaii to get licensed here, this is not an even playing field and I will continue to oppose.

Thank you again for your consideration of my testimony in **STRONG OPPOSITION** to this bill.

Peace be the journey,

Stacey

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.

From: [Ashlee Moret](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 5:54:53 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Ashlee Moret
Email	sashlebrat@aol.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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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- (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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Noelani Love](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 10:04:13 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Noelani Love
Email	noelanilove@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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
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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Thursday, February 14, 2019; 9:31 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: Testimony in Support of HB 490
Relating to The Licensure of Midwives

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

I write in support of HB 490 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.

HB-490

Submitted on: 2/12/2019 6:12:48 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sylvia Dolena	Conscious Commerce	Oppose	No

Comments:

As a Native American living in Hawaii I oppose this Bill which would impact traditional child birth traditions in many cultures.

Testimony of Laulani Teale, MPH in OPPOSITION to HB 490, Relating to the Licensure of Midwives

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti, Rep. Calvin K.Y. Say, Rep. Nadine K. Nakamura, Rep. James Kunane Tokioka,
Rep. Joy A. San Buenaventura, Rep. Gene Ward

9:31 a.m. Conference Room 329
Thursday, February 14, 2019

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.

Please do NOT pass this measure. What would work better: a **task force** to solve these very complex problems, that could propose legislation that actually works for everyone. I know this community well, and can definitively say that this is possible. However, it just won’t happen without a forum for improved communication, that brings all players to the table.

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 better assessed prior to structuring legislation, and better laid out, 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.

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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.

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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;

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(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 for more information.

HB-490

Submitted on: 2/12/2019 11:33:30 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair and members,

The Coalition is in strong support of HB490. This bill would license 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

From: [Vanessa Orpilla](#)
To: [CPH Testimony](#); [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 3:28:35 PM



OPPOSE SB 1033 / HB 490 ! Requiring licensure of midwives

Name	Vanessa Orpilla
Email	orpilla@gmail.com

Type a question

Aloha

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

Senate CPH Chair Baker, Vice Chair Chang, and committee members.

I am testifying in **STRONG OPPOSITION** to HB 490 and 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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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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Other problems:

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- 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: ❖

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

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❖ 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.

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(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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490 or SB 1033.

HB-490

Submitted on: 2/11/2019 8:05:53 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
katelyn higgins	Individual	Oppose	No

Comments:

My name is Katelyn Higgins, I live on Schofield Barracks, and I am writing you in opposition to hb490.

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

HB-490

Submitted on: 2/11/2019 7:09:07 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Aloha Hawaii State Legislature

I am writing in extreme opposition of the HB490 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 HB490 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 HB 490 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: [Cody Lestelle](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 6:18:02 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Cody Lestelle
Email	lestelle@hawaii.edu

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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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.

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“(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.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 4:24:12 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I oppose the bill because I believe the following amendments are necessary:

1.No redefining of the term “Midwife”. Midwives existed millennia 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.

From: [Justin Roberts](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 4:44:20 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Justin Roberts
Email	rob0051@yahoo.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Amy Tsuchiya](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 3:04:08 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Amy Tsuchiya
Email	tsuchiya@twins@gmail.com

Type a question

Aloha

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

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“(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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Sue Roberts](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 4:43:50 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sue Roberts
Email	kandee051@yahoo.com

Type a question

Aloha

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

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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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Other problems:

- 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.
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From: [Nancy Holbrook](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 8:58:11 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Nancy Holbrook
Email	nancy_holbrook@hotmail.com

Type a question

Aloha

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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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From: [Celene Kobayashi](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 2:45:54 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Celene Kobayashi
Email	celene.eleste@gmail.com

Type a question

Aloha

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“(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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

REGULAR SESSION OF 2019

Hearing date Thursday, February 14, 2019 at 9:00 am Room #329

RE: HB490 Relating to the Licensure of Midwives

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members,

My name is Mari Stewart and I am in **Opposition of HB490** 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 HB490 on Page 3, 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 HB490 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 11, 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.

We thank you in advance for keeping an open mind and for taking the time to read our concerns about HB490 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 severe 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 that 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 any 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 truly 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 Trial of Labor after Cesarean OR Vaginal Birth after Cesarean 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 it MUST 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 Home Births 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 states 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 HomeBirth 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, it 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 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 HB490 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 HB490** as it stands.

Sincerely,
Mari Stewart and The Birth Believers Team

HB-490

Submitted on: 2/12/2019 9:11:08 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selena Green	Hale Kealaula, LLC	Oppose	No

Comments:

I strongly oppose HB490!

Legislators need to be educated about the origins/background of midwifery and how it became medicalized, and more specifically they need to be aware of how poor US infant and maternal outcomes regarding morbidity and mortality actually are, with 98% of births taking place in hospitals the medical model for birth is not solving the problem.

Hospitals routinely promote and use practices and procedures that are proven to be harmful or risky to mothers and babies.

The US ranks 46th in the world when it comes to maternal mortality (Fed govt just passed a bill "Ending Maternal Mortality Act 2018" to address this problem) and according to WHO half of the U.S. deaths were preventable.

Note: Poor maternal mortality rates are highest among African American, Asian and Asian/Pacific islanders, basically women of color.

The community needs to be educated on options for hospital and out of hospital deliveries!

Consumers need to know whether they are getting the obstetrical model, the medical midwifery model or the traditional/cultural midwifery model so they can choose the model that works best for them.

Can the different models co-exist without oppressing or controlling each other? This is what the community is asking for, birth autonomy demands different practices for different people.

2. What the intent of this bill?

Recognition for care providers? Insurance coverage for midwives, and increased availability of midwifery care for the birthing community?

Yet what kind of midwives is this bill promoting? Medical midwives. Licensing CMs and pushing CPMs to practice more like CNMs. Why?

Control of the traditional/cultural and biblical midwives by the medical model of care.

B) Safety? Better outcomes?

A license does NOT mean automatic insurance coverage (ask HMSA!). It will result in fewer legal midwives, definitely less diversity and selection of types of midwives, and therefore a decrease in legal choices for the birth community.

Regulating midwives regulates birth (which is a normal life event not a medical procedure). Does the legislature really want to regulate birth? Birth autonomy and birth sovereignty are basic human rights.

Does the legislature really want to be responsible for redefining the word "midwife?" 1250-1300 middle english term for "a person who is with other women in childbirth" or "trained to assist women in childbirth." There are many valuable routes of training! In Hawaii, where we celebrate being culturally sensitive and appreciate our "melting pot" diversity we should be creating integrative models of care that co-exist respectfully without controlling or repressing the other.

3. The exemption for traditional midwives is restrictive and also doesn't consider elder midwives in practice locally for 20–30 plus years, nor does it consider the traditional/cultural/religious rights of all birthing women in the following ways:

The exemptions listed for traditional midwives assumes no formal training and binds their ability to practice with limiting constraints.

Elder midwives would be forced to stop practicing or go underground, would have to stop calling themselves a midwife even though that is who they have been known as for 30 plus years, and it is what they feel about themselves and what their life work has called them to do, yet their name will be taken away.

It's impossible to regulate what constitutes a person's traditional, cultural, or religious practices without being unconstitutional.

Also, Native Hawaiian women's rights to choose are restricted if this exemption is not amended and made less restrictive

4. What is the problem we are trying to fix?

As trustees of our government institutions, there must be transparency in the governing of our laws and in this case there is no statistical evidence that there is a problem in the first place.

While the Dept. of Health has been asked to provide statistics repeatedly over the past 5 years they have yet to come to the table with any numbers to prove claims that there is a problem with midwifery care in the state of Hawaii.

5. Not financially feasible!

This bill is asking for financial resources the state does not have for “procedures, operating and enforcing” for a very small group of people and asking to spend tax payers money for issues that are already being addressed through the self regulatory HiHBC and Elders Council which maintains a midwifery registry, requires informed consent, peer review, stats collection and a grievance process.



House Committee on Health

HB490 RELATING TO THE LICENSURE OF MIDWIVES

Position: Comments only

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

YPDA Hawaii supports the intent of HB490, to create a licensure program for midwives in Hawaii while providing an exemption for Traditional Birth Attendants. However, the way it 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 it's 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 her 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.

REGULAR SESSION OF 2019
Hearing date February 14, 2019
9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives
IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,

My name is Tara Compehos. I am a midwife in Pahala in the district of Ka'ū on the island of Hawai'i. In our rural district there are no medical maternity care services. Women have to drive an average of 2 hours to Hilo or Kona to give birth or even have a prenatal. Midwifery currently provides the only care option within the district of Ka'ū. **If SB 1033 passes there will be no midwife who can legally practice in Ka'ū, including myself.**

While I am not unilaterally opposed to licensure for myself, issues of financial and logistical access prevent me from meeting the criteria in SB1033. Below is a list of some of the major problems:

1. **The effective date is unreasonably soon** (July 1, 2019), which would interrupt maternity care that is already in-progress. Imagine what this could do to a woman who has recently chosen me as her midwife and I suddenly become illegal. She would either have to go through with an illegal birth or scramble to find a new midwife mid-pregnancy. Women who I have attended previously would be unable to legally use me as their midwife again even if I am the only one they are comfortable with or have access to.
2. **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.
 - While SOME schools offer distance learning programs and in theory I could return to apprenticeship under a certified preceptor in Hawaii, there are only 2 or 3 qualified preceptors on Hawaii island. Ka'ū is extremely remote and preceptors are reluctant to take on an apprentice who is 3 to four hours away. In addition, apprenticing out of district would leave the women of Ka'ū without midwifery care and my family without income.
 - Furthermore, only one testing center is available in the state for distance learners (on Oahu). This creates an even higher barrier for midwives like myself who live on neighbor islands.

****I encourage you to look to states like Texas which offer licensure using the NARM exam as their state licensure exam without requiring NARM certification. The precedent is there.** I suggest amending the bill to allow midwives to become licensed without requiring NARM certification which would remove the financial and distance barrier to obtaining licensure.**

3. There is no pathway for experienced midwives to get certified, which means that midwives like myself who have been practicing for years would be forced out of practice, or would have to completely start over in our training as described above. (The NARM pathway for experienced midwives is set to discontinue in December of 2019: <http://narm.org/equivalency-applicants/experienced-midwife/>)

4. 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.

5. One possible option to create a win-win-win-win for everyone and put an end to this recurring legislative battle every year would be changing the bill to create a system where all midwives can easily become licensed regardless of certification. We could track homebirth statistics without requiring NARM certification, which is the barrier that reduces access to care. 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.

The bottom line is that requiring mainland certification will make approximately 30 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.

I appreciate your careful consideration of this issue and am more than happy to share insights and information with any who seek to understand homebirth in Hawaii more fully. I will leave you with this quote from sociologist Raymond Devries' book "Making Midwives Legal":

A major thesis that emerges from review of midwife regulations, both old and new, is that the dynamic relationship of law and midwifery holds serious consequences for the midwife's profession as well as for the provision of health care to women and their infants. For women in the upper and middle classes, these dynamics determine options available for childbirth. For women with limited incomes, the midwifery-law relationship can altogether eliminate choice.

HB-490

Submitted on: 2/12/2019 5:50:16 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Testimony in OPPOSITION to HB490

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,

Thank you for reading my testimony in STRONG OPPOSITION of HB490. I am a Nautropathic Physician, Mother of two out of hospital births and I attend homebirths. I am a woman of child bearing age. My husnabd is Hawaiian Chinese and more. What does that mean for our births moving forward? Will we be limited to who can attend our births? I want to keep the option to have whom ever I choose attend me while I give birth. I do not want them to face legal penalty. I do not want to go back in time. This is 2019, we should be educating out communities, rather than taking away their right to bith their babies with whom and how they choose.

As a mother of children who are Hawaiian, Chinese, Norwegian, Irish and more please help me understand what that means for birth attendant who will attend their famly's births? This bill is confusing and colonialist as it assumes that everyone has one culture, one race and does not discuss the details of those who fit outside the box.

Again, I am opposition of this bill and would like the following amendments made.

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.

Aloha. Thank you again for reading my testimony in OPPOSITION to HB490.

Dr. Anne Dericks, ND

From: [Safira Yasin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 7:46:06 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Safira Yasin
Email	spa.doulah@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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

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(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.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Simone Derow-Ostapowicz](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 8:13:59 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name Simone Derow-Ostapowicz

Email simonederow@yahoo.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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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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.

Other problems:

- 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.
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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Amy Green](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 1:13:02 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Amy Green
Email	greenleafkauai@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 HB 490.

From: [L Kehaulani Kekua](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 11:45:43 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	L Kehaulani Kekua
Email	kehaulani.kekua@yahoo.com
Type a question	<p>Aloha mai kakou: House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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</p>

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◆ 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.

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Tami Winston](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 8:32:48 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Tami Winston
Email	kauakeaw@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.
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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: ❖

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From: [Sarah Tomastik](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 8:16:27 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sarah Tomastik
Email	sarahdream01@yahoo.com

Type a question

Aloha

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

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From: [Lauren Hall](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 10:53:51 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Lauren Hall
Email	laurenhall6686@gmail.com

Type a question

Aloha

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From: [Dane Silva](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 7:44:36 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Dane Silva
Email	lomidoc@gmail.com

Type a question

Aloha

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“(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.

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From: [Rochelle Fallon](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 8:30:19 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Rochelle Fallon
Email	rochelle.fallon@yahoo.com

Type a question

Aloha

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

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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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Other problems:

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From: [Gail Murakami](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 7:28:17 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Gail Murakami
Email	percybelle@sbcglobal.net

Type a question

Aloha

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From: [Bessie Estonactoc](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 6:31:01 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Bessie Estonactoc
Email	bestonactoc@gmail.com

Type a question

Aloha

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◆ 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;
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- (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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

February 14, 2019

Committee on Health

TESTIMONY IN SUPPORT OF HB 490, RELATING TO THE LICENSURE OF MIDWIVES

Submitted by: Jennifer Shishido, mother and grandmother.

House Bill 490 and its companion measure, Senate Bill 1033 aren't perfect by far, but something must be done to protect Hawaii's mothers and babies. The State Auditor's report clearly states that licensing of all midwives is necessary for mothers and babies. Childbirth is risky. No question. 28 States regulate midwives.

Hawaii regulates people who give you massages and those who cut your hair, but not those who may have an impact on the health and lives of mothers and babies. Most nations recognize that childbirth is risky, requiring obstetricians to undergo an additional year of residency and additional training. Insurance companies can tell you that childbirth is risky. The malpractice insurance for obstetricians is ridiculously high. EVERYONE KNOWS CHILDBIRTH IS RISKY, so why aren't we doing something about it??

I agree with the Departments of Commerce and Consumer Affairs and Health that the Oregon Revised Statutes (ORS), Chapter 687 for Direct Entry Midwives is a model we should use to amend this measure – for clarity, enforceability, and to include an obstetrician on the advisory committee.

It does not take a brave legislator to pass this bill. It takes a legislator who puts the public safety and health above other concerns and is willing to do the right thing. We have a history in this state of waiting for the disaster to take action – waiting for the devastation, the tragic incident or the big lawsuit. Be brave, Committee on Health. Please pass this measure with amendments as suggested by DCCA and DOH.

Thank you

Hearing Date: February 14, 2019

To: Representative John M. Mizuno, Representative Bertrand Kobayashi, and Members of the House Committee on Health

From: Shandhini Raidoo, MD, MPH

Re: HB 490 – Relating to the Licensure of Midwives

Position: Strong support

Dear Representatives Mizuno, Kobayashi, and Members of the House Committee on Health

I am a physician working at the University of Hawaii, John A. Burns School of Medicine, Department of Obstetrics, Gynecology, and Women's Health. I provide comprehensive obstetrics and gynecology services. I am writing in support of HB 490.

I have worked extensively with certified nurse-midwives over the course of my career, and midwifery is a valuable and important aspect of pregnancy-related care for women. Women have the autonomy to choose their healthcare providers, and having licensed healthcare providers available to women allows them to make the best decisions for themselves and their families while ensuring that they are medically safe and the care that they receive meets the standards for quality care.

The Sunrise Analysis published in January 2017 addressed this issue and determined that the licensure of practice of midwifery in the state of Hawaii should be mandatory, as is licensure for most other professions, and certainly all other professions engaged in human health and well-being. The International Confederation for Midwives has outlines requirements for education and training, and these are readily available to inform the licensure process. Licensure of the practice of midwifery also has the opportunity to encourage collaboration between healthcare professionals and encourage mutual respect and education. Licensure also has the potential to increase access to care in rural areas of our state and to allow women to choose from a variety of licensed professionals to care for them during their pregnancy and birthing process.

For these reasons outlined above, **I support HB 490.**

Please protect the health of women in Hawaii and their families by supporting HB 490.

Mahalo for your time and consideration,

Shandhini Raidoo, MD, MPH

HB-490

Submitted on: 2/12/2019 7:31:00 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
noelle manriquez	Individual	Support	No

Comments:

I support this bill because I support informed choice. Women of Hawaii deserve access to collaborative care between their homebirthdy midwives and their doctors. I have 3 children born on Maui. My firstborn was a planned homebirth that ended up in a transfer to Maui memorial. The way that the hospital staff treated me as a pariah was completely unacceptable, and the way that my midwife encouraged me to lie to my doctor was also unacceptable. I went on to have 2 successful homebirths with a TRADITIONAL midwife.

As a licensed massage therapist I recognize that putting a paper license on a traditional and cultural practice is offensive to some, and change is scary. But despite being a holy and sacred practice, midwifery is also healthcare. And healthcare professionals need to be held accountable to a standard.

I believe we can all benefit from this bill.

From: [grace hicks](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 6:15:04 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	grace hicks
Email	grace.s.hopkins@gmail.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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: ❖

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Shannon Rudolph](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 5:30:06 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Shannon Rudolph
Email	shannonkona@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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</p>

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- 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).
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and

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From: [Allison Dobbs](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:19:47 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Allison Dobbs
Email	ardobbs4@rocketmail.com

Type a question

Aloha

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◆ 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Eva Joy Miner-Peru](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:13:47 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Eva Joy Miner-Peru
Email	hula5kolo@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Sarahn Henderson](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Tuesday, February 12, 2019 6:26:42 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sarahn Henderson
Email	birthinthetradition@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 5:45:57 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

REGULAR SESSION OF 2019
Hearing date February 14, 2019
9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives
IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,"

My name is Sheena Duarte.

I am in Opposition of HB 490 as it stands.

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 HB 1223 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 HB 490 as it stands.

Sincerely,

Sheena Duarte

HB-490

Submitted on: 2/12/2019 9:18:27 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Meghan	Individual	Support	No

Comments:

Aloha Representatives,

I am contacting you regarding support for mandating and passing required licensure for midwives in the State of Hawai'i--in support of HB490.

I am a first-time mom, who is currently pregnant. In my journey regarding my pregnancy, I have been exercising my right of self-determination of health care by interviewing multiple platforms of care including OBGYN groups, midwives for prenatal care and delivery options, along with doulas for additional support during delivery.

I had a horrific experience at our county facility on November 27, 2018 at Malama Ike Ola, on Maui. I transitioned care to them as I was with private insurance, HMSA PPO, and wanted quality doctors who were familiar with Kapi'olani Women and Children's Medical Center, in the undesired event, that my unborn child needed higher level of care and transition to NICU on O'ahu. Due to me not willing to sign a paper saying I was committing to a hospital birth, I was refused to be seen by the doctor, after waiting for over an hour. I was explained that this was due to midwives not being licensed nor having hospital privileges and the doctors were unwilling to take on the liability.

As you know, our islands in Maui County are predominantly rural areas. We have many remote areas and remote roads that accessing the hospital for birthing a child or being provided care is not always an option. To be refused care because I was exercising my right to choose my birth plan, and at time was undetermined, is not only BEYOND unethical, yet a liability to the State of Hawai'i. This is where support of HB490 is so important. It provides options for care assuring there are some regulations for safe practice.

I too, am a licensed individual as a Licensed Clinical Social Worker in the State of Hawai'i. From an ethical standpoint, there are regulations, exams, consistency I have had to complete assuring I was the caliber of person the State would recognize as an appropriate, responsible, ethical, and safe practitioner to provide mental health services in the State of Hawai'i. Midwives are providing space welcoming new life into this world. Not having any background clearance, certification, clarification of what a midwife does, etc., is placing our community at risk for those who cannot, will not, or have not had proper training, credentialing, background screening, to provide midwifery service in the

State of Hawai'i. Licensure assists who can be defined as practicing midwifery, potentially have health insurance cover their medical cost, but most importantly--provide options for standard of care for new families seeking prenatal services.

For the State to expect and place unnecessary pressure on our doctors, which we already have a shortage of in the neighbor islands, is beyond unethical and seemingly blatant disregard from the State of Hawai'i in lack of action to license these midwives. Due to not regulating midwives with licensure—not only are you limiting people in the community to access of care; in the event of a transfer—where the mother needs to go to the hospital for higher level of care—if there is a person identifying as a midwife without any regulation, the State currently expects the doctors to provide best care making these situations high risk for mother and child and creating unnecessary stress to our already overworked doctors. I am deeply concerned the State has not acted sooner. In talking with the midwives, they have been seeking licensure since the 90's. We are in 2019.

The State of Hawai'i has a duty, and you, respectfully Representatives, have a duty to protect our communities assuring safety for all persons.

I ask you as a resident of the great State of Hawai'i, community member of Maui County, Licensed individual, and soon to be mother to please stop delaying this much needed licensure to our midwives. Please protect our mothers, our keiki, our doctors, our ohanas assuring we are providing best care. I trust our State of Hawai'i in our intention to be pono.

I ask, respectfully Representatives, you represent us in being pono with licensing midwives.

I am grateful for your time and service.

Mahalo nui loa,

Meghan Walles, LCSW

HB-490

Submitted on: 2/12/2019 10:06:32 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jenalyn Camagong	Individual	Support	No

Comments:

Aloha,

My name is Jenalyn Camagong and I am a social work student at the Myron B. Thompson School of Social Work at the University of Hawaii at Manoa. My testimony is reflective upon my perspectives and I do not speak on behalf of the University or the School of Social Work.

I support the intent of HB 490 as it will require midwives to obtain licensure and continuing education, in addition to the ability to prescribe medications. I believe this will increase the safety and quality of care for both mothers and infants prior, during, and after the childbirth process. In addition, this will not affect the traditional and Native Hawaiian practices of childbirth and therefore allow women to still have the option to include cultural practices. For these reasons, I support HB 490.

Thank you for the opportunity to testify.

To: House Committee on Health

Representative Mizuno, Chair

Representative Kobayashi, Vice Chair

Conference Room 329, Hawaii State Capitol

415 South Beretania Street Honolulu, HI 96813

From: Jenny Foster, CNM, MPH, PhD, FACNM, FAAN

Time: Thirtieth Legislature Regular Session of 2019: Thursday, February 14, 2019 at 9:31am

Thank you for the opportunity to testify in **strong support of HB490** to regulate the practice of midwifery in Hawaii. My name is Jenny Foster, and I am currently a resident of Manoa. I have been active within the profession of midwifery for 36 years. From 1985-1988, I served as the first midwife to practice at Molokai General Hospital. I am currently a member of the Hawaii Affiliate of the American College of Nurse-Midwives. Last May, I retired as the Director of the Midwifery Education Program of Emory University in Atlanta, Georgia. During my career, I spent five months at the World Health Organization's Collaborating Center for Midwifery in the Americas at the University of Chile. I am one of many in the movement to strengthen the profession of midwifery because of the enormous potential of this specific type of care to improve maternal newborn health and to empower women and families across the globe.

The committee is probably already aware of the positive benefits of midwifery care, in terms of birth outcomes, as well as the high levels of satisfaction that women and their families derive from midwifery care. Some wonder why midwifery regulation is necessary in Hawaii. In our midwifery education programs, we as faculty emphasize to students that midwifery goes beyond the technical and psychosocial skills of the craft; student midwives learn also to become professionals. We define a professional to be someone who becomes competent in their chosen discipline through training; maintains her/his skills through continuing professional development (CPD); who wants to be part of society of peers, and commits to behaving ethically, to protect the interests of the public. Certified nurse-midwives are already licensed in Hawaii, but HB 490 enables certified professional midwives and certified midwives to be licensed also – as part of their ethical responsibility to be accountable for their care, a responsibility which they willingly take on.

Women have the right to choose among a variety of birth attendants. Women benefit if they have an informed choice regarding the education and demonstrated competencies of the person who attends their birth. More women would benefit from receiving midwifery care in Hawaii. I believe licensure of certified professional midwives and certified midwives provides a pathway for the profession to advance to serve more women who need them.

HB-490

Submitted on: 2/12/2019 10:34:09 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	Yes

Comments:

I strongly support HB490 and urge you to pass this bill. We are regulating midwifery and not birth practices, and I support 100% every persons right to choose who they want at their birth, where they want to birth and how they want to birth. And I believe everyone has free will to choose this. I believe that a law that defines what it means to call oneself a midwife and provide services under that title in this state does not take away anyones ability to practice their traditional birth practices. It also does not take away their right to call themself by any title that is not regulated in the state. They can continue to utilize the title cultural practitioner or traditional birth practitioner or any title of their choosing. And I believe if a person calls themself a midwife without demonstrating the globally defined and nationally implemented educational standards and competencies, then they are aware there could be fines if someone reports them. The practice of midwifery without a license is what carries penalties; it does not make the person illegal, nor the woman birthing illegal, nor her birth illegal. Humans are not made illegal by this bill.

This bill has great positive impact for our community through integrating midwifery into health care. This is demonstrated to improve birth outcomes and reduce neonatal mortality. It also reduces the maternity care gap by recognizing midwives through licensure and giving them access to practice to their fullest scope. People looking for midwifery care will know that the midwife they are seeing has met education and competency requirements, and has a certain skill set. And they can either choose to seek care from a midwife or other health care provider or practitioner of their choice.

Thank you for this opportunity to testify.

HB-490

Submitted on: 2/12/2019 9:28:27 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing date: 2/14/19, at: 9:30am, Room #329

RE: HB490 & companion bill SB1033: Relating to the Licensure of Midwives

IN OPPOSITION

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

My name is: Valerie Brown

I am in strong opposition of HB490 and companion bill SB1033 as it stands. The following are my reasons for opposition:

1. The statement that “out of hospital birth is not as safe as hospital birth”, is based on belief and innuendo with NO credible supporting evidence.
2. US birth outcomes are getting worse. 98% of births taking place in hospitals, the medical model is not solving the problem. Among developed countries, the US ranks 46th in the world when it comes to maternal mortality (death). **Please note:** according to WHO (World Health Organization) half of these US deaths are preventable. Poor maternal mortality rates are highest among African American, Asians and Asian Pacific Islanders, basically women of color.
3. As a member of the community, and consumer, I’m asking for birth autonomy which demands and fully allows for different practices for different people. The community needs to be educated on options for birth. I need to know whether I’m getting the obstetrical model, the medical midwifery model or the traditional/cultural/religious model so I can choose the model which works best for me and my family.
4. You cannot redefine the term “midwife”. Midwives existed in millennia before the obstetric or midwifery model.
5. In Hawaii where we celebrate being culturally sensitive and diverse we should be creating integrative models of care that co-exist respectfully without controlling or repressing the other.
6. This bill seeks to control my right as a woman to choose where and with whom I birth. This law is trying to medicalize childbirth. Disparate treatment of women of color within the medical system is a significant problem. There is a history of racism, classism and sexism in the healthcare system that disproportionately affects women of color and non-English speaking women.
7. Lastly, I oppose this bill because Birthing families have the right to give birth and be attended to where it is most appropriate, be it home, community, clinic or hospital, and to be able to choose the support system for their births, including but not limited to traditional midwives, cultural midwives, religious midwives, family and community members.

Please oppose HB490 as it stands.

Sincerely,

Valerie Brown

HB-490

Submitted on: 2/12/2019 9:18:14 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tyra Du Bose	Individual	Oppose	No

Comments:

My name is Tyra Du Bose and I am opposed to the bill HB490!

I had my first Midwife/ Doula birthing experience with my most recent pregnancy in 2018. I believe it was a miracle that I found my midwives. They were like angels sent from heaven just for me!

I, myself like everyother woman who is pregnant t frkmour island of Lana'i is ordered to be sent away from home to give birth to our children on either Oahu or Maui. When we are sent off island we are to stay in a hotel alone or with family. This is a very expensive process considering you must pay air fare, car rentals, hotel, food and activities for up to a month while you wait to go into labor.

I have family on the island of Oahu and chose to stay there to have my baby. My family is very busy and not completely supportive of my birthing views. I was scared that I would be all alone while giving birth to my son.

While watching birthing videos online I noticed that home births were so peaceful and the hospital births were more like torture and scary. I had two previous births before by C-section and I knew this time that I could have this baby naturally if I only had a good team on my side. M It was a miricle that I found my Midwife because I didn't even know Hawai'i still had them. From the moment I saw my Midwife in the video helping a mother through a peaceful birth, she was there or me by phone whenever I needed her, she met with me when I arrived to Oahu and assured me that all is possible for natural birth. We created a plan together and she would be on call every moment of the day and night.

Ahe checked on me in person and by phone everyday and helped me with the process.

When my water broke my midwives were by my side coaching me through. I felt confident, encouraged and honestly believed in myself.

My signifigant other and my daughter flew over to be there for my sons birth. My Midwife did not leave my side. She encouraged Dad to help with the labor process and how he could support me emotionally and physically. They were there to relieve him when extra help was needed.

Unfortunately after 24 hours of no progress I decided it was time to go to the hospital. My midwives were by my side through the whole process. They turned into Doulas at that point and supported my breathing and gave me great encouragement. I was not scared or felt alone at all.

I did wind wind up having a repeat C Section because of some medical complications. My midwives/ doulas had me safe the whole time and they knew exactly what to do and when to do it . I was in control of my birth plan and they helped me achieve my birth goals as close as possible. My Midwife stayed with me till Baby and I was settled in. She returned to check on us and she even took my preteen daughter to play with her kids when she was asked to leave the hospital.

I had major PPD (postpartum depression) in the hospital andmy Midwife took my placenta to make capsules for me to take. These helped so much and after a day I was better.

I still keep in contact with my Midwives each month to keep them up to date on the progress of myself and baby. I don't know how anyone gives birth without a Midwife and or Doula team by their side. Please don't take them away. We need women with knowledge of labor and birth to be on our side!

HB-490

Submitted on: 2/12/2019 8:28:18 PM

Testimony for HLT on 2/14/2019 9:31:00 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 our 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 the world of developed countries for maternal and infant deaths! These types of 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 to do just that.

Juan Astorga

Good morning Chair John Mizuno, Vice Chair Kobayashi, and Committee Members.

I come before you this morning in **opposition** to House Bill 490. I am now a retired attorney and the mother of three grown children born at home in Hawaii with traditional midwives. Both of my 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 met them.

HB490 seeks to license all midwives in this state, with a supposed 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. In fact, both my midwives would be outlawed by this bill.

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”?
- Why are traditional midwives limited **ONLY** to assisting women (and I 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?
- The definition says 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? I find it strange that a woman can choose to have an abortion, but won’t be able to choose her own birthing attendant.

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:

- A voluntary licensing system
- Adopting the system in Oregon where traditional midwives are allowed to practice
- An online registry of all midwives’ qualifications to provide true informed consent for pregnant women
- a Task Force to create a workable bill which includes birthing mothers’ voices

Please uphold women’s right to choose, and vote NO on HB490 as currently written.

REGULAR SESSION OF 2019

Hearing date Thursday, February 14, 2019 at 9:30 am Room #329

RE: HB490 Relating to the Licensure of Midwives

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members,

My name is Mari Stewart and I am in Opposition of HB490 as it stands. I am a mother of two and a grandmother of 5 who attended and assisted at all five of my grandchildren's births. Two were born in the hospital. Three were born at home. I am a birth worker, I am a doula, I am a childbirth educator, I am a pastor, I am a Biblical midwife.

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.

As many will be sharing their concerns about HB490 in its current form, I would like to focus on two points that grieve me greatly.

FIRST: on Page 11, point 6A is of great concern to me. 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 distinct cultural or religious group:

How is it that my Biblical religious midwifery is going to be allowed to be legislated by others outside of my faith? And how is it assumed that because I am a Biblical religious midwife, that I have not had any type of formal education and training? The Biblical pathway has been in existence for nearly 4,000 years! The medical pathway, in comparison, is in its stage of infancy.

Point "A" limits religious midwives from ministering to anyone outside of their religion.

Yet, the last point in Sub Section 7 totally exempts native Hawaiian traditional healing practices which include their religious practices. This seems flagrantly race based and religiously discriminatory as it prefers one race and religious practice above all others.

(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. 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."

My Bible mandate specifically directs me to perform in the office of the midwife and serve all faiths.

SECONDLY:

The proposed definition of a Midwife according to HB490 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”.

If Global Standards are what are being proposed as the baseline of education for this bill, does this include only “Medical Standards” while discounting the wealth of knowledge used in birth by Home Birth Midwives around the world employing the use of the pinard horn or fetoscope, herbology, accupressure, accupuncture, essential oils, homeopathy, placetophagy, massage, Hawaiian native plants, and prayer....just to name a few.

I am a Biblical religious Midwife. However, according to HB490 on Page 3, I would no longer be able to call myself a midwife because the authors of this bill have chosen to use a definition differing from my Biblical definition, and have re-defined what the definition is and the pathway that I must adhere to in order for me to use the term Midwife.

Due to the “exemptions” in sub section 7.6 Point “C” restricts even the use of the term midwife by those who are not state licensed.

There is no person, group, or agency that can predate the Biblical law of first mention nor its definition of a midwife. No one can own and define this word “midwife” except the one who created it. Midwives predate the “nursing” profession by millennia, yet now, this bill seeks to wrongly appropriate and own the term “midwife” and forbid traditional, cultural, or religious midwives from referring to themselves as such.

I am a Biblical Midwife operating in the “Office of a Midwife” according the book of Exodus 1:16 as written in our Church Bylaws and statements of faith. The State has no jurisdiction, that I can see, to override that scriptural tradition nor the office I operate in and restrict the use of that Biblical term and title from my ministry.

Why is it not possible to simply continue to allow every type of midwife to operate within their sphere of influence, culture, and training with full disclosure to the families they serve, without one group attempting to dominate and control the rest. What right do we have to control anyone's birthing choices or birthing experience?

Can we not co-exist in serving birthing women? After all, birth is **NOT** a pathological event that is meant to be managed, controlled, or feared. It is a natural life event where the mother herself should have the say in where, with whom, and how she wants to birth her baby.

I would like to summarize with a few powerful quotes:

Dr. Marsden Wagner served as a Director of Maternal and Child Health for the California State Health Department, Director of the University of Copenhagen-UCLA Health Research Center, and Director of Women's and Children's Health for the World Health Organization. He was an outspoken supporter of midwifery.

QUOTE: "Humanizing birth means understanding that the woman giving birth is a human being, not a machine and not just a container for making babies. Showing women-half of all people-that they are inferior and inadequate by taking away their power to give birth is a tragedy for all society."

The Business of Being Born, Ricki Lake's documentary about home birth and midwifery included footage and details of Lake's own "life-changing" home-birthing experience and followed a midwife going about her work. Lake hopes that the film educated and empowered people to really know their choices in childbirth.

QUOTE: "I believe every woman has the right to any birth experience she wants, wherever she chooses and with whatever care provider she's comfortable. It's about doing your own due diligence and finding the best option for you."

Michel Odent studied medicine in Paris and was educated as a surgeon in the 1950s. He has been presented in Lancet as “one of the last real general surgeons”. In charge of the surgical and maternity units of the Pithiviers hospital (France) from 1962 to 1985,

QUOTE: "The truth for women living in a modern world is that they must take increasing responsibility for the skills they bring into birth if they want their birth to be natural. Making choices of where and with whom to birth is not the same as bringing knowledge and skills into your birth regardless of where and with whom you birth."

Ina May Gaskin, is founder and director of the Farm Midwifery Center which is noted for its low rates of intervention, morbidity and mortality despite the inclusion of many vaginally delivered breeches, twin and grand multiparas. Founded in 1971, by 2011, the Farm Midwifery Center had handled approximately 3000 births, with remarkably good outcomes.

"When you destroy midwives, you also destroy a body of knowledge that is shared by women, that can't be put together by a bunch of surgeons or a bunch of male obstetricians, because physiologically, birth doesn't happen the same way around surgeons, or medically trained doctors, as it does around sympathetic women."

"Simply put, when there is no home birth in a society, or when home birth is driven completely underground, essential knowledge of women's capacities in birth is lost to the people of that society—to professional caregivers, as well as to the women of childbearing age themselves."

And my last quote once again from Ina May Gaskin, the most recognized midwife around the world.....

"Why in the world do the insurance companies get to be the boss of birth? That's what I want to know."

Thank you for allowing me to share my heart on behalf of the thousands of individuals I have faithfully served in our communities across Oahu for the past 20 years.

Again, I sincerely ask you to please OPPOSE HB490 as it stands.

Sincerely,
Pastor Mari Stewart

HB-490

Submitted on: 2/12/2019 9:09:50 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I strongly oppose this bill or any trying to regulate midwifery in this manner. Not only does this bill go into affect dangerously soon, causing women to possibly lose care in the middle of their pregnancies, it also sets up an unjust barrier to licensure through requiring certifications that are not available to achieve in this state. As is, this bill will criminalize many practicing midwives and birth attendants. This will not ensure safety of mothers and babies.

HB-490

Submitted on: 2/12/2019 7:06:47 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Candice Roberts	Individual	Oppose	No

Comments:

I strongly oppose HB490. This bill as is it written will remove the freedom of choice from a group of women that should be protected. These are our mothers, sisters, daughters, and grand daughters that should have the right to choice how, where and with whom they birth. We live in a state that has many laws protecting the freedom of choice. Please do not support this bill and force our women into mainland birthing practices. Vote No to HB490 and know that the people you are serving will be protected from these attempts to change our islands.

HB-490

Submitted on: 2/12/2019 8:20:28 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr Gerard Dericks	Individual	Oppose	No

Comments:

To whom it may concern,

To any objective observer, and to those with first-hand experience, it is clear that the mainstream healthcare practiced in the United States is deficient in terms of both ultimate outcomes and cost. Needless regulation such as HB490 to restrict alternatives is both a violation of our personal medical freedoms, and a further violation of the market principles which are needed to drive real medical progress. On these grounds, I urge our legislators to defend these rights and oppose HB490.

Sincerely,

Dr. Gerard Dericks

HB-490

Submitted on: 2/12/2019 8:21:53 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chelle Galarza	Individual	Oppose	No

Comments:

Testimony in OPPOSITION to HB490

I am a mother, postpartum doula and resident of Maui.

I gave birth at home with a traditional Hawaiian Midwife. I strongly oppose bill HB490 because it limits a woman's choice of who they give birth with and where they can give birth.

This bill does not support traditional Hawaiian midwives or any indigenous midwifery.

It leaves no path for indigenous midwives to certify without starting again.

We have no midwifery schooling on the Hawaiian islands and traveling off island is just not reasonable for many. It is extremely expensive and since when does paying for a certificate make up for years of hands on experience and traditional teachings that have been passed down from generations.

The "exemption" for traditional midwifery is vague and unrealistic. It would essentially regulate traditional midwifery out of practice and force them to practice a white washed colonist form of midwifery. This is all unacceptable! For all of the reasons listed above I oppose HB490!

Mahalo,

Chelle Galarza

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 not just here because my mommy said so. I am here because I want to have a choice.

Please stop this bill for my generation of women. Thank you.

From: [michael.hamilton](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:00:53 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name michael hamilton

Email info@plumblossomclinic.org

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 9:59:02 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristl Woo	Individual	Oppose	No

Comments:

Aloha honorable Chair Mizuno, Vice Chair Kobayashi and Committee Members,

My name is Kristl Woo and I am in opposition of HB490 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 HB490 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 HB490 as it stands and instead amend it into a Department of Commerce & Consumer Affairs midwifery study to collect statistics and then proceed with legislation after accurate statistics are collected. In addition, creating a task force that brings together the three different models of birth care (obstetrical, medical midwifery, professional traditional/cultural/religious midwifery) which can work on effective legislation that benefits Hawaii's families. Our state can take a different approach and be a state that can be a role model to other states by incorporating these amendments to be a state that brings the different communities on birth together to work together towards solutions that will benefit Hawaii's families. Passing HB490 as it now stands there's just not sufficient evidence to prove its effectiveness for Hawaii's families and it's one-sided. More research needs to be done.

Thank you for your time and service.

Mahalo,

Kristl Woo

From: [Sandee Pa](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:41:02 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sandee Pa
Email	rockahulagal@aol.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 10:08:08 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

HB-490

Submitted on: 2/12/2019 10:18:26 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

February 12, 2019

HB 490, Relating to Midwifery Licensure

Hearing Date: Feb 14, 2019 9:30am

Aloha dear Representatives,

Thank you for your time, efforts & concern in HB490, relating to the licensure of midwives.

My name is Dr. Ye Nguyen. I live on the North Shore of Oahu. I am a licensed naturopathic physician, midwife, doula. I am home birth mother. I believe in integrative medicine.

I strongly oppose HB490. There are too many things wrong with this bill. Midwife means “with wife”. This bill segregates, divides and eliminates a large number of midwives that are currently practicing. Cultural midwives can only assist women in their own culture?? Traditional midwives are not really exempt. The path of certification is not accessible for midwives who have been practicing for many years.

If this bill is passed, you will drive many midwives underground and that will be a bigger detriment to the home birthing community. Midwives will continuing practicing, whether is is legal or not. Moms will continue to reach out to those who they trust, despite what the government says. Birth is not a medical procedure. And yet, there maybe a point in time when we need the support of the hospital. And that is truly a gift!

Our job as homebirth midwives is not to save lives, as in the hospital. We help our moms understand what the difference is between a normal birth and what is not. And if it is not, that is when we transport to the hospital. The hospital’s job is to save lives when there is a medical emergency and necessity.

I have had the honor of working alongside, obstetricians, nurse midwives, CPMs, nurse midwives, cultural midwives, traditional midwives & naturopathic midwives over the last 15 years. Each practitioner was the perfect fit for my clients, at that moment in time. We need to trust our mothers and give them full autonomy over their choices. Birth is not something that should be regulated by the government.

Integrative medicine can only begin when each practitioner lets go of their ego, thinking that their way is the right way of practicing. We need to respect one another & value each other's opinions. We don't have to necessarily agree with them. And yet, we have to honor each of our mother's decisions. The decision that she makes is not one that is based on fear. It is one that is based on intellect, intuition and her heart. We all need to let go of our past traumas, future anxieties and be present to what is in front of us.

Respectfully,

Ye Nguyen, ND

From: [Chauncey St. Laurent](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:30:09 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Chauncey St. Laurent
Email	chauncey072@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 which would require licensure of midwives.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 10:20:46 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I am opposed to HB490, 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?

HB-490

Submitted on: 2/12/2019 10:23:33 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

REGULAR SESSION OF 2019

Hearing date February 14, 2019

9:31am Room 329

Testimony IN OPPOSITION of HB490 Relating to the Licensure of Midwives

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi and committee members,

Please join me in opposing HB490. 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 HB490 and it's exemptions. My rights to traditional and cultural homebirth midwives would not be protected in the exemptions of this bill as I do not fit into the exemptions - most notably, I am not Native Hawaiian nor do I identify with a distinct culture or religion that would have a midwife available to attend to me. I believe I am typical of many women in Hawaii.

The bill, as it stands, does not protect my rights as a consumer, a 3 time homebirth mother NOR as a student midwife. 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 HB490.

Thank you,

Suzanna Kinsey

HB-490

Submitted on: 2/12/2019 10:29:51 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
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 Honorable Chair Mizuno, Vice Chair Kobayashi and committee members,

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

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

If this bill is passed, the midwife who helped deliver me would not be allowed to do so anymore. Her livelihood and passion would be completely illegal, along with many other midwives. Midwives possess a great wealth of knowledge and

know exactly how to deal with each individual situation and give mother and baby the care and information they need. Being able to practice their birthing techniques with whomever needs it gives freedom to many mothers in their choices during birth.

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

I urge you to oppose the 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.

REGULAR SESSION OF 2019

Hearing Date: 2/14/19

Hearing Time: 9:30 am

Hearing Room: #329

RE: HB490 Relating to the Licensure of Midwives
IN OPPOSITION

Aloha Honorable Chair Mizuno, Vice Chair Kobayashi 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 HB490 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 HB490 as it stands.

Sincerely,
Syndee Taira

From: [Amy Green](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 1:19:28 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Amy Green
Email	greenleafkauai@gmail.com

Type a question

Aloha

We as people and constituents will be given the right and authority to make our own decision. Information will be freely given for our consideration. How we birth and our health choices will always be our own. Mahalo for your common sense.

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under Act 304 (2001), which

governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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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.

Other problems:

- 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.
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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;”

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“(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

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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.

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

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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.

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 11:40:25 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Kahele	Individual	Oppose	No

Comments:

I STRONGLY oppose this bill for many reasons. The main one being that it completely VIOLATES my freedom as a woman to choose how, where and with whom I birth. I am an Iolani graduate and well educated. I have personally seen what goes on in hospitals and would like to see more data submitted to prove the allegation that Hospital Births are safe and Home Births are dangerous. I have personally had two scary hospital births that made me think something was wrong with me. Then, I went on to have two amazing, SAFE homebirths that empowered me. The hospital did NOT make me feel safe. I felt completely safe in my own home, with people I trusted and loved. So again, I oppose this bill because it would force me to birth in way that would not make me feel safe.

From: [Anuheia St. Laurent](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:29:31 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Anuheia St. Laurent
Email	anuhea_st.laurent@yahoo.com

Type a question

Aloha

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 11:48:49 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Kahele	Individual	Oppose	No

Comments:

I am father and native Hawaiian that had the privielge of delivering my daughter safely at home under the supervision of a midwife that shared our cultural and spiritual beliefs. I STRONGLY oppose this bill because it violates my rights as a father to decide who delivers MY children.

HB-490

Submitted on: 2/12/2019 11:51:01 PM

Testimony for HLT on 2/14/2019 9:31:00 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 HB490/SB1033

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.

Secondly, testimony has been collected for the companion bill SB1033, and though there is some support for that bill (I counted 57), there are 162 IN OPPOSITION to this bill (I did not count those who obviously submitted testimony twice). It is the legislative body's responsibility to protect the rights and heed the concerns of its citizens, not the lobbyists and organizations.

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.

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

With Aloha

Jaymie Lewis

Home birth mother of 2

Kailua Resident for 13 years

HB-490

Submitted on: 2/12/2019 11:51:17 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Mizuta	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/12/2019 11:53:27 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kyle Kahele	Individual	Oppose	No

Comments:

I currently don't have any children but plan to in the future. I attended the birth of my sister at home where my father delivered her. I desire to have the same experience. I strongly oppose this bill because it affects how my future wife will birth and I believe that these decisions should be made by us.

From: [Jackie Dudock](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:29:09 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Jackie Dudock
Email	jdudock@gmail.com

Type a question

Aloha

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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 11:55:15 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Satoria Kahele	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/12/2019 11:58:24 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kyra Kahele	Individual	Oppose	No

Comments:

From: [Piper Lovemore](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:19:22 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Piper Lovemore
Email	pipersunshine@gmail.com

Type a question

Aloha

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

What follows is boilerplate testimony, that adequately conveys my concerns. But I'd like to preface it by pointing out that I heard numerous citizens testify against the companion to this bill, citing its racist and classist flaws. I implore you to sit with that complaint for a moment, before dismissing it to assuage your own sense of righteousness. Please reflect for a moment, on whose authority grants you permission to deny the verity of this claim. Ask yourself whether you are actively doing your part to elevate the concerns of your community's most vulnerable. In this case, race isn't simply a hot button tag line... it is a factor of mortal import! Do your part to diminish harm, by honoring our stories. Mahalo!

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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;

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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.

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 12:14:52 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Mahon	Individual	Oppose	No

Comments:

Regarding the proposed HB 490: Relating to the Licensure of Midwives, I would like to submit my testimony vehemently opposed to this piece of legislation. On its surface, the bill appears to be in support of women and family choice, however, it is actually quite contradictory to those values. This bill would severely limit, if not completely eliminate, the option for women to determine the provider and setting that they are most comfortable with to deliver their child into this world.

If legislation and licensure of Midwives is truly what Hawaii needs, then it may be more prudent to develop a formal avenue for pursuing licensure within the State. The restrictions enacted by this bill would force Midwives into one of two choices. They may either leave the islands at great personal expense outside of the State to pursue licensure or cease practicing Midwifery. Neither of these options serve in the pursuit of expanding access to care providers.

Additionally, Midwives serve a critical role for many of the communities located throughout the State. Passing this Bill would remove a much-needed hospital alternative for Hawaiian residents. By limiting Midwives to their own distinct cultural or religious groups is certainly contrary to Hawaiian values of equality and fairness. It would also be severely limiting to provider choice across the State. As a woman and a Mother who has chosen Midwives over hospital-based care, I believe that this Bill would effectively remove my autonomy to choose and reduce the choice of care providers, leaving only the hospital model as an accessible option. This would be a great disservice to Hawaii residents!

What this Bill proposes will ultimately serve to limited available options, stripping women and families of their most basic medical rights to autonomy and choice. I hope that you will seriously and thoroughly consider the follow-on implications of HB 490 and how it will serve to drastically reduce the availability of options and care providers for the women, children, and families of Hawaii. Vote no on HB 490 and preserve the sacred environment that should surround the birth of new life.

HB-490

Submitted on: 2/13/2019 12:16:41 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristen Garcia	Individual	Oppose	No

Comments:

Traditional midwives have such a beautiful thing going, please don't mess with it.

HB-490

Submitted on: 2/13/2019 12:30:28 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keith Tsukamaki	Individual	Oppose	No

Comments:

From: [Marissa Abadir](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:00:52 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Marissa Abadir
Email	marissa@kalaroots.com

Type a question

Aloha

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 12:35:12 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
irene hwang	Individual	Support	No

Comments:

As a patient and community centered family medicine physician, I support this bill.

HB-490

Submitted on: 2/13/2019 1:13:05 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rocio Bueno	Individual	Oppose	No

Comments:

To Chair Mizuno, Vice Chair Kobayashi and members of the committee:

I oppose HB 490.

The Western medical model of care is not sought by everyone in every situation. Pregnancy and birth are two instances when some people prefer a non clinically trained care taker. If HB490 is passed then the choice of midwife, for many families, will be restricted to only those who are clinically trained outside of Hawaii.

The Hawaiian Islands are home to people of various cultures, religions and backgrounds. This bill, and its regulations, will restrict the consumer's choice of birth attendant because it states that traditional and lay midwives can only serve those within their culture and/or religion.

Any regulation or law pertaining to licensed midwives must, at the very least, not hinder, limit or change the scope and reach of care and knowledge that traditional and lay midwives provide. I humbly ask that you please learn about the work and knowledge of traditional and cultural midwives so that you may understand how important their contribution is to a community.

Consumers who are seeking licensed midwives should have the certainty that they are getting exactly that when they choose a provider; but great care must be taken to not pass a bill that infringes on the rights of consumers who are seeking a provider trained outside of the Western medical model's criteria.

Please vote no on HB490. Mahalo for your time.

Aloha,

Rocio Bueno

From: [Ché Lovemore](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:58:22 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Ché Lovemore
Email	aquapanther808@icloud.com

Type a question

Aloha

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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.

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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/12/2019 6:25:44 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

The freedom to give birth how and supported by whom ever one chooses is a human right. It is a matter of bodily autonomy, a matter of sexual security and a matter of gender equality.

When someone outside of yourself regulates your pregnancy, birth and postpartum, you are no longer fully autonomous over your body. This is an act of violence.

There is no data to back these fear based laws. It is my belief that we could quote data and bring charts all day without any change until lawmakers internalize the truth that birth regulation is an act of violence against all birthing people.

Regulations in birth work affect hospital birth, home birth, unassisted birth, birth of all kinds, because we all have the right to true freedom in birth.

I gave birth at home at 43 weeks to a beautiful baby with a wonderful CPM and her student attending. That birth would not be allowed in many states due to regulations on how long a birthing person is “allowed” to stay pregnant. CPM’s and other regulated midwives are forced to choose the legal route or the route of following and supporting the birthing person’s desires.

It is my deep desire that Hawaii remains a pocket of birthing freedom where birth workers do not have to choose between arbitrary laws governing their licensure and the wishes of their clients.

HB-490

Submitted on: 2/13/2019 1:59:41 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Meimer	Individual	Oppose	No

Comments:

I had a homebirth myself and strongly believe it is a fundamental right for every woman to choose the way she wants to deliver her baby without legislators trying to have their hands in it. stop trying to make things "better" leave things that way they are.

HB-490

Submitted on: 2/13/2019 2:02:28 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexander Meimer	Individual	Oppose	No

Comments:

As correctly noted, this is one of the oldest professions in human history. I can imagine how hospitals and certain doctors do not like midwife's taking away their "business" and the special interest in this matter. I have met personally women who take great pride in helping mothers to be give birth on their own terms and want to support their earnest efforts. In a day and age where some States contemplating abortions up to delivery I find it hypocritical that other abortion friendly statState like Hawaii seem to be so concerned about the birthing process. We had one of our children via home birth and it was the best experience of out lives. Do not try to take away this liberty and choice away from becoming mothers. I know you are just trying to do good. But the best you can do, keep your hands off this very personal choice and process.

From: [Mercedes Maccurdy](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:52:55 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Mercedes Maccurdy
Email	mmaccnrudy@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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;

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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.

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 2:25:09 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elias Botello	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/13/2019 2:34:00 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jolie Stewart	Individual	Oppose	Yes

Comments:

This bill is completely unnecessary. Birthing children with the support of traditional midwives existed long before medical doctors and nurses. We have a right to birth autonomy. Stop the governmental intrusion. Do Not propose any bills such as these now or in the future. Birth is not a medical procedure. It is a natural right of passage in a woman's life.

From: [Gaelle Adisson](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:52:34 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Gaelle Adisson
Email	gaelle24@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 which would require licensure of midwives.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 8:22:39 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Moana Meadow	Individual	Support	No

Comments:

My mother gave birth to me in our North Shore Oahu home nearly 40 years ago, with the assistance of a midwife. My brother and sister were born shortly thereafter, also assisted by midwives, at subsequent homes on Kauai. My sister grew up to become a Certified Nurse Midwife and attended top schools, including Columbia University. I was a midwife's apprentice and birth doula, and studied with midwifery great Ina May Gaskin at The Farm in Tennessee. My daughter was born at home three years ago with the assistance of four licensed midwives in the state of California. I was attended at home from my conception date to my daughter's six week check-up, and never once had to travel to a doctor's office or hospital. I was supported with information on diet, breast feeding, labor strategies, and received personalized care throughout my experience.

Midwifery is a sacred tradition that should be available to all women, and the state of Hawaii should support the safety of women who choose midwives by licensing qualified practitioners. It is a shame that forty years later, there is still not a legal system by which these qualified practitioners can be recognized and held accountable for their training and their outcomes.

I believe this bill will be the beginning of a renewed vitality in the Hawaiian birth culture! May women have increased choices, accessibility, and safety in their prenatal, childbirth, and postpartum experience.

With hope,

Moana Minton Meadow

HB-490

Submitted on: 2/13/2019 8:29:32 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tiana Fontanilla	Individual	Support	No

Comments:

HEARING DATE: February 14, 2019

TO: Rep. John M. Mizuno, Rep. Bertrand Kobayashi, and Members of the Committee on Health

FROM: Tiana Fontanilla, MPH

RE: HB 490 – Relating to the Licensure of Midwives

POSITION: Strong support

Dear Representatives Mizuno, Kobayashi, and Members of the Committee on Health,

I am a researcher in the University of Hawaii, John A. Burns School of Medicine, Department of Obstetrics, Gynecology, and Women’s Health. I work alongside physicians who provide comprehensive obstetrics and gynecology services. I am writing in strong support of HB 490.

Women have the autonomy to choose their healthcare providers, and having licensed healthcare providers available to women allows them to make the best decisions for

themselves and their families while ensuring that they are medically safe and the care that they receive meets the standards for quality care.

The Sunrise Analysis published in January 2017 addressed this issue and determined that the licensure of practice of midwifery in the state of Hawaii should be mandatory, as is licensure for most other professions, and certainly all other professions engaged in human health and well-being. The International Confederation for Midwives has outlined requirements for education and training, and these are readily available to inform the licensure process.

Licensure of the practice of midwifery will:

- Provide the opportunity to encourage collaboration between healthcare professionals and encourage mutual respect and education.
- Increase access to care in rural areas of our state
- Allow women to choose from a variety of licensed professionals to care for them during their pregnancy and birthing process.

I urge you to protect the health of women in Hawaii and their families by supporting HB 490.

Thank you,

Tiana Fontanilla, MPH

HB-490

Submitted on: 2/13/2019 2:38:17 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melani Sunia	Individual	Oppose	Yes

Comments:

Birth is a natural and cultural experience. The midwifery model of birth support and the medical model of the pathology of birth do not share the same basic paradigms. Each year that this legislation comes up for discussion, we, the voting public, vehemently oppose it. Stop proposing unnecessary and afrontive bills such as this. Birthing women have the private and sacred right to rely on the Cultural, Religious, and Lay Midwives of their choosing. Period.

2/14/2019

To: The Health Committee

From: Leah Hatcher CPM

Time: Thirtieth Legislature Regular Session of 2019
Thursday, February 14, 2019

TESTIMONY IN STRONG SUPPORT OF HB490, RELATING TO THE LICENSURE OF MIDWIVES

Dear Chair Mizuno, Vice Chair Kobayashi and committee members:

Thank you for the opportunity to testify in strong support, of HB490. I agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated.

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 (and 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 health care providers because they recognize my license to practice
- Access to laboratory services, life-saving medications and insurance reimbursement.

- Access to improved educational opportunities, updates from and collaboration with 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. Midwives will want to practice in a state with legal protection.
- Financial assistance for the costs and a complaint process for unsafe practices in the community.
- Better birth outcomes! (See below)

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. This should be the standard for all midwives.

HB490 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

HB-490

Submitted on: 2/13/2019 8:15:35 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alicia Ramos	Individual	Oppose	No

Comments:

I oppose this mandatory licensure and regulations of midwives! Birth is our oldest cultural tradition. Don't colonize it!

From: [Gayle Dobbs](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:51:34 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Gayle Dobbs
Email	cdobb1@gmail.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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.

Other problems:

- 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.
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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: ❖

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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.

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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.

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Juli Schwartzberg](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:47:42 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Juli Schwartzberg
Email	frommouthtobelly@gmail.com

Type a question

Aloha

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Rachel Curnel Struempf

Gentle Beginnings Midwifery

Kailua-Kona, Hawai'i

(808)990-8025

Regular Session 2019

HB490 Hearing date 2/14/2019, Room 329, 9:00am

Testimony in **OPPOSITION**

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

I am a traditional midwife. It has been my honor to serve the women of Hawai'i since 1995. The ohanas I work with are primarily low income, many of whom live in very isolated, rural parts of Hawai'i Island. I am deeply concerned with the wording of HB490. If this bill passes, I currently do not meet the licensing requirements. HB490 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 HB490 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.

HB490 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 HB490 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 HB490

Mahalo for your consideration,

Rachel Curnel Struempf, DEM

(808)990-8025

From: [Diehwriddii Karnga](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:44:57 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Diehwriddii Karnga
Email	dkarnga@gmail.com

Type a question

Aloha

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Regular Session of 2019

HB490 Hearing date 2/14/2019, Room 329, 9:30am

Testimony in **OPPOSITION**

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

I stand in STRONG OPPOSITION of HB490.

Requiring mandatory certification and licensure of midwives, as defined by HB490 interferes with body autonomy. This bill also 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 HB490'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.

I have questions about 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? HB490 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. HB490 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 why not implement 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. 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.

Please preserve my future choice of who attends me when I am ready to start my Ohana!

Mahalo for your consideration,

Nicole Struempf,

Age 20, Kailua-Kona, Hawai'i

HB-490

Submitted on: 2/13/2019 4:50:08 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

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

Please oppose HB490.

Mahalo,

Paolo Morgan

HB-490

Submitted on: 2/13/2019 6:17:19 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Aloha ,

i oppose HB490 , because I oppose the government or any individual deciding what I should do with my own body. Birth is a natural process. I am so thankful that there are an array of practitioners out there to meet our individual needs. For a woman that wants to birth at a hospital, that is there for her. For a woman that wants a nurse midwife that is there for her. For a woman that wants a CPM , that is there for her. For a woman that wants a direct entry midwife, that is there for her. For a woman that wants to birth with or without anyone that is there for her. Let's each focus on our own work and let woman choose how they want to handle their own business. I been to many of these hearings and I heard the fear talk , the talk when something goes not as planned. Welcome to birth. I been a doula for many years and I attended births at hospitals and homebirths. The experiences are all very different. For one group to think they know what is best for the other group, is complete ego. Let's all focus on becoming better at what we offer and stop wasting time trying to regulate one another. This a small birth community here, time better spent in support of one another. Mahalo

HB-490

Submitted on: 2/13/2019 6:25:05 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kekapala Dye	Individual	Oppose	No

Comments:

Aloha House Representatives,

I strongly OPPOSE HB 490. This bill restrcits health alternatives to the mainstream medical system and is a violation of our personal medical freedoms, Its redefinition of "midwife" is confusing. There are many ways to bring a baby into this world and the medicalized birth system is not superior. Infact its ranked 46th in the industrilaized world. Please do not restrict the options for alternatives by traditional midwives.

Thank you,

Kekapala Dye

From: [Ashlea Tolliver](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:47:01 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name Ashlea Tolliver

Email bluashlea@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 6:36:11 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Massage therapists and people who cut hair and do nails are licensed.

Why not people who deliver babies? Come on people!

This is common sense. Don't we want to be sure they have

the training to keep the baby and mother alive in the event.

of a complication? I seems the opposition just want to keep the satus quo, which irresponsible.

From: [Darryll Coleman](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:43:49 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Darryll Coleman
Email	ddcoleman@gmail.com

Type a question

Aloha

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

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◆ 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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 6:46:46 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda haff	Individual	Oppose	No

Comments:

I do not support this. I do not think midwives need more regulations. I have had 3 safe and healthy home births here in Hawaii. What midwives need is more support from the hospitals and working together as a team when needed.



TO: Representative John M. Mizuno, Chair, Committee on Health
Representative Bertrand Kobayashi, Vice- Chair, Committee on Health

DATE: February 14, 2019

PLACE: Hawaii State Capitol, Conference Room 329, 415 South Beretania Street, Honolulu, HI 96813

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

RE: Letter of support for HB 490, relating to licensure of CMs and CPMs

Dear Representatives Mizuno, Kobayashi and members of the Committee on Health,

Thank-you for the opportunity to submit written testimony on behalf of **HB 490** relating to the licensure of midwives (CMs and CPMs).

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, the HAA **supports HB 490** legislation that aims to establish a regulatory process for certified midwives (CMs) and certified professional midwives (CPMs). 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 Hawai'i, allowing CMs and CPMs to practice to their fullest scope designated by their professional regulation organizations.

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 and childbearing families. The HAA supports enactment of a bill that would allow CMs and CPMs to be licensed in Hawaii. Licensure of these midwives in Hawaii will provide consumers with increased access to midwifery care. Licensure of CMs and CPMs will also help to improve relationships between other women's health providers as their specialties will be recognized, and they can more easily work to build collaborative relationships within the healthcare community.

This bill does not apply to Certified Nurse Midwives (CNMs) who have been under the Board of Nursing since 1988, and are licensed by the Department of Commerce and Consumer (DCCA) as advanced practice registered nurses (APRNs) practicing midwifery.

Certified Midwives (CMs) receive the same training and education as CNMs. The scope of practice for CMs and CNMs is the identical as well. Both CMs and CNMs are nationally certified by the American Midwifery Certification Board (AMCB).

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. The HAA's objective is to be 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

HB-490

Submitted on: 2/13/2019 9:56:23 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Jefferosn	American College of Nurse-Midwives Committee of Midwife Advocates for Certified Midwives	Support	No

Comments:

The America College of Nurse-Midwives Committee of Midwife Advocates for Certified Midwives strongly supports this bill.

HB490 will increase access to quality midwifery care for families across Hawaii. Licensing and regulating all nationall certified midwives protects the public.

The American College of Nurse-Midwives strongly believes that pathways must exist for individuals to enter the midwifery profession with a sound foundation in the biological and social sciences as well as skills for counseling, health assessment, diagnosis, emergency response and stabilization and the other knowledge, skills, and behaviors to support achievement of competence in midwifery. While ACNM values nursing as one valuable pathway to gain these skills, we recognize that nursing is not the exclusive educational route to these essential knowledge, skills, and behaviors. Evidence from high resource countries that spend less and demonstrate higher value and quality outcomes support recognition of multiple routes to midwifery education. The needs of women, the growing elderly population, the faculty shortfall, clinical site shortages, and the projected maternity care workforce shortfall will require innovation of additional pathways to accredited midwifery education, certification and licensure. These pathways must afford both CNMs and CMs the opportunity to practice to the full extent of their education, training and certification in order to achieve optimal heath for women through the lifespan. Recognition of the CM credential in Hawai'i will cultivate increased access to midwifery care and help combat the ever-growing and well-documented maternity care provider shortage issue plaguing many regions throughout the United States.

ACNM appreciates the opportunity to comment in support of legislative efforts seeking to license and regulate Certified Midwives in Hawai'i. Expanding access to Certified Midwives is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals and families of Hawai'i. State legal and regulatory frameworks should recognize midwifery care as an important option for women's health

care services. By raising the status of Certified Midwives through statute and regulation, the standard of care and the health of mothers and babies in the state will be improved through expanded access to safe and cost-effective care.

ACNM stands ready to work with the legislature to prioritize the health care of women, individuals, newborns, and families through development of laws and regulations that support access to affordable coverage and the excellent care that Certified Midwives can provide. Please don't hesitate to contact me at akohl@acnm.org or (240) 485-1806 with any questions or concerns regarding the licensing of Certified Midwives or the important role of CNMs and CMs in the health care continuum. Also, do not hesitate to contact, jjbmidwiferyny@gmail.com. I am chair of the Committee of Midwife Advocates for Certified Midwives.

Sincerely,

Karen Jefferson, CM, FACNM

AFFILIATE OF



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

TO: Representative John M. Mizuno, Chair, Committee on Health
Representative Bertrand Kobayashi, Vice- Chair, Committee on Health

DATE: February 14, 2019

PLACE: Hawaii State Capitol, Conference Room 329, 415 South Beretania Street, Honolulu, HI 96813

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

RE: Letter of support for HB 490, relating to licensure of Certified Midwives and Certified Professional Midwives

Dear Representatives Mizuno, Kobayashi and members of the Committee on Health,

Thank-you for the opportunity to submit written testimony on behalf of **HB 490** relating to the licensure of midwives (CMs and CPMs).

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, the HAA **supports HB 490** legislation that aims to establish a regulatory process for certified midwives (CMs) and certified professional midwives (CPMs). 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 Hawai'i, allowing CMs and CPMs to practice to their fullest scope designated by their professional regulation organizations.

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 and childbearing families. The HAA supports enactment of a bill that would allow CMs and CPMs to be licensed in Hawaii. Licensure of these midwives in Hawaii will provide consumers with increased access to midwifery care. Licensure of CMs and CPMs will also help to improve relationships between other women's health providers as their specialties will be recognized, and they can more easily work to build collaborative relationships within the healthcare community.

This bill does not apply to Certified Nurse Midwives (CNMs) who have been under the Board of Nursing since 1988, and are licensed by the Department of Commerce and Consumer (DCCA) as advanced practice registered nurses (APRNs) practicing midwifery.

Certified Midwives (CMs) receive the same training and education as CNMs. The scope of practice for CMs and CNMs is the identical as well. Both CMs and CNMs are nationally certified by the American Midwifery Certification Board (AMCB).

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. The HAA's objective is to be 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

HB-490

Submitted on: 2/13/2019 9:05:13 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lydia Doublestein	American College of Nurse Midwives, C-MAC	Support	No

Comments:

I stand in STRONG SUPPORT of this bill **to license and regulate Certified Midwives (CMs) and Certified Professional Midwives (CPMs).**

As a practicing Certified Midwife (CM), and member of the Committee of Midwife Advocates for Certified Midwives (C-MAC) of the American College of Nurse Midwives (ACNM), I am well aware of the need to recognize and provide licensure for direct-entry midwives. As a midwife who attends home births as well as in hospitals, **I strongly support a family's right to chose where and with whom they give birth.**

1. Midwives are invaluable to improving maternity care and maternal and newborn health outcomes.
2. This bill will allow for expansion of the midwifery workforce in Hawaii and will remove barriers to practicing in the state. Traditional Hawaiian midwives need to be recognized and honored for their long-standing contributions to maintaining midwifery care for families in the state.
3. HB49 will also provide better access for families seeking out a midwife's care so that it is accessible and held accountable to state standards of practice.
4. The bill provides for full-scope practice, to the level of the midwife's education and certification - including attending birth in homes, hospitals and birth centers.
5. Licensing CMs will increase access to primary and reproductive healthcare, including family planning services.
journals.plos.org/plosone/article?id=10.1371/...



P.O. Box 4270 Kaneohe, HI 96744
www.breastfeedinghawaii.org

TO: Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health

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

RE: HB490 Relating to the Licensure of Midwives
DATE: February 14, 2019 9:30AM Rm 329

Good Morning Rep. Mizuno, Rep. Kobayashi and Members of the House Committee on Health. 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 **SUPPORT of HB 490 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 success.

The Breastfeeding Hawaii Board has individuals who are licensed-RNs, APRNs with advanced training (masters in nursing and public health), masters in nutrition, years of practice experience in hospital and in the community. The majority of our Board Members are International Board Certified Lactation Consultants (IBCLCs). We must take continuing education courses and provide documentation to be recertified Internationally and relicensed as nurses in the State of Hawaii. We adhere to standards provided by national and international breastfeeding organizations. These credentials help women and their families have confidence in the care will be providing to them.

We recognize that there are individuals conducting birth work business, calling themselves midwives, in Hawaii providing care (with limited documentation of this care) to women during pregnancy, birth and postpartum. These individuals have various levels of hands on practice and education often under the tutelage of individuals such as a more experienced birth attendant, or naturopathic doctor. We agree they are compassionate and caring individuals who wish to



P.O. Box 4270 Kaneohe, HI 96744
www.breastfeedinghawaii.org

provide individualized, supportive care for the woman and her infant in the home. Yet we are concerned that they

1. do not have a standardized midwifery education from an accredited school, and
2. have not demonstrated their midwifery competency through certification by the American Midwifery Certification Board or North American Registry of Midwives.

The above 2 points are the crux of this bill. The acknowledgment of these 2 achievements to the woman and her partner, will reassure them of the individuals' competency during a very special time-the birth of their infant. Also education and credentialing will help the midwife be a recognized profession among other health care providers.

We are in support of licensure for midwives who are nationally certified. Licensure would provide a further reassurance of State oversight of the individual, attesting to her education, training and certification by the national accrediting body. Again the designation of licensed midwife elevates her practice in the eyes of other professions in which she will have contact.

Second, licensure would further provide for insurance reimbursement of maternity and postpartum services for the woman and infant.

Third, licensed health professionals (such as MDs, APRNs, CNMs etc) would be more likely to collaborate with licensed midwives because of the assurance of their education, training and credentialing. This would be especially important in cases when additional medical care/services were needed for the woman or her infant.

Last, licensure would provide a State recognized process for complaints due to poor outcomes or malpractice issues and the ability for specific disciplinary action if necessary.

For the protection of the women and infants in our community, we encourage you to **support HB 490 Relating to the Licensure of Midwives!**

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



Thursday, February 14, 2019; 9:31 am
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

**Re: HB 490 -- Relating To The Licensure Of Midwives
Providing Comments**

My name is Dr. Charles Neal, Jr., MD, PhD and I am the Neonatology Clinical Section Chief and Medical Director of the Newborn Intensive Care Unit at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani Medical Center for Women and Children (Kapi'olani) is an affiliate of Hawaii Pacific Health. Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care.

I am writing to offer comments on HB 490 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.



TO: HOUSE COMMITTEE ON HEALTH

DATE: Thursday, February 14, 2019

TIME: 9:31 AM

PLACE: Conference Room 329, State Capitol

RE: COMMENTS ON HB490 - RELATING TO THE LICENSURE OF MIDWIVES

Good morning Chair Mizuno, Vice Chair Kobayashi, 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

than a doctor was **associated with a smaller chance of premature birth or spontaneous abortion.**¹ **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.²

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.³ (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.

¹ https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early

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

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

Healthy Mothers Healthy Babies Coalition of Hawaii | Phone: 808.737.5805

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

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

HB-490

Submitted on: 2/13/2019 8:45:25 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Meryl Ueno	ACOG	Support	No

Comments:

For the safety of our mothers and newborns, pass HB 490. Let's provide them with safe and appropriate medical care.

HB-490

Submitted on: 2/13/2019 8:01:06 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
daniela	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.

6) such regulation creates a bigger barrier to midwifery knowledge for student midwives.

7) such regulations create a barrier to midwifery care by highly limiting the amount of allowed practitioners in the state

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.

HB-490

Submitted on: 2/13/2019 7:50:36 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
steven Dubey	Individual	Oppose	No

Comments:

Be very careful in excluding Midwives and educated cultural practitioners from practicing , or making them unable to assist mothers in deliveries. In our rural island life, there are many women who have inadequate health care in childbirth, and need them to assist.

In my 38 years of practice I have seen several instances where lives were saved in childbirth by midwives.

Thank you

Steve Dubey ND LAc

HB-490

Submitted on: 2/13/2019 7:06:20 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,

I am from Hawaii. Born and raised here. We've experienced both hospital obstetric care and home births with a midwife for our 3 beautiful children (2012, 2013 & 2015).

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 Friebel

HB-490

Submitted on: 2/13/2019 8:14:57 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Ogez	Individual	Support	No

Comments:

As an OBGYN resident physician in the community who wants to increase access to safe, high-quality maternity care for Hawai'i's women and infants, **I strongly support HB 490.**

I frequently see the impacts of the current lack of regulation of midwifery. I have seen numerous cases in which unsafe practices by unlicensed midwives caused maternal or fetal harm. I have also worked in a collaborative setting with licensed midwives who provide excellent care to patients. However, many patients do not know about the different types of midwives and other birth attendants, and the large discrepancy in their training and credentialing. We need to implement minimum licensure standards in order to ensure all women have access to safe, qualified, highly skilled providers in all settings, whether they choose to deliver at home or in a hospital. As with any other health care profession, practicing midwifery should have minimum education and training standards. The majority of states in the US have a licensure requirement for midwives, and Hawaii should be no different.

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. This can best be achieved by establishing minimum licensure standards for midwives. In conclusion, as a medical provider of women's health in Hawaii I **strongly support HB 490.** Thank you for the opportunity to testify.

HB-490

Submitted on: 2/13/2019 11:02:03 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
cy	Individual	Support	No

Comments:

HB-490

Submitted on: 2/13/2019 6:53:19 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Minton	Individual	Support	No

Comments:

HB-490

Submitted on: 2/13/2019 8:13:45 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sally	Individual	Support	No

Comments:

Daniel Buehler, MD
Kahala Children's Medical Group
4211 Waialae Ave., suite 205
Honolulu, HI 96816
808-732-2848
February 13, 2019

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, MD

TESTIMONY IN OPPOSITION to HB490

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.

HB-490

Submitted on: 2/13/2019 7:43:14 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erica McMillan	Individual	Oppose	Yes

Comments:

REGULAR SESSION OF 2019

Hearing date on Thursday, February 14 at 9:31am in Room 329

RE: HB490 Relating to the Licensure of Midwives Relating to the Licensure of Midwives
IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members,

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

Based on my experience, I strongly oppose HB490 as it stands. I have seen first hand that the birthing community and practitioners whom this bill will affect do NOT want this bill as currently written. The community has many strong concerns varying from blatant racism to infringement of basic constitutional rights. Hawaii's home birthing community is willing to integrate care and collaborate with the medical community, but NOT on the terms laid out in this bill. It must be reworked in a way that is respectful to the midwives and the needs and wants of the birthing community that legislation will affect. I would like to suggest the following amendments to HB490 that I feel will better serve the people of Hawaii and save the state from the unnecessary waste of our financial resources:

1. No redefining of the term "Midwife". Midwives existed millennia 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.

I urge you to please oppose HB490 as it stands.

Respectfully,
Erica McMillan

From: [Niki Ogbuehi](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:42:52 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Niki Ogbuehi
Email	nikiscriber@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Chaz Dobbs](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:41:38 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Chaz Dobbs
Email	cdobbsiii@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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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◆ 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.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 7:26:00 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I am writing to strongly oppose this Bill as it is written. It is too restrictive and the definition as an of midwife, and it is limiting my only allowing other kinds of practitioners to practice with in their "traditional or religious group. By limiting the scope of practice for those who have been trained in models other than the Western medical model, this will put a whole community of women who choose to use these type of practitioners at their birth, in a place where their choice will be severely limited.

HB-490

Submitted on: 2/13/2019 7:45:32 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronen Zilberman	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date on Thursday, February 14 at 9:31am in Room 329

RE: HB490 Relating to the Licensure of Midwives Relating to the Licensure of Midwives IN OPPOSITION

Aloha honorable chair Mizuna, vice chair Kobayashi 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 HB490 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 home birth communities:

1. No redefining of the term "Midwife". Midwives existed for millennia 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 HB490 as it stands.

Respectfully,
Ronen Zilberman

HB-490

Submitted on: 2/13/2019 8:11:28 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Aloha,

My name is Alexandra Kisitu, and I am submitting my testimony in OPPOSITION of House Bill 490 relating to the licensure of midwifery.

I am medical sociologist, doula, PhD candidate at the University of Hawaii at Manoa and a mother to two children born at home. My doctoral research centers on childbirth, including the history of midwifery, the safety of homebirth, cultural birth practices, and medicalized/hospital birth.

In my professional assessment of the current research on homebirth, the current bill SB490, and the Hawaii birth community, I can confidently say that this bill is restrictive, discriminatory, and harmful to practicing midwives, mothers and babies. I can confidently say that it is my recommendation that you OPPOSE this bill in its entirety and shut down any future bills in Hawaii relating to the regulation of midwifery.

Here are five major issues with the bill:

1. It does not provide a feasible pathway for lay and traditional midwives to obtain expensive, mainland educational requirements to become certified. This bill therefore favors midwives from the mainland who would then come here and gain a monopoly over homebirths (this is the theme of continued colonization).
2. The costs to the state to maintain regulation, licensure, and oversight will be higher than the income that the state might expect to generate from this licensing requirement.
3. The higher costs from licensing and western education will trickle down to homebirth consumers who will then have to face the choice between receiving midwifery care, and choosing the arguably unsafe option of unassisted birth as many homebirth mothers will not birth in a hospital.
4. This bill limits Hawaiian cultural birth practitioners and actually fails to adequately define who and what is a Hawaiian cultural birth practitioner. Furthermore, the kanaka women at the house hearing (for the related SB1033) expressed that the state cannot and does not have the right to define their cultural birthing methods and who is allowed to be considered a Hawaiian birth practitioner.

5. This bill is borderline racist and discriminatory against multicultural and multiracial families who choose to birth with a particular cultural or religious practice. While the Hawaiian exemption is there, it is still incredibly limiting, and it also not inclusive of other cultures and personal or organized religious belief systems. It is also ageist as this regulation would refuse anyone of “advanced maternal age” to have a hospital birth, or anyone who is 42 weeks or more pregnant.

I am however interested in offering some suggestions to the state which could potentially satisfy their concerns over safety (even though current medical research at home and abroad states that homebirth with a midwife is significantly safer than a hospital birth for low-risk women).

I would, however, propose these options (taken together and not separate):

1. This bill could be reformatted to only regulate certified professional midwives and then make a clause that the state will not regulate lay midwives, traditional midwives, and any other birth practitioner.

AND

1. The cultural clause could include that any and all cultural and religious (organized or personal spiritual beliefs) birthing practices and birth practitioners will be exempt from regulations, and that families choosing to birth according to their personal spiritual and cultural belief systems will not be criminalized for their birthing choices.

AND

1. The state could mandate that any person working as a birth worker or identifying themselves as a midwife would have to participate in a registry whereby their credentials and experience, complaints and compliments are publicly available.

Mahalo for OPPOSING HB490 and considering my testimony,

Alexandra Kisitu

PhD Candidate at UH Manoa

Birth and Postpartum Doula

Kisitu@hawaii.edu

From: [Shamal Mason](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:43:24 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name Shamal Mason

Email meighsun@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 which would require licensure of midwives.

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“(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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Wai'ala Ahn](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:29:27 AM



OPPOSE HB 490 ! Requiring licensure of midwives

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

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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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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.

Other problems:

- 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.
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From: [Kamali Compehos](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:23:19 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Kamali Compehos
Email	kamali.moon12@gmail.com

Type a question

Aloha

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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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From: [Gretchen Cates](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:20:30 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Gretchen Cates
Email	kona-g@hotmail.com

Type a question

Aloha

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Gretchen C.

From: [Sunshine Patterson](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:20:23 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Sunshine Patterson
Email	followdasunshine@yahoo.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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</p>

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.

Other problems:

- 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: ❖

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

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“(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.

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From: [Anastasia Smith](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:18:57 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Anastasia Smith
Email	anastasia.smith1@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 which would require licensure of midwives.

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Anastasia Smith](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:17:43 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Anastasia Smith
Email	anastasia.smith1@yahoo.com

Type a question

Aloha

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

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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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From: [Kayla Parker](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:54:59 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Kayla Parker
Email	kaylamichelleparker@outlook.com

Type a question

Aloha

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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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Arlea Trahan](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:46:26 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Arlea Trahan
Email	arleatogsdill@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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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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.

Other problems:

- 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.
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From: [josephine keliipio](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:41:03 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	josephine keliipio
Email	jlili808@yahoo.com

Type a question

Aloha

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From: [Lisa Coleman](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:33:08 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Lisa Coleman
Email	shegrooves@gmail.com

Type a question

Aloha

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 1:16:45 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Newton	Individual	Oppose	No

Comments:

Aloha House HTL Chair Mizuno, Vice Chair Kobayashi and members of the committee.

I oppose this bill. My family didn't want a western-medicine birth. You force licensure, scope of practice and a code of conduct on midwives and you're limiting my family's birth options.

Mahalo,

William Newton

HB-490

Submitted on: 2/13/2019 8:32:22 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

HB-490

Submitted on: 2/13/2019 8:35:05 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Racquel Miller	Individual	Oppose	No

Comments:

From: [Olga Alvarado](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:24:16 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Olga Alvarado
Email	myvirtualmail@protonmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, loilomi, and hooponopono.

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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.

Other problems:

- 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: ❖

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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.

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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.

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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.

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- (iii) That the person is not authorized to acquire, carry, administer, or direct others to administer potentially lifesaving medications;

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 8:36:23 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
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 2 apprentices with her that were knowledgeable and respectful and also traditional midwives. 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 of mind because I know the maternal death rate for African American women in the United states is staggeringly greater than it should be. By approving this bill you take away a woman's right to a birth attendant that will fully honor her, her body, her culture and her sacred traditions. Why would you limit a woman's choice? This is a civil rights issue. 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 pathways 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 other providers who are less willing to incorporate their birth traditions and recognize the birth practices that a woman wants employed during her birth. As a woman of color I know how important it is to feel and be heard by my birth attendants and I hate to imagine a world where that choice is taken away I'm certain it will result in a much more trauma filled society.

Thank you for very much your time and consideration

A. Ezinne Dawson

HB-490

Submitted on: 2/13/2019 8:36:32 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Miller	Individual	Oppose	No

Comments:

From: [Abby Conroy](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:38:37 AM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Abby Conroy
Email	abby.conroy@gmail.com

Type a question

Aloha

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

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Regular Session of 2019
Oppose HB490 Relating to the Licensure of Midwives
Hearing Date: Feb 12, 2019, 9:00a.m, conference room 229

Aloha,

My name is Donna Marie Kaleihomaimakealoha Bareng from 'Aiea. I am writing to oppose HB490 as it is written.

I am in Opposition of HB490 as it stands relating to the Licensure of Midwives. As a woman and mother it is my right to be able to choose the model of care that is best for my family. For myself and many other women, pregnancy and giving birth is a spiritual and cultural journey, one that is supported by the traditional midwifery model of care and can unfortunately be hindered by the obstetric or medical midwifery model.

There is a distinct difference between these models of care, and I have a right to choose. If our legislature genuinely cares about the safety of our mothers and children, then ALL members should be educated in all these areas before making a decision that would impact women's rights. It is not the right of the legislature to influence where, how, and with whom a woman wishes to give birth.

Our kupuna have been giving birth naturally with a loving sisterhood of maternity care for centuries. We must continue to allow women to birth in communion with their mind, body, spirit, ancestors, and higher power. Our body... our right.

My home births were the most loving and spiritual experiences that my husband and I were able to share privately. Our traditional midwives provided the model of maternity care that our family needed.... a model centered around love, nurturing, mutual respect, education, and care. This bill would restrict my personal freedom and hinder my ability to select these women as my care providers. Please do not take this freedom away from our family and our future mothers of Hawai'i.

Here are a few specific Amendment Requests:

1. 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.

Regular Session of 2019

Oppose HB490 Relating to the Licensure of Midwives

Hearing Date: Feb 12, 2019, 9:00a.m, conference room 229

This task force would include voice from all types of birth practitioners – ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners, etc. Time needs to be allotted to gather valuable data, dialogue, and form appropriate standards acceptable to **ALL** birth practitioners and the community.

2. Amend the bill into a DCCA (Department of Commerce and Consumer Affairs) Midwifery study, and collect statistics and decide on legislation after accurate stats are collected.

3. Do not restrict Certified Professional Midwives from practicing as a cultural/religious practitioner. They can be both.

4. Change the restrictive language of the exemption regarding traditional/cultural/religious practitioners. Request all practitioners to provide a disclosure stating education and experience.

5. No redefining of the term “Midwife”. Midwives existed millennia before the obstetric or medical midwifery model.

Please please please say NO to Bill HB490 restricting our women’s rights. Please do NOT criminalize our home birth midwives, please to NOT steal away our rights as women and mothers to birth in spiritual communion. Please respect our choices... mind, body, spirit.

Your support for the rights of all women is needed now!

Sincerely,

Donna M.K. Bareng

Mother to 2 home born children

‘Aiea, HI

HB-490

Submitted on: 2/13/2019 11:02:17 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sadie Kim	Individual	Support	No

Comments:

HB-490

Submitted on: 2/13/2019 8:47:25 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tim Gilmore	Individual	Support	No

Comments:

Sky Connely provided Midwife services during the pregnancy, delivery, and post partum for my son Juno. Her knowledge, professionalism, and more than any other aopathic doctor, ability to listen to and respect our beliefs and wishes, is proof beyond doubt that licensure of Midwives should be granted. It would be doing a great service to countless mothers and families in the state who work hard to provide what they believe to be the best care for temselves and their families.

From: [Eileen Irvine](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:49:18 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Eileen Irvine
Email	intoitlove@yahoo.com

Type a question

Aloha

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“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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 8:48:44 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Summer Yadao	Individual	Oppose	No

Comments:

In OPPOSITION of HB490

Aloha Representatives,

I am writing in opposition of HB490

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.

As Hawai'i is seeing a resurgence of more cultural practices being respected and scientifically and research backed of being a more sustainable way of living, regulating midwifery is taking many steps backwards.

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

REGULAR SESSION OF 2019

Hearing Date: February 14, 2019 9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee members, please consider my testimony concerning HB490. I strongly oppose HB490. 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.

HB490 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.

HB490 would limit the rights of women. Women like me, who have defended our Nation and have full medical insurance that will cover hospital care and birth, and yet I have chosen to spend my hard earned personal money on the incredible service of midwives. More and more women in Hawaii are choosing to spend money out of their own pocket for the services of midwives. Why would women be doing this?

It would be a great tragedy to force over regulation and licensure on Hawaii midwives.

HB490 would unreasonably restrict entry into the midwifery profession by qualified people.

HB490 would also cause an artificial increase in the cost of midwifery services as a direct result of regulation.

Women in Hawaii should have the right to choose the type of care they wish receive during their pregnancies and deliveries. Hawaii midwives are incredible, life saving invaluable assets for Hawaii's future. Let us learn from their tremendous knowledge and centuries of practice and not oppress them and force them to adopt the broken obstetric medical model of education and care. I STRONGLY URGE you to stand up for WOMENS RIGHTS and OPPOSE HB490.

Very Respectfully,

Elizabeth Friebe

HB-490

Submitted on: 2/13/2019 9:04:06 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marissa Abadir	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/13/2019 9:10:20 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
pahnelopi mckenzie	Individual	Oppose	No

Comments:

I oppose this bill for many reasons. I do not oppose guidelines for safety and for the well being of woman and children. This bill does not offer any safety to families as it is the opposite. Woman are among the most healthy of all humans given support and encouragement. The pregnant woman is not sick they are brilliant and wise and well. Any licensure requirements must be created from the people that work in the field of well-woman care, Midwifery. Midwifery knowledge is not the same as obstetrical knowledge. Electricians and Plumbers are not held to the same licensure even those they both run lines. Obstetrical doctors and Midwives cannot be held to the same standards because their practice is different even those they both provide services to a woman. the bill allows for a woman to be treated as ignorant and incapable of making decisions for their child based on choice. Midwifery is as old as life it's self. Medical licensure and regulations are not very old. We can see in places that midwifery care is the standard woman and children have better outcomes. The continuity of care that lies within Midwifery holds a deeply sacred place to the inner wellbeing of a family. This cannot be measured by one test or standardization. The woman must be given the right to have sovereignty over their bodies. The poor health care we have available to woman should not be trying to further attack an ancient practice as midwifery. The system should be encouraging and asking how to flourish Midwifery care at home, or hospital in every way. With all the crime trouble in this world, the last people who should face this kind of persecution is midwives and children. There is a tool in western medicine that is life-saving and midwives should have access to them in the safety of their toolbox for woman's well being. The woman will continue to have babies and woman will continue to be midwives regardless of laws. In all of history, Midwives have held a prominent cornerstone. Hawaii has faced such tremendous colonialism and occupation that traditional midwifery is almost buried. There are some people that hold this mana and should be held with such respect, not as a potential criminal. Kahiko nÄ• pale Keiki held a line for a flourishing society. Kanaka Maoli pale Keiki of today should be held with high regards to a key to a peaceful and healthy society, as was Hawaii before America's corrupt laws. How silly is this sad world to think about midwives being jailed for servicing the future well being of humanity? Midwives would never think of criminalizing Doctors and their protocols. Even with clear evidence, we can see in the disturbing statistical outcomes for woman and children in hospital birth in America and Hawaii.

Celebrate well being. Support wholesome futures. Support drug-free children and

mothers. This all happens within the midwifery model. Stop the occupation of woman's right to choose. Life starts in the womb and never ends. Midwives are the hands and heart of the future. I greatly oppose the criminalization of Midwifery that is held within these bills HB490 and such related nonsense like this. Let midwives create laws that create a legal reality of practice using traditional and current modalities. Midwifery is safe most of the world was born at home in faith and love. Imagine mother Mary and Joesph going to jail for birthing Jesus in a manger...

From: [Eileen Irvine](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:49:24 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Eileen Irvine
Email	intoitlove@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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.

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“(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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 9:28:01 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Reni Soon	Individual	Support	No

Comments:

I am an OB/gyn who has been providing prenatal and obstetric care in Hawaii for 20 years. We need this bill. Sift through the alternative facts - no one is going to be made illegal (people aren't illegal); no one is going to take away any rights; no one is being persecuted; no one is going to jail or going to lose their homes; no one is telling women who they can seek care from or where they can have their babies. Women can still choose who they want to see. This is not a white man's bill and no one is "redefining" midwife. The International Confederation of Midwives - made up of representatives of over 140 countries including many low-resource and many non-western countries - has established this definition based their collective wisdom and evidence-based standards. Sift through the alternative facts. This bill IS about recognizing a profession. We OB/gyn's support midwives - we know the value of midwives and how much they can contribute to our health care system, and how much they will be able to increase access to QUALITY health care. I respectfully urge this committee to pass HB 490.

From: [Pat Gmelin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:50:03 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Pat Gmelin
Email	patgmelin@gmail.com

Type a question

Aloha

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

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From: [Plum Lovemore](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:53:31 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Plum Lovemore
Email	lovemoreohana@gmail.com

Type a question

Aloha

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- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community.
- 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

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“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.

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- (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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Elbert Hollis](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:48:14 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Elbert Hollis
Email	ashlea.tolliver@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under 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.

Other problems:

- 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: ❖

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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.

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“(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.

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“(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.

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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Jasmine Bell](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:01:15 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name Jasmine Bell

Email jerry0curl@yahoo.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 8:31:40 AM

Testimony for HLT on 2/14/2019 9:31:00 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.

HB-490

Submitted on: 2/13/2019 11:01:49 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
martina dodson	Individual	Oppose	No

Comments:

Dear Committee.

I strongly OPPOSE HB490.

It's against the native people of Hawaii's will to force your unjust bills and laws onto them. I urge you to let this bill die as it is unethical and not what the people of Hawaii's wants.

Warmly,

Martina K. Maui

HB-490

Submitted on: 2/13/2019 11:27:31 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I am writing to **oppose HB 490** on behalf of myself and my 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 practitioners 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 my wife because many of the women she could choose from don't value a Westernized-Anglo education and licensure.

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

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.

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 such high 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. Specifically because of the governing board being proposed by this bill: it would be detrimental for the profession of midwifery to be governed by a board that does not reflect them.

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, with a board that includes ALL types of maternal care providers (OBGYNs, CPMs, CNMs, Cultural Practitioners, etc.). 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.

HB-490

Submitted on: 2/13/2019 11:20:01 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

I am writing to **oppose HB 490** on behalf of myself and my two young children - both born at home with the support of midwives (one licensed and the other not).

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I chose the practitioners 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.

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 such high 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. Specifically because of the governing board being proposed by this bill: it would be detrimental for the profession of midwifery to be governed by a board that does not reflect them.

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, with a board that includes ALL types of maternal care providers (OBGYNs, CPMs, CNMs, Cultural Practitioners, etc.). 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.

HB-490

Submitted on: 2/13/2019 9:29:46 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
clare loprinzi	Individual	Oppose	No

Comments:

HB490 is a violation of human rights. with the US maternal deaths at 47 now and the fetal death rates at 45 it is obvious that the mandatory licensure system is not working but rather a human rights violation and choice violation. the traditional midwives and all midwives statistics are good, nothing like what i mentioned above. it is the constitutional right and for that matter the sovereign right for midwives to work and women and families to choose. it is your kuleana as a legislature to uphold our constitutional right and shut down this bill. clare loprinzi, traditonal midwife

HB-490

Submitted on: 2/13/2019 9:41:45 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Bellomy	Individual	Support	No

Comments:

I am a Certified Nurse Midwife practicing in a private practice on the island of Oahu. I am 1 of only 2 private practice CNMs on island practicing full-scope. Our practice accepts many clients from the community looking for midwifery care. Many clients are aware of the non-CNMs in the community and feel prenatal care and a healthy birth will be best achieved in the hospital setting. Some other clients are unaware of the differing education, licensure, and certifications between the varying midwives. They assume all midwives have the same robust education, supervised preparation for practice, and licensure. Clients believe all midwives practice with a recommended standard of care that promotes safe pregnancy, birth, and postpartum period. I believe clients are being misled by the non-licensed midwives to believe all the care they receive is safe. Clients choose these midwives and the poor outcomes as a result is directly contributing to poor maternal-infant outcomes we are currently facing. Families in this community deserve the protection from unsafe practice and a licensure process for all midwives is the start for better outcomes. Families should be able to find a midwife who has a solid education in midwifery care, has completed a lengthy training period, and, possibly greatest of all, follows a standard of care which has been researched and found to be the best practices for healthy outcomes. A licensure process for all midwives would greatly improve maternal-infant morbidity and mortality. Licensure is an upstream, forward thinking approach to decreasing the impact preterm birth, long-term state or private funded child care resulting from birth injury, and long-term female reproductive health. I am a CNM and I support families in Hawaii. I support HB490 for the licensure of midwives as a step to keep the families of Hawaii safe.

HB-490

Submitted on: 2/13/2019 9:30:42 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stacey Gray	Individual	Support	No

Comments:

Aloha Legislators,

When planning for the birth of my son, I was dissapointed by the lack of midwife options in Hawaii. This bill will bring more options to new mothers and support midwives. I ask for your support.

Mahalo,

Stacey F. Gray

HB-490

Submitted on: 2/13/2019 10:44:50 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tracee Suetsugu	Individual	Support	No

Comments:

HB-490

Submitted on: 2/13/2019 12:14:25 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jaimie Johnson	Individual	Support	No

Comments:

As an OB/Gyn on Maui, I have taken care of patients transferred to the hospital due to preventable complications from home births attended by unlicensed birth attendants. Patients have entrusted their prenatal care and safe labor and delivery to unlicensed birth attendants, who have demonstrated they lack the training and professional responsibility to recognize patients who are high-risk and who are having an abnormal labor or delivery.

HB-490

Submitted on: 2/13/2019 12:25:48 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronnie Texeira	Individual	Support	No

Comments:

From: Miriam Kotubetey <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 2:16 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

LATE



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Miriam Kotubetey
Email	rabin.miriam@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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.

Other problems:

- 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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

HB-490

Submitted on: 2/13/2019 1:05:53 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

As a recipient of the home birthing alliance with midwives as a staple contributor, I oppose this bill with the understanding that the funding for the proposed bill will be more effectively used on other projects. This bill will not benefit the home birthing community in any way.

HB-490

Submitted on: 2/13/2019 12:02:59 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

OPPOSE

New bill should have 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.

HB-490

Submitted on: 2/13/2019 9:30:47 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Balogh	Individual	Support	No

Comments:

LATE

HB-490

Submitted on: 2/13/2019 1:37:12 PM
Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Vanessa Jansen	Individual	Oppose	No

Comments:

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.
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Obstetrical

Medical Midwifery

Professional/Traditional/Cultural/Religious Midwifery along with representatives from the birthing community.

Mahalo Nui Loa,

Vanessa Jansen CPM

LATE

HB-490

Submitted on: 2/13/2019 1:39:16 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

"REGULAR SESSION OF 2019

Hearing date February 14, 2019 9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair Mizuno, vice chair Kobayashi and committee ,

As a homebirther and a Native Hawaiian I am opposed to bill HB490 because it will impact my cultural practices of giving birth at home as well as what I choose to do with not only the placenta but the umbilical cord as well. This cord, known as the Piko is extremely sacred to us Hawaiians and is to be disposed or cared for with the utmost respect and caution. I can't imagine not having a choice in where or what happens to it. Please consider this when addressing this bill.

Respectfully,

Lea Allocca

LATE

HB-490

Submitted on: 2/13/2019 3:11:09 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sheree Kuo	Individual	Support	No

Comments:

If you need a license to sell insurance or drive a car or cut hair, then why shouldn't folks who deliver babies meet some minimum standards or training requirements? Yes, Midwifery is an ancient practice. But maternal and infant death during child birth was a common and regular occurrence before the advent of training programs, fetal monitoring and hospitals. Home births and the freedom to choose where you deliver your baby is not in question in this bill. The question is whether or not Hawaii will continue to be a state where individuals with no formal training or malpractice insurance are allowed to deliver babies without oversight, formal process for periodic review or evaluation or accountability or consequences if there are bad outcomes. Or worse, a state where midwives who have been **banned** from delivering babies in other states, flock to in order to continue their "livelihood" at the expense of the safety of unborn infants.

Yes, I support this bill. I have cared for too many babies who have suffered severe injury or worse at the hands of an unlicensed midwife. Someone has to protect the mothers and babies.

LATE

kobayashi1 - Melvia

From: Lisa Ellis <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 4:30 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Lisa Ellis
Email	johnpellis1@gmail.com

Type a question

Aloha

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

I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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.

Other problems:

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: Rebekah Kerns <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 4:04 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Rebekah Kerns
Email	rebekahkerns@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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.

Other problems:

- 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.
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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:❖

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From: matthew noe <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 12:48 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



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Name	matthew noe
Email	navadwip999@gmail.com
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From: Jonathon Bareng <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 11:59 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Jonathon Bareng
Email	barengbuilt@aol.com

Type a question

Aloha

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Email	island.auntee@gmail.com
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From: Racheal Tradewell <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 11:28 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Racheal Tradewell
Email	wednesdayspear@gmail.com

Type a question

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

I am testifying in STRONG OPPOSITION to HB 490 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: 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.

Other problems:

- 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.
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From: Ashley Porter <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 11:12 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name Ashley Porter

Email aportegirl@gmail.com

Type a question

Aloha

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From: Me Fuimaono <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 11:07 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Me Fuimaono
Email	maefuimaono@yahoo.com

Type a question

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From: Magdalena Alvarez <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 11:05 AM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Magdalena Alvarez
Email	mag.e.alvarez@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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.

Other problems:

- 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

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

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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.

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(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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: Lara Bellefeuille <noreply@jotform.com>
Sent: Wednesday, February 13, 2019 2:41 PM
To: HLTtestimony
Subject: Testimony in OPPOSITION to SB 1033

LATE



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Lara Bellefeuille
Email	laraangelique@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lōkahi under 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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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

LATE

HB-490

Submitted on: 2/14/2019 7:17:28 AM
Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



Papa Ola Lokahi
Nana I Ka Pono Na Ma

LATE

Papa Ola Lokahi
894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

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

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HOUSE COMMITTEE ON HEALTH **Rep. John M. Mizuno, Chair** **Rep. Bertrand Kobayashi, Vice-Chair**

TESTIMONY ON NATIVE HAWAIIAN PRACTICES **HB 490 - RELATING TO LICENSURE OF MIDWIVES**

Thursday, February 14, 2019, 9:31 AM
Conference Room 329, State Capitol

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

Papa Ola Lōkahi, the Native Hawaiian Health Board, is solely interested in assuring Hawaiian cultural practices around pregnancy and childbirth, hāpai and hānau, are preserved and protected, and that there are no barriers to their perpetuation, as articulated in the Hawai'i State Constitution (Article XII, Sec. 7).

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

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

As a rule, POL leaves the discussion of licensure and certification to the communities of those professions, except where Hawaiian healing traditions are at risk of being suppressed. Should this bill advance, Papa Ola Lōkahi maintains that practitioners of traditional Native Hawaiian practices, pale keiki and others, shall be exempt, per HRS 453-2(c). Furthermore, we acknowledge that this body has already recognized this obligation to the customs and traditions of this land. We also acknowledge the kuleana this bill attaches to Papa Ola Lōkahi to utilize the model earlier kupuna healers taught us. Papa Ola Lōkahi is available to answer any questions the members have about Kupuna Councils.

Mahalo nui for the opportunity to offer testimony on HB 490.

HB-490

Submitted on: 2/13/2019 2:42:40 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Hope Kallai	My Children	Support	No

Comments:

I strongly support the licensing of midwives and the decriminalizing home birth. Midwives provide a safe alternative to hospital births. I support education and licensing of home birth practitioners, even if it takes a 40 page bill.

Before my generation, very few babies were born in the hospital. Globally, midwifery is way more supported than in the US, or Hawai`i. Certification of midwives is long overdue.

42 years ago today, Feb. 13th, I had a baby at home. It was a felony at the time. He was fine. 22 years ago I had another baby at home (when I was 45). Both were great births.

I had one baby at Stanford Hospital in between the 2 home births. Even though this birth was unassisted, only a 20 minutes long labor, the hospital O.B. almost killed me ripping out my placenta and the resident pediatrician wanted to intubate a well baby, just to learn how. They gave me 7 units of tainted blood and an infection. An unassisted birth was turned into a nightmare.

Support Safe home births by giving midwives a way to be licensed. Next step: Insurance coverage for home births!

LATE

HB-490

Submitted on: 2/14/2019 9:28:59 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Kohl	American College of Nurse-Midwives	Support	No

Comments:

On behalf of the American College of Nurse-Midwives, please accept the attached letter of support for H.B. 490.

HB-490

Submitted on: 2/13/2019 5:48:26 PM

Testimony for HLT on 2/14/2019 9:31:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
sh	Individual	Support	No

Comments:

I support the licensing of midwives in Hawaii. I am a registered nurse, and I feel being licensed is essential for providing quality health care. I also believe midwives provide an excellent service and are often the best option for women giving birth. My daughter recently gave birth in California at Kaiser Permanente. The midwives managed the whole birth, and did an outstanding job of delivering a healthy baby. Thank you.

HB-490

Submitted on: 2/13/2019 7:23:52 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Isaac Meadow	Individual	Support	No

Comments:

LATE

HB-490

Submitted on: 2/13/2019 7:37:49 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Hello,

I am opposing HB 490 and SB 1033. I believe all women should have all the options and choices on how they want to birth and the care that they want It is our bodies and our choice and that should never be taken away from us. Midwifery is a traditional practice that should always remain as a choice for those who choose it. It has been practiced safely for so long that it should remain here in Hawaii. If you regulate and restrict Midwifery you regulate legal birth choices.

A) OUR LEGISLATORS NEED TO BE EDUCATED about the origins/background of midwifery and how it became medicalized. • With 98% of births taking place in hospitals the medical model for birth is not solving the problem as they routinely promote and uses practices and procedures that are proven to be harmful or risky to mothers and babies. • The US ranks 47th in the world for maternal mortality (death) rate globally. Ranking number 1 means the least number of maternal deaths. • Our Federal government just passed a bill “Ending Maternal Mortality Act 2018” to address this problem, and according to the World Health Organization, half of the U.S. deaths were preventable. • Note: Poor maternal mortality rates are highest among African American, Asian and Asian/Pacific islanders, basically women of color. B) THE COMMUNITY NEEDS TO BE EDUCATED on options for hospital and out of hospital deliveries! They need to know whether they are getting the: a. Obstetrical Hospital Option b. Medical midwifery I(Hospital/Insurance Controlled) Option c. Professional Traditional/cultural Midwifery Option so they can choose the model that works best for them. C) ALLOW ALL OF OUR DIFFERENT OPTIONS. Our State community is asking for birth autonomy which demands and fully allows different practices for different people.

REGULAR SESSION OF 2019

Hearing date February 14, 2019 at 9:31am Room 329

RE: HB490 Relating to the Licensure of Midwives

IN OPPOSITION

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

Thank you for the opportunity to testify regarding HB490. 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 HB490, I will only mention a few of the key problems here and suggest specific amendments at the end.

Page three 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 14th century. This bill assumes that people will consider a "midwife" a certain way? We are curious where the legislature gets this information and why they assume so? Rather than promoting assumptions, why not promote education to the community about different birth options and different types of birth providers. For example, a "midwife" is "a person who assists women in childbirth." A "certified nurse midwife" is "a person who has gone through a specific educational pathway etc." A "certified professional midwife" is "a person who, etc." A "traditional/cultural midwife" is "a person who, etc." and if Hawai'i legislature decides to license midwives there will be a definition, a "licensed midwife" is "a person who, etc."

Right from the beginning of HB490 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 12-13 of this 26 page bill exempts "a traditional birth attendant who is a person without formal education and training." 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 13 also implies 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 HB490 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
- 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) Allow certified midwives to also be traditional/cultural midwives if they so choose.

Once again I oppose HB490 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

LATE

HB-490

Submitted on: 2/13/2019 8:26:23 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Mulinix	Individual	Oppose	No

Comments:

HB-490

Submitted on: 2/13/2019 10:01:46 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Marisa Pangilinan	Individual	Oppose	No

Comments:

LATE

HB-490

Submitted on: 2/13/2019 10:21:10 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

Aloha,

My name is Dan Dresel and I'm a Registered Respiratory Therapist at Kapi'olani Medical Center for Women and Children. I work in the Nicu and have experienced firsthand, where home births have gone bad and the babies ended up in the most critical condition on the verge of death. Using every resource possible to keep these babies alive, the question arises. Could there have been a professional there, like a licensed Midwife to over see the care of these particular scenarios? Their ability to recognize an emergency and escalate care accordingly is paramount!

LATE

HB-490

Submitted on: 2/13/2019 10:22:28 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

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

Comments:

LATE

HB-490

Submitted on: 2/13/2019 11:56:38 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maureen DaRin	Individual	Oppose	No

Comments:

LATE

HB-490

Submitted on: 2/14/2019 1:01:14 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
KSL	Individual	Support	No

Comments:

LATE

HB-490

Submitted on: 2/13/2019 5:28:45 PM
Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
dcleaves	Individual	Support	No

Comments:

LATE

From: [Jessica Santiago](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Thursday, February 14, 2019 1:09:25 AM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Jessica Santiago
Email	kaileikoa09@gmail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, lomilomi, 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.

Other problems:

- 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.

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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: most traditional cultural 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, cultural 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 traditional 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.

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- administer potentially lifesaving medications;
- (iv) That the client will not have recourse through the State authorized complaint process;
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- (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 cultural 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.”

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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.

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 traditional/cultural midwifery.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

LATE

From: [Cecilia Reilly](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 11:22:13 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Cecilia Reilly
Email	recoverthis99@gmail.com

Type a question

Aloha

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

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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.

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“(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.

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Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

Getting pregnant and giving birth are divine gifts from God. You have no right to forcibly regulate a woman's divine connection to source and bring new life to her home in the way she chooses!! As an extremely sensitive human, I'm abhorred by stories I hear of women's experiences in hospitals. I've been watching videos on home birth for planning if I ever get pregnant. I've seen many videos of women giving birth by themselves, with their families, etc. How is it helpful to persecute them for getting extra help? How can it possibly be your right? Western medicine is driving its society into extinction. The autism rate is predicted to crash society in less than 40yrs alone. Too many watch their children suffer irreparable damage at the hands of western medicine's ideas of what a baby and mother should be administered. You have no right to impose regulation like this!! This is not the regulation needed!

From: [Jasmin McCracken](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 11:10:12 PM

LATE

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Jasmin McCracken
Email	pikakebeads@gmail.com

Type a question

Aloha

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From: [Maria Keliiholokai](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:45:13 PM

LATE

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Maria Keliiholokai
Email	Mavitakeliiholokai@yahoo.com

Type a question

Aloha

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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.

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“(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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

LATE

From: [Danielle Ciccone](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 10:07:48 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Danielle Ciccone
Email	butterflyforesthawaii@gmail.com

Type a question

Aloha

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

How many laws you gotta write restricting woman and natural health practices? How many laws you gotta write taking away people's rights in the so called land of the free?

How many more ridiculous ways is the state gonna come up with to suck the wealth out of the local community? Does the insanity of local governing ever end.? Stop regulating everyone and everything. Let us live.

I am testifying in **STRONG OPPOSITION** to HB 490 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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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.

Other problems:

- 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).
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LATE

From: [Kala Kaleikini](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:52:50 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Kala Kaleikini
Email	kala.kaleikini@gmail.com

Type a question

Aloha

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LATE

From: [Ashly Vida](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:51:58 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Ashly Vida
Email	kehau0205@gmail.com

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

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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.

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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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Heather Nobriga](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:21:06 PM

LATE

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Heather Nobriga
Email	momigrrl@yahoo.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 the policies adopted by Papa Ola Lokahi under Act 304 (2001), which governs Papa Ola Lokahi's Kupuna Councils. Those are very specifically: laau lapaau, lomilomi, 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.

Other problems:

- 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

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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: ❖

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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”

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From: [Ainoa Shaw](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 9:00:16 PM

LATE



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Ainoa Shaw
Email	ainoa.shaw@gmail.com
Type a question	<p>Aloha House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to HB 490 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 the policies adopted by Papa Ola Lokahi under 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</p>

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LATE

From: [Fely Kahalewai](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:59:39 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Fely Kahalewai
Email	makana0404@yahoo.com

Type a question

Aloha

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LATE

From: [Kayla Shaw](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:59:11 PM

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Kayla Shaw
Email	kaylamaui.hi@gmail.com

Type a question

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

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“(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.

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What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

From: [Faye Wallace](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:40:13 PM

LATE

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Faye Wallace
Email	likowallace@ymail.com

Type a question

Aloha

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

I am testifying in **STRONG OPPOSITION** to HB 490 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 HB 490.

LATE

From: [Susan Garrard](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 8:33:06 PM



OPPOSE HB 490 ! Requiring licensure of midwives

Name	Susan Garrard
Email	fluidintegration@gmail.com

Type a question

Aloha

Women have the right to natural birth with lay midwives. The medical industrial complex needs to sit right down, and stop seeing natural healers and lay midwives as competition. The medical establishment never tries least harm cures like native medicines and natural remedies before using practices and pharmaceuticals that produce harm and side effects. I've had it with allopathic medicines bullying tactics. This is a waste of taxpayers time and money, and who ever introduced this BS bill should stop wasting taxpayer time and money. I had an all natural home birth in Hawaii with a lay midwife so I know what I am talking about. House HLT Chair Mizuno, Vice Chair Kobayashi, and committee members,

I am testifying in **STRONG OPPOSITION** to HB 490 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

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From: [Rosalyn Ardoin](#)
To: [HLTtestimony](#)
Subject: Testimony in OPPOSITION to SB 1033
Date: Wednesday, February 13, 2019 7:41:56 PM

LATE

 **OPPOSE HB 490 ! Requiring licensure of midwives**

Name	Rosalyn Ardoin
Email	rosalynardoin@gmail.com

Type a question

Aloha

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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.

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.

What is really needed is better communication and problem-solving, NOT regulation that would harm traditional practices.

Mahalo for the opportunity to testify on this measure. Please do not pass HB 490.

LATE

HB-490

Submitted on: 2/14/2019 9:58:23 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Emmanuel K	Individual	Support	No

Comments:

LATE

HB-490

Submitted on: 2/14/2019 9:21:12 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Caterina Desiato	Individual	Oppose	No

Comments:

Aloha,

Thank you for this opportunity to testify. I strongly oppose this bill as a trusted midwife is a strong factor of safety for mothers and children at birth and this bill will effectively limit the choice of midwives available to women in Hawaii, no matter how many exceptions you may add, there will be many respected and needed practitioners who will be rendered illegal. Licensure can be useful to women who feel reassured by it, yet it does not need to be nor should be mandatory, as that limits the choices of all other women.

Please oppose this bill.

Thank you,

Caterina Desiato, PhD

Communication and information sciences & Women's Studies

MIDWIVES

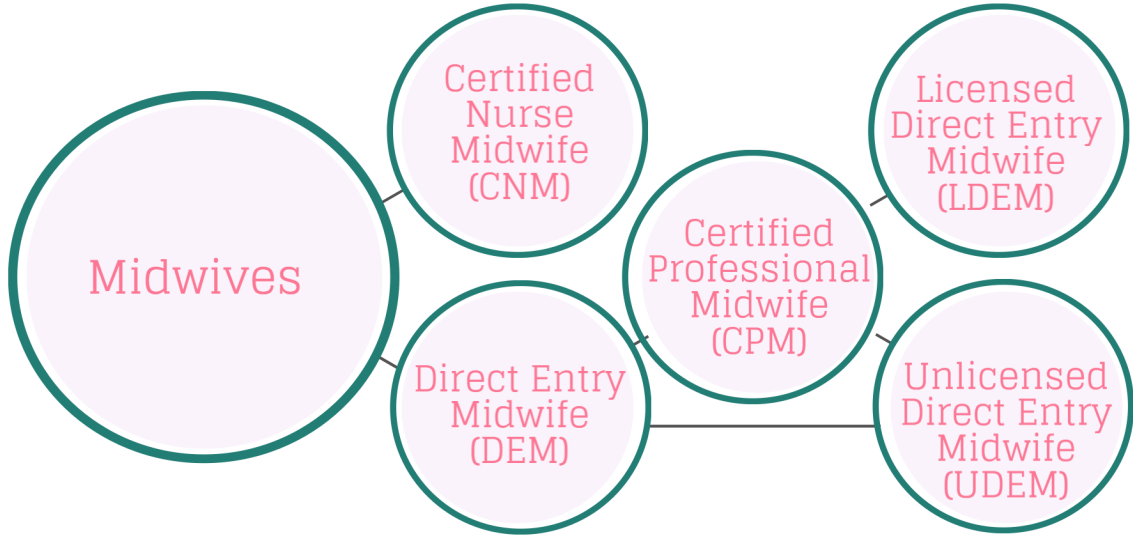
Providers of Maternity and Newborn Care

Midwives in Utah

Midwives attend approximately 9% of the total births in Utah - approximately 5,500 births annually.

LATE

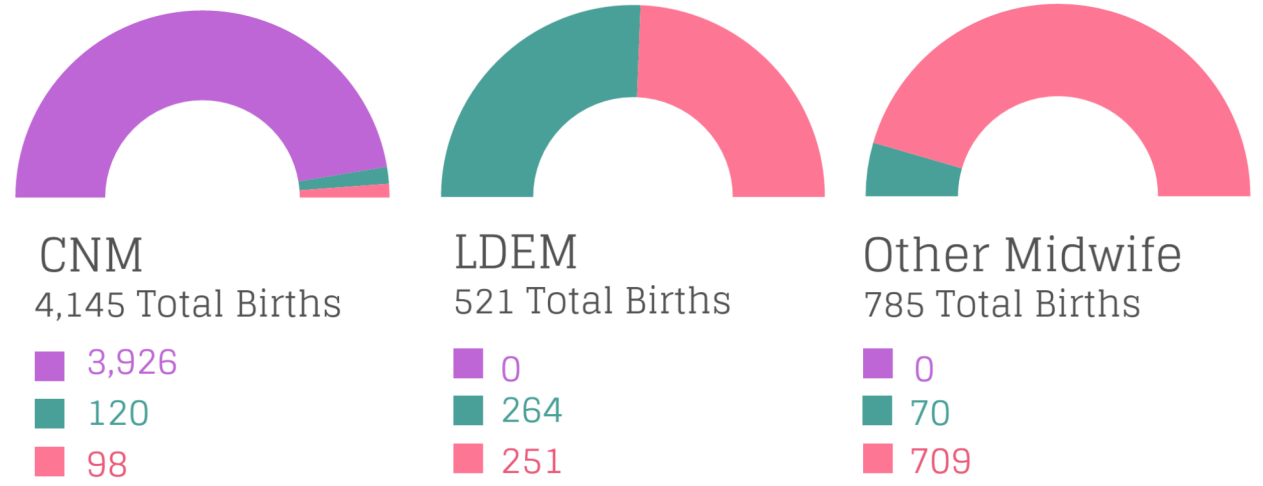
Types of Midwives



Midwife Statistics in Utah

Location of Midwife Attended Births

■ Hospital ■ Birth Center ■ Planned Home



2014 - 51,164 Total Live Births in Utah

Similarities Among Midwives

- All Want Healthy Moms & Healthy Babies
- Partnership Model of Care
- Prenatal Care
- Care During Birth
- Postpartum Care
- Early Newborn Care & Lactation
- Access to Labs & Ultrasound
- Emphasis on Supporting Physiologic Birth
- Suture 1st & 2nd Degree Lacerations
- Collaborate with other Medical Providers

Differences Among Midwives

	Certified Nurse Midwife (CNM)	Certified Professional Midwife (CPM)	Licensed Direct Entry Midwife (LDEM)	Unlicensed Direct Entry Midwife (UDEM)
Licensure & Statute	Licensed Nurse-Midwife Practice Act	May or may not be licensed Direct Entry Midwife Act	Licensed Direct Entry Midwife Act	Not Licensed Direct Entry Midwife Act
Education	Bachelors of Science in Nursing (BSN) and Masters or Doctor of Nursing Practice (DNP) in midwifery	No degree requirement. Documented: education skills exam, clinical experiences, written exam	Certified Professional Midwife credentialing, plus CPR/NRP, fetal monitoring, pharmacology	No Requirements
Certifying Organization	Must comply with American College of Nurse-Midwives (ACNM) Standards	Must comply with National Association of Certified Professional Midwives (NACPM) Standards	Must comply with National Association of Certified Professional Midwives (NACPM) Standards & LDEM Standards of Practice	Voluntary adherence to Utah Midwives Organization (UMO) Standards of Practice
Prescriptive Authority	Full prescriptive authority	Only if licensed	Limited ability to obtain and administer	May not use medications except oxygen

LATE

HB-490

Submitted on: 2/14/2019 10:41:24 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Individual	Support	No

Comments:

I testify in strong support of this bill. I am a homebirth mom of four and a traditional midwife. I look forward to Hawaii recognizing the entire profession of Midwifery. I celebrate the options it has proven to open in other states; greater access to care, insurance coverage, full scope Midwifery options, continuity of care and respectful collaborative care. The families of Hawaii deserve to be protected by minimum and standard educational requirements and informed disclosure. The practicing midwives here can increase safety by easy access to medications and labs used regularly within Midwifery care. This is an overall positive move for Hawaii and I look forward to Hawaii becoming the next state to recognize CMs, the CPM credential and preserving professional and competent options for our community.

From: Wahine Ho'opua'a

Hale Ho'olana Practitioner/Kumu

HI Homebirth Collective - Cultural Consultant

Hawaii Midwifery Council - Maui Reg

LATE

House Health Committee Hearing on H/B 490

Feb. 14, 2019 at 9:31 am

Room 329

Commission
on
Status
of
Women
on
Mauai County

Wahine Hoopaa - Facilitator
Hale Ho'olana - Practitioner/Kumu
Hi Homebirth Collective - ~~Member~~ Cultural Consultant
Hawaii Midwifery Council - Maui Rep

Aloha mai kakou & I mahalo all of you for the opportunity to speak today, and I am asking you all to please really take to heart all of the testimony brought forth. For many of us this bill could mean that the most precious gift, to be the one to ^{support} ~~bring~~ life in, in the most sacred way of our Kupuna will be stripped of us. The oldest tradition, ~~the~~ Kuleana, to bring life forth, to support the process of mother and her ohana, without fear of persecution. The right for a mother to choose a traditional Birthkeeper will be ~~removed~~ ^{illegal}. This should be noones choice but the mother, who has to go through the physical spiritual emotional process of labor and postpartum.

I am Kii ^{maniokealani} Kahohachano and I am here from Maui today to ~~oppose~~ SB1033. I actually wear many hats. I am 1st and foremost a mother of 5 homebirth babies, all born on Maui, ^{ages} 15, 12, 6, 3, and Waimu 8mo. ^{old} They were all born with no complications, ~~and~~ ^{instead} big ^{strong} healthy, no bleeding, no tearing, no medication, nursing right away, beautiful bonding. Prayers and medicine, songs and gifts & cozy warm - hearts full of delight - Birth of our babies finally back on homelands of our Kupuna.

and foremost

no cord clamping

their names reflect the place names and stories of their births. Our midwives were well trained and well prepared, it is their lifework and passion after all, they are often more dedicated to their work than anything, as it perpetuates the gifts that have been passed down. And it is their honor to support life, and to support the future generations of their ~~people~~ ^{people of Hawaii}.

2nd I am a Kanaka Maoli Birthkeeper, ^{Pale or Keiki} ~~practitioner~~ ^{practitioner} ~~of~~ ^{of} ~~the~~ ^{the} ~~birth~~ ^{birth} ~~keeping~~ ^{keeping} ~~practices~~ ^{practices}, la'aulapa'an, ho'oponopono, a student a teacher, a friend to all I serve. I have been attending births for the past 18 years on Maui. My training was with multiple Kupuna from Big Island, Maui, Oahu and Kauai, and this was a rare opportunity at the time I didn't even know how rare. Through the process of training and also working with a CPM for ~~10~~ ¹¹ years, and becoming involved in legislative issues around midwifery about 10 years ago, I came to realize that there was a huge shortage of "me". So finally last year I began training new students. ~~the~~ ^{the} people of Hawaii have had strong protocols practices around prenatal, pregnancy's postpartum care for generations. Most of which was stripped of us with colonization and assimilation.

this is a detrimental time to discourage
our full right to practice our
traditions and protocols as we are

growing again the knowledge and putting
it back into practice. Reclaiming what
is rightfully ours. Please don't allow
this bill to squish all of the efforts
we have made to rise from the ashes
of oppression. This bill asks to continue
that oppression and the mentalist part
what we are is not enough! We should
be able to sovereign at least in our
basic autonomy! The more I do feels

our people, our painful part of ~~our~~ pale
leiki (midwives) and healers having to go
underground, and being persecuted. I don't
want my or my students now to be in vain, this bill will
use ^{omnibus} or if we ^{cancel}
We are not unsafe, untrained, or ^{incompetent}
unprofessional. We spend hours upon
hours preparing, infusing and educating
our students and their choices are ^{being}
informed choices! We have cream and our
with them, we are so connected by the

the the birth comes, we hardly need to
speak in words, we just know what we know.
The exemption by OH is a nice gesture
but has no ground. Pol has no Kupaun course to
govern us, and they don't have it in their
mandate to cover Paleteki (midwives) only →

Lomilomi/LLA/Honolulu are listed. In addition, most of the Kanaka I know aren't excited about getting under OHA in general.

~~There are~~

* there are so many issues with this bill I will simply state:

#1

- This bill requires certification which is not accessible in our state. They talk about online, but even that is not accessible for all. I live off grid and have never owned a computer. I would never be able to leave my ohana of 7, let alone afford the process. And for me, this is not a "profession" it's a life work. I'm not doing it for same reasons as some, shouldn't have to practice like them.

- no grandmother clause so experienced midwives of 10-30+ years will not be honored and will have to start over in their training in order to practice.

- the way relative is defined! A grandmother can't help a granddaughter!! A sponsor must be legally married! What about gender equality??

- For traditional midwife - exemption - must practice within their own religious group etc. That's just ridiculous and reeks of misappropriation and racism.

- We would be forced to all practice the same! Medical Model of Birth.
There is a midwife for everyone, not everyone wants the same person.
- We are not guaranteed insurance, this bill makes people think it will.
- This bill ^{makes} ~~is~~ the