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## Testimony of the Department of Commerce and Consumer Affairs

Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
Thursday, January 30, 2020  
9:30 a.m.  
State Capitol, Conference Room 229

### On the following measure: S.B. 2428, RELATING TO THE LICENSURE OF MIDWIVES

Chair Baker and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Midwives Licensing Program for the Department of Commerce and Consumer Affairs' (DCCA or Department) Professional and Vocational Licensing Division. The Department appreciates the intent of and offers comments on this bill.

The purposes of this bill are to: (1) amend various provisions related to the licensure of midwives; (2) allow certified nurse midwives and direct-entry midwives to refer to themselves as "midwives"; (3) allow a traditional midwife to practice midwifery under certain conditions; and (4) repeal the repeal date for Hawaii Revised Statutes (HRS) chapter 457J.

This bill reflects the recommendations of the Hawai'i Home Birth Task Force (Task Force)<sup>1</sup> as set forth in its report to the Legislature (see DC168, received by the

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<sup>1</sup> The Hawai'i Home Birth Task Force (Task Force) was established pursuant to Act 32, Session Laws of Hawaii (SLH) 2019.

Legislature on January 9, 2020, and hereinafter referred to as “report”). Although the Department is a member of the Task Force, a determination was made that the Department’s position statement regarding the Task Force recommendations would be omitted from the report and the report appendices.<sup>2</sup> To remain fully transparent, the Department consequently submitted its position statement to Senate President Ronald D. Kouchi and House Speaker Scott K. Saiki on January 17, 2020.

As such, although the Department is a member of the Task Force, its position regarding this bill may not be aligned with those of other task force members. The Department’s comments on S.B. 2428 are as follows:

Additional definitional terms are confusing and unnecessary. The addition of the definitions of “Traditional midwife”, “Direct-entry midwife”, and “Licensed midwife” as reflected on pages 2-4 of this bill will lead to create confusion for the average consumer. As noted in the Department’s position statement on pages 4-6, the intent of Act 32, SLH 2019, is to, among other things, require licensure of midwives who meet the licensure requirements and afford them title protection. By allowing exempt individuals who do not qualify for licensure as a midwife to use titles that include the term “midwife” will cause public confusion about the qualifications of the practitioner.

Moreover, although the term “direct-entry midwife” is defined in the bill on page 4, the term is not actually used in the body of the bill and is unnecessary.

Removing the time limit on the exemption for unlicensed practitioners is premature. The Department also expressed its concerns with the Task Force’s recommendation to delete the July 1, 2023, time limit for the birth attendant exemption (page 9 lines 12 to 13 of this bill). Per Act 32, SLH 2019, the purpose of the 2023 repeal date is to allow the State Auditor sufficient time to conduct a report of the last three years the program was in effect to determine if the exemption should be extended or repealed. (See page 10 of the Department’s position statement.)

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<sup>2</sup> The Department’s written position statement regarding the Task Force recommendations was submitted to the Task Force on October 11, 2019, but was not included in the final report. See Director Catherine Awakuni Colón’s cover letter dated January 17, 2020, addressed to Senate President Ronald D. Kouchi and Speaker of the House Scott K. Saiki, transmitting a copy of the DCCA’s position statement. A copy of the position statement is attached to this testimony.

DCCA supports the deletion of the January 1, 2020, deadline date for the bridge certificate and the addition of a third educational pathway. Page 12, lines 10 and lines 14 to 15. The Department understands that deleting the January 1, 2020, date will allow a certified professional midwife who receives a certified professional midwifery credential after January 1, 2020, from midwifery schools that are not associated with the Midwifery Education Accreditation Council, but who has completed the same training and passed the same North American Registry of Midwives examination, to also meet the education and training requirement for licensure as a midwife under this chapter. Also, the Department supports recognition of the North American Registry of Midwives' entry-level portfolio evaluation program as a means of satisfying a formal midwifery education and training program to be licensed as a midwife under this chapter.

Changes to the definitions of "qualified midwife preceptor" and "student midwife" renders the exemption for student midwives too broad. Page 5, line 18 to page 6, line 4 amends the definition of "qualified midwife preceptor" to include an exempt birth attendant and to delete the requirements that students be enrolled in an accredited education program and that the preceptor meets the criteria for midwife preceptors set forth by the applicable organization. This amended definition would mean that any midwife or birth attendant could serve as a preceptor. Similarly, the amended definition of "student midwife" on page 9, lines 4 to 8 would include any type of midwifery study, including self-study. The student midwife exemption is designed to address the conduct of persons enrolled in an accredited educational program and supervised by an authorized preceptor. The bill, as drafted, would exempt any person holding himself or herself out as a student midwife and thereby render this subsection unenforceable.

The bill removes important consumer protection for patients. Page 10, lines 18 to 21 and page 11, lines 1 to 4 delete the requirement for an exempt birth attendant to disclose any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction. The Department opposes the deletion of this disclosure requirement, as mothers who choose the services of an exempt birth attendant should

have this information to make an informed decision before accepting these services from an exempt birth attendant. Individuals whose health care licenses were revoked or suspended in other jurisdictions could choose to operate as birth attendants, and their disciplinary history may be of interest to individuals who hire them.

Similarly, page 11, lines 8 to 11 deletes the requirement that an exempt birth attendant maintain a copy of the disclosure form for at least 10 years and that this disclosure form be available for inspection upon request by the Department. The Department opposes the deletion of this record retention requirement. Exempt birth attendants should be required to disclose certain information to their client(s), including their education and training. Should an issue arise, proof that the disclosure was made in compliance with the law is vital in determining whether a violation occurred.

Thank you for the opportunity to testify on this bill.



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CATHERINE P. AWAKUNI COLÓN  
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January 17, 2020

**Sent Via: Electronic Mail**

The Honorable Ronald D. Kouchi, President  
and Members of the Senate  
Thirtieth State Legislature  
State Capitol, Room 409  
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker  
and Members of the House of Representatives  
Thirtieth State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Department of Commerce and Consumer Affairs' ("DCCA") comments and recommendations, which are responsive to the Hawai'i Home Birth Task Force's report dated December 11, 2019, and entitled "Report to the Governor and the Legislature of the State of Hawai'i Per Act 32, Session Laws of Hawai'i, 2019".

Although a participating member of the Task Force, DCCA's written comments and recommendations were not included in the final report to the Legislature. The majority of the Task Force members chose to only include DCCA's cover letter dated October 11, 2019.

To remain fully transparent with this process, we feel that you should be aware of our position and recommendations that were submitted to the Task Force.

Thank you very much for your kind consideration of this information. Should you have any questions, please feel free to contact me at (808) 586-2850.

Mahalo nui loa,

*Catherine P. Awakuni Colón*

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR



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CATHERINE P. AWAKUNI COLÓN  
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JO ANN M. UCHIDA TAKEUCHI  
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October 11, 2019

Dear Task Force Members:

Thank you for allowing the Department of Commerce and Consumer Affairs to comment on the proposed amendments to Act 32, SLH 2019, Relating to the Licensure of Midwives, from the Midwives Task Force.

Ahlani Quiogue and Lee Ann Teshima have kept us apprised of the discussions during the Task Force meetings and we are grateful to be involved and appreciate the transparent discussion of the issues being raised.

As a regulatory agency, our mission is to uphold fairness and public confidence in the marketplace, promote sound consumer practices and increase knowledge, opportunity, and justice in our community. Consumer protection is a priority that we must consider. This translates to establishing the minimum qualifications for education and training to ensure that qualified individuals may practice their profession safely.

Consequently, we have reviewed and discussed the proposals from the Task Force and although we may not agree and are unable to support some of the recommendations, we are able to support other recommendations made by the Task Force.

Again, I'd like to thank you for your time and efforts in participation on this Task Force and look forward to our continued collaboration to ensure that women have the right to choose their birthing experience and that the birthing experience they choose is provided by qualified individuals.

Mahalo nui loa,

Catherine P. Awakuni Colón  
Director  
Department of Commerce and Consumer Affairs

The following is the Department of Commerce and Consumer Affairs' ("DCCA") position in response to proposed amendments from the Hawaii Home Birth Task Force ("Task Force") regarding Act 32, SLH 2019 that was distributed at the September 9, 2019 Task Force meeting.

1. **Proposed new definitions for "community-based midwife" and "Traditional Cultural midwife" in lieu of exempt "birth attendants"; title protection for "midwives"**

Current law:                   **§ -2 Definitions.** As used in this chapter:

Defines a "Midwife" as "a person licensed under this chapter."

**§ \_\_\_-5 License required.** (a) Beginning July 1, 2020, except as provided in this chapter, no person shall engage in the practice of midwifery, or use the title "midwife", "licensed midwife", or the abbreviation "L.M.", or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife without a valid license issued pursuant to this chapter.

(b) Nothing in this section shall preclude a person holding a national certification as a midwife from identifying the person as holding such certification, so long as the person is not practicing midwifery or professing to be authorized to practice midwifery in the State unless that person is licensed in accordance with this chapter.

**§ -6 Exemptions.** (a) A person may practice midwifery without a license to practice midwifery if the person is:

- (1) A certified nurse-midwife holding a valid license under chapter 457;
- (2) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery;
- (3) A student midwife who is currently enrolled in a midwifery educational program under the direct supervision of a qualified midwife preceptor;
- (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or
- (5) A person acting as a birth attendant on or before July 1, 2023, who:
  - (A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;
  - (B) Does not advertise that the person is a licensed midwife;
  - (C) Discloses to each client verbally and in writing on a form adopted by the department, which shall be received and executed by the person under the birth attendant's care at the time care is first initiated:
    - (i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

- (ii) That the person's education and qualifications have not been reviewed by the State;
  - (iii) The person's education and training;
  - (iii) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;
  - (iv) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and
  - (v) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and
  - (vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and
- (D) Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.

(b) Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care 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.

(c) Nothing in this chapter shall prohibit a person from administering care to a person's spouse, domestic partner, parent, sibling, or child.

Task Force Proposal:           **§ -5 License required.** (a) Beginning July 1, 2020, except as provided in this chapter, no person shall engage in the practice of midwifery, or use the title "midwife", "licensed midwife", or the abbreviation "L.M.", or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife without a valid exemption, or license issued pursuant to this chapter.

Task Force justification: A precedent has been set in other states, like Utah and Oregon, and other countries like Canada, where midwives, exempt from licensure, are allowed to continue to use the title midwife. The Director, who is the head of DCCA, has the power to allow an exception to the exempt midwives under this chapter to CONTINUE to use their professional title of: midwife, direct entry midwife, or community-based midwife.



A “proprietary title” is defined as someone who holds the title to a thing in their own right.

All direct entry midwives hold the title “midwife”, in their own right, not just CPM’s. A protected-title can be extended to members of a trade association, which is what the HiHBC is, a midwifery trade organization. The protected title is part of the “contract” made between the State and a profession. The State gives the profession exclusive rights to use certain titles and to perform certain roles. In exchange, the State can be assured that anyone using those titles or performing those roles will be appropriately trained and up to date.

The State has the authority to grandfather in all currently practicing midwives as an alternative to demoting women, with decades of experience, to birth attendants against their will.

DCCA’s Position: By adding “exemption” in this section, individuals under the “exemption” will be allowed to use the term “midwife”.

The intent of the law is to not only require licensure of “midwives” who meet the licensure requirements, but also to afford these individuals title protection. In addition, allowing an “exempt” practitioner to refer to him or herself as a **midwife, licensed midwife or L.M. or use terms that imply that the practitioner is a licensed midwife** would cause public confusion and the possible misconception and connotation by consumers and the public that these individuals have met the minimum level for licensure as a midwife.

Based on the above, the DCCA would oppose this amendment.

Task Force Proposal: § - 5(b) Nothing in this section shall preclude a person holding a national certification as a midwife from identifying the person as holding such certification, so long as the person is not practicing midwifery or professing to be authorized to practice midwifery in the State unless that person is licensed, or exempt midwife in accordance with this chapter.

DCCA’s Position: The DCCA takes no position on this amendment. This section allows an individual who holds a national certification, that would qualify for licensure as a midwife, to identify that the individual holds such a certification but may not practice midwifery.

Task Force Proposal: § -5(c) Except as provided in this chapter, no person shall engage in the practice of midwifery, or use the title “midwife”, without a valid exemption as defined in subsection 6, pursuant to this chapter.

Task Force Justification: The State is disenfranchising more than half of the currently working midwives, by declaring they now possess the ownership of the ancient title midwife. They may grant an exception to those exempt under “The traditional midwife must be acknowledged as a true midwife, on equal terms as that of the midwife with a formal education.

Exception for aboriginal midwives (3) An aboriginal person who provides traditional midwifery services may, (a) use the title “aboriginal midwife”, a variation or abbreviation or an equivalent in another language; and (b) holds himself or herself out as a person who is qualified to practice in Ontario as an aboriginal midwife”. 1991, c. 31, s. 8 (3).

EXCERPT: The Midwifery Act, Canada: “Restricted titles 8(1) No person other than a member shall use the title “midwife”, a variation or abbreviation or an equivalent in another language.”

DCCA’s Position: This amendment would allow an exempt birth attendant to practice midwifery and use the title or term “midwife”.

The current law allows an exempt birth attendant to practice a limited scope of midwifery. By including this language in the license requirements section is redundant.

Again, regarding the use of the title or term “midwife” by an exempt birth attendant, the intent of the law is to not only require licensure of “midwives” who meet the licensure requirements, but to also afford these individuals title protection. In addition, allowing an “exempt” birth attendant to refer to themselves as a midwife would cause public confusion and the possible misconception and connotation by consumers and the public that these individuals have met the educational, training, and examination requirements to become licensed as a midwife.

Based on the above, the DCCA would oppose this amendment.

Task Force Proposal: In lieu of the term “birth attendants” under the “Exemptions” section in the current law, the Task Force discussed replacing the term “birth attendants” with “Community-based midwives” and “Traditional Cultural midwives”.

§ -6 Exemptions. (a) A person may practice midwifery without a license to practice midwifery if the person is:

- (5) A person acting as a ~~birth attendant~~ “community-based midwife” or “traditional cultural midwife” on or before July 1, 2023, who:

Task Force Justification: The Task Force members have always referred to themselves as “midwives” and this new law prohibits them from using, referring or identifying themselves as “midwives” and are recommending that the following definitions for “Community-based midwives” and “Cultural Traditional midwives” be used in lieu of “birth attendant”:

**“Community-based midwife”** means an individual, who for religious, personal, and/or philosophical reasons chose not to become certified or licensed. These midwives are ultimately accountable to the communities they serve; and believe that midwifery is a social contract between the midwife and client/patient, and should not be legislated at all; or that women have a right to choose qualified care providers regardless of their legal status. *(MANA “Types of Midwives”, Proposal from Working Group #2)*

**“Traditional Cultural midwife”** means an autonomous birth attendant who has acquired the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum through a spiritual and/or cultural lineage, and is recognized by Na Pua O Haumea, Council of Traditional Midwives; and who provides care to indigenous persons or members of an indigenous community in accordance with the United Nations Declaration on the Rights of Indigenous People and/or to individuals or members of a community which subscribe to a congruent set of spiritual and/or cultural beliefs or practices, as defined by Na Pua O Haumea, Council of Traditional Midwives.” *(Originally proposed “Indigenous Midwives, however, DOH clarified that Indigenous in Hawaii Revised Statutes refers to “[§10H-8] (b) Consistent with the policies of the State of Hawaii, the members of the qualified Native Hawaii roll, and their descendants, shall be acknowledged by the State of Hawaii as the indigenous, aboriginal, maoli population of Hawaii.”, so this term would only apply to this group and not other indigenous cultures, i.e. Micronesian, Samoan, etc.*

DCCA’s Position: As noted in the prior Task Force proposal, regarding the use of the title or term “midwife” by an exempt birth attendant, the intent of the law is to not only require licensure of “midwives” who meet the licensure requirements, but to also afford these individuals title protection. In

addition, allowing an “exempt” birth attendant to refer to themselves as a midwife would cause public confusion and the possible misconception and connotation by consumers and the public that these individuals have met the educational, training, and examination requirements to become licensed as a midwife.

Therefore, based on the intent of the law, DCCA would oppose this amendment.

**2. Adding/amending Advisory Committee members to include “exempt” birth attendants**

Current law: § \_\_\_ -4 Powers and duties of the director. In addition to any other powers and duties authorized by law, the director shall have the power and duties to:

- (5) Appoint an advisory committee to assist with the implementation of this chapter and the rules adopted pursuant thereto. The advisory committee shall consist of the following:
  - (A) Three midwives who are certified professional midwives or certified midwives;
  - (B) Two members of the public; and
  - (C) A certified nurse midwife; and
- (6) Add, remove, or otherwise modify the authorized non-controlled legend drugs and legend devices listed in \_\_\_-11 by rule under chapter 91.

Proposal from Task Force:

- (5) Appoint an advisory committee to assist with the implementation of this chapter and the rules adopted pursuant thereto. The advisory committee shall consist of the following:
  - (A) Three licensed midwives who are certified professional midwives or certified midwives that work exclusively in the community birth setting;
  - (B) Two members of the public who have been consumers of home birth; and
  - (C) ~~A certified nurse midwife~~ One registered community-based midwife; and
  - (D) One traditional cultural midwife.

Task Force Justification: The advisory committee should be made exclusively of the midwives who attend births in the community setting, and the consumer of those midwives. These are the people who can best understand how and what is needed.

In regard to (6), the Task Force provided the following comments: The medications required to safely practice midwifery do not require a DEA number, they are very basic medications, most of which have a very limited scope of use. No prescriptive rights would be given to unlicensed midwives, they would only have the ability to obtain, store and administer very specific medications to be used within the scope of midwifery practice.

**DCCA's Position:** Non-inclusive of other "exempt" individuals

The DCCA is concerned with the addition of members. The proposal made by the Task Force does not include other exempt individuals (e.g., certified nurse midwife, a licensed professional performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery, etc.). Further, it is the DCCA's understanding that a number of practicing birth attendants are based on the neighbor islands. The Midwifery Program does not have the funding to cover the travel expenses for these additional members.

Adding a representative for all exempted individuals to participate on an advisory committee to "implement" a chapter for which they are exempt from is unreasonable.

Cost:

Assuming that there will be "exempt" individuals from the neighbor islands, there are no budgetary concessions to cover the cost for travel expenses for members of the Advisory Committee if expanded any further.

Based on the above, the DCCA would oppose any amendment to the Advisory Committee.

**3. Amendment to "exemptions"**

- Current law: § \_\_\_ -6 Exemptions. (a) A person may practice midwifery without a license to practice midwifery if the person is:
- (1) A certified nurse-midwife holding a valid license under chapter 457;
  - (2) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery;
  - (3) A student midwife who is currently enrolled in a midwifery educational program under the direct supervision of a qualified midwife preceptor;

- (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or
- (5) A person acting as a birth attendant on or before July 1, 2023, who:
  - (A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;
  - (B) Does not advertise that the person is a licensed midwife;
  - (C) Discloses to each client verbally and in writing on a form adopted by the department, which shall be received and executed by the person under the birth attendant's care at the time care is first initiated:
    - (i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;
    - (ii) That the person's education and qualifications have not been reviewed by the State;
    - (iii) The person's education and training;
    - (iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;
    - (v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and
    - (vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and
    - (vii) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and
  - (D) Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.

(b) Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care 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.

(c) Nothing in this chapter shall prohibit a person from administering care to a person's spouse, domestic partner, parent, sibling, or child.

Proposal from Task Force: § \_\_\_ -6 Exemptions. (a) A person may practice midwifery without a license to practice midwifery if the person is:

- (1) A certified nurse-midwife holding a valid license under chapter 457;
- (2) Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery;
- (3) A student midwife ~~who is currently enrolled in a midwifery educational program~~ under the direct supervision of a qualified licensed or exempt midwife preceptor;

Task Force justification: Due to the length of time it takes a student residing in Hawaii to complete the required number of births to take the NARM exam, student midwives need to be able to attend births without being required to be enrolled in a midwifery educational program. Prior to this bill going into law, there were an average of just over 300 intended home births annual in Hawaii. This bill going into effect means that any/all students working toward their midwifery certificate have even fewer preceptors available to work with. Further limiting the type of midwife a student may work which both narrows her access to a diverse education, and greatly limits the number of people who may receive a midwifery education while residing in Hawaii.

DCCA's Position: If the intent of this amendment is to "recognize" a student midwife training under an exempt birth attendant affiliated with the Hawaii Home Birth Collective, then the DCCA offers the following language for further clarification:

§ -6(a)(3) A student midwife who is currently enrolled in a midwifery educational program under the direct supervision of a qualified midwife preceptor or who is training and under the direct supervision of one of the exemptions in § \_\_\_ -6;

This amendment would recognize both a student training for national certification as a midwife and a student training under an exempted individual.

Based on the above, the DCCA offers comments only.

Task Force Proposal: § -6(a)(4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or

- (5) A person acting as a ~~birth attendant on or before July 1, 2023,~~ community-based midwife (or traditional cultural midwife?) who:

Task Force justification: This date should be extended to match the Act 32 repeal date of June 30, 2025.

DCCA's Position: The repeal date of 2023 is to allow the Legislative Auditor the appropriate amount of time to conduct a report of the last 3 years the program was in effect to determine if the exemption should be extended or repealed.

In addition, this proposed amendment is not necessary pursuant to the language contained in in section 1, page 3, lines 5 – 11, which states:

"This Act also exempts a separate category of birth attendants for a three-year period, to allow this community to define themselves and develop common standards, accountability measures, and disclosure requirements. By the end of the three-year period, the legislature intends to enact statutes that will incorporate all birth practitioners and allow them to practice to the fullest extent under the law. The legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices."

Therefore, based on the above the DCCA offers comments only.

In regard to the reference of a "community-based midwife" and "Traditional cultural midwife" in this section, again, the DCCA reiterates its earlier-stated position regarding title protection.

Therefore, DCCA would oppose the amendment to specifically include "community-based midwife" and "Traditional cultural midwife".

Task Force Proposal: § -6(a)(6) A midwife assistant under the direction (direct?) supervision of a qualified or exempt midwife; or

Task Force justification: For the safety of the birthing parent and their new born, it is important to not limit an exempt midwife's ability to legally have someone assist them in their duties.

DCCA' Position: This amendment would allow yet another "exempt" individual to practice midwifery by recognizing a "midwife assistant" to assist a licensed midwife or exempt individual.

The DCCA has concerns that there is an implication that the midwife assistant is capable of practicing midwifery.

Furthermore, the "midwife assistant" may not have the appropriate education and training to assist an exempt birth attendant as their qualifications and scope of practice are not defined.

Therefore, DCCA is unable to support this amendment.



Task Force Proposal: The Task Force had 2 recommendations for the following section:

**Recommendation #1:**

§ -6(5)(A) Does not use legend drugs or devices, the use of which requires ~~a license under the laws of the State;~~ is registered with the Hawaii Home Birth Collective;

Task Force justification: The use of uterotonic for prevention of PPH during the third stage of labour is recommended for all births.

- Oxytocin (10 IU, IV/IM) is the recommended uterotonic drug for the prevention of PPH. (Strong recommendation, moderate-quality evidence)
- In settings where oxytocin is unavailable, the use of other injectable uterotonics (if appropriate ergometrine/methylergometrine or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 ug) is recommended.
- “In settings where skilled birth attendants are not present and oxytocin is unavailable, the administration of misoprostol (600 ug PO) by community health care workers and lay health workers is recommended.

Oxygen is required to be able to follow the American Academy of Pediatrics guidelines for Neonatal Resuscitation.

DCCA’s Position: This amendment would 1) allow exempt birth attendants to use legend drugs and devices and 2) **require** registration under the Hawaii Home Birth Collective.

Regarding the deletion of language in the law that would prohibit an exempt birth attendant from using legend drugs and devices, the DCCA would oppose allowing any unlicensed health professional to obtain or administer any prescription drug or device.

With regard to the requirement that exempt birth attendants be registered with the Hawaii Home Birth Collective, the DCCA would oppose this “requirement” for several reasons, including:

a. The inclusion of the “Hawaii Home Birth Collective” in to the law may cause the public to assume that the DCCA has oversight or authority over this organization and recognizes this organization as the only entity of its kind that is capable of registering all birth attendants in the State.

If the Hawaii Home Birth Collective for some reason ceases to exist, then exempt birth attendants would fail to meet this “registration” requirement and would therefore not qualify to practice midwifery.

b. Requiring all exempt birth attendants to register with the Hawaii Home Birth Collective is restrictive. There may be exempt birth attendants who choose not to be registered or affiliated with the Hawaii Home Birth Collective.

The DCCA is not opposed to the Hawaii Home Birth Collective’s registration, but would oppose the mandatory requirement that all exempt birth attendants register with it.

c. The current law does not prohibit an exempt birth attendant from “registering” with the Hawaii Home Birth Collective voluntarily.

For reasons previously stated, the DCCA would oppose this amendment.

Recommendation #2:

§ -6(5)(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State; except for an approved antihemorrhagic medication and oxygen;

Task Force justification: The use of uterotonic for prevention of PPH during the third stage of labour is recommended for all births.

- Oxytocin (10 IU, IV/IM) is the recommended uterotonic drug for the prevention of PPH. (Strong recommendation, moderate-quality evidence)
- In settings where oxytocin is unavailable, the use of other injectable uterotonic (if appropriate ergometrine/methylergometrine or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 ug) is recommended.
- “In settings where skilled birth attendants are not present and oxytocin is unavailable, the administration of misoprostol (600 ug

PO) by community health care workers and lay health workers is recommended.

Oxygen is required to be able to follow the American Academy of Pediatrics guidelines for Neonatal Resuscitation.

DCCA's Position: This amendment would permit an exempt birth attendant to obtain and administer specific drugs.

The Task Force members stated that these legend drugs/devices are vital to ensure the safety of their patients, both mother and infant, especially in rural areas where the nearest hospital can be hours away. Therefore, DCCA offers the following comments but takes no position:

A limited/restricted formulary for certain drugs to be administered by an exempt midwife during an "emergency" situation only.

Recommended language:

Task Force Proposal: § -6(5)(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State except for oxygen in an emergency situation. Emergency situation means imminent danger or death or serious physical harm for the mother or infant;

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

(C) Discloses to each client verbally and in writing on a form adopted by the department, which shall be received and executed by the person under the birth attendant's community-based midwife's (or traditional cultural midwife's?) care at the time care is first initiated:

DCCA's Position: In regard to the reference of a "community-based midwife" and "Traditional cultural midwife" in this section, again, the DCCA notes its previously-mentioned position regarding title protection.

Therefore, based on the intent of the law, DCCA would oppose this amendment.

Task Force Proposal: § -6(a)(C)(i) That the person does not possess a professional midwifery license issued by the State to provide health or maternity care to women or infants;

Task Force Justification: I did not see a justification for this proposed amendment.

DCCA's Position: The insertion of the word "midwifery" under this section would require an exempt birth attendant to disclose that he/she does not possess a "midwife" professional license to provide health or maternity care.

The purpose of this section is to require that the individual providing midwifery care under the exemption section discloses to the patient that he/she does not hold any license to provide health or maternity care to women, not only a midwife license. The current language affords more disclosure for the patient.

Therefore, this amendment is not necessary and the DCCA would oppose.

Task Force Proposal: § -6(a)(5)(C)(ii) That the person's education ~~and qualifications and training~~ have not been reviewed by the State. That the person's education and training have been verified through the registry process with the HIHBC;

Task Force justification: We feel that in order to practice safely, registered midwives who report their education in pharmacology, administration of injected medication, and treatment of shock should be granted limited access to obtain, store and administer a specific list of medications.

DCCA's Position: The amendment to this section refers to the Hawaii Home Birth Collective registration process that would include that an exempt birth attendant's education and training be "verified" through the Hawaii Home Birth Collective's registration process.

Reference to the "Hawaii Home Birth Collective" in the law would assume that the DCCA has some kind of oversight or authority over this organization and that the DCCA recognizes and accepts this organization's review and registration for an exempt birth attendant.

Furthermore, the current law does not prohibit an exempt birth attendant from disclosing that he/she is registered with the Hawaii Home Birth Collective and that his/her education and training has been "verified" with that organization.

Therefore, DCCA would oppose this amendment.

Task Force Proposal: § -6(a)(5)(C)(iii)  
(iv) The person's education and training; ~~That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;~~ If the person is, or is not authorized to obtain, carry, administer, or direct others to administer legend drugs;

Task Force justification: We feel that in order to practice safely, registered midwives who report their education in pharmacology, administration of injected medication, and treatment of shock should be granted limited access to obtain, store and administer a specific list of medications.

DCCA's Position: DCCA offers the following comments but takes no position.

DCCA previously discussed the limited use of specific drugs to be administered by an exempt birth attendant to be administered in an emergency situation and offered the following comments to section \_\_\_-6(A).

Task Force Proposal: § -6(a)(5)(C)(v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and  
(vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and  
(vii) Midwife shall use the appropriate HIHBC hospital transport form; and

Task Force Justification: I did not see a justification to use the HIHBC form?

DCCA's Position: This amendment would require exempt birth attendants to use a specific transport form. Currently, the law does not require a specific form or list criteria to be included to capture certain information.

By referencing Hawaii Home Birth Collective's transport form is restrictive and would imply that the DCCA has some kind of oversight or authority over this organization and that DCCA recognizes and accepts this organization's forms when this is not the case.

The Department of Health's administrative rules for ambulatory transport includes records/information on patients transported by ambulance.

Consequently, the current law does not prohibit exempt birth attendants from utilizing Hawaii Home Birth Collective's transport form, so this amendment is not necessary and the DCCA would oppose.

Task Force Proposal: § -6(a)(5)(C)(viii) That clients will have recourse through the HIHBC complaint process and that the midwife has agreed to cooperate with the Hawaii Elders Council should a complaint be filed against them; and

Task Force justification: The kupuna council will oversee all complaints filed directly with the HIHBC by home birth consumers.

DCCA's Position: Reference in the law to the Hawaii Home Birth Collective as the appropriate agency for which a patient can file a "complaint" and/or have recourse is not necessary.

The DCCA does not have any authority or oversight over the Hawaii Home Birth Collective.

The current law does not prohibit the Hawaii Home Birth Collective from receiving complaints for their registrants, so it is not necessary to include the language in the law.

Exempt birth attendants are not prohibited from "disclosing" that they are registered with the Hawaii Home Birth Collective and that a patient may file a complaint with the Hawaii Home Birth Collective.

Therefore, the DCCA would oppose this amendment.

Task Force Proposal:	§ -6(a)(D)	Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.
	§ -6(b)	Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care 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.
	§ -6(c)	Nothing in this chapter shall prohibit a person from administering care to a person's spouse, domestic partner, parent, sibling, or child.
	§ -6(d)	<u>No exemption shall be extended to any person whose health professional license has been revoked within the State, any other state, or any other jurisdiction of the United States.</u>

Task Force justification: No midwife who has had their license revoked by any state should not be able to practice midwifery in the state of Hawaii. This statement ensures that no dangerous or rogue midwives move to Hawaii to practice.

DCCA's Position: DCCA supports this amendment subject to the following revisions:

§ -6(d) No exemption shall be extended to any person whose health professional license has been revoked within the State, any other state, or any other territory of the United States.

4. **Amendment to Application for a license as a midwife; delete January 1, 2020 date**

Current law: **§ -8 Application for license as a midwife.** To obtain a license under this chapter, the applicant shall provide:

- (1) An application for licensure;
- (2) The required fees;
- (3) Proof of current, unencumbered certification as a:
  - (A) Certified professional midwife; or
  - (B) Certified midwife;
- (4) For certified professional midwives, proof of a successful completion of a formal midwifery education and training program that is either:
  - (A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or
  - (B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway, or who have maintained licensure in a state that does not require accredited education;
- (5) If applicable, evidence of any licenses held or once held in other jurisdictions indicating the status of the license and documenting any disciplinary proceedings pending or taken by any jurisdiction;
- (6) Information regarding any conviction of any crime which has not been annulled or expunged; and
- (7) Any other information the department may require to investigate the applicant's qualifications for licensure.

Proposal from Task Force:

**§ -8 Application for license as a midwife.** To obtain a license under this chapter, the applicant shall provide:

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

Task Force justification: There will be certified professional midwives that receive their CPM credential AFTER January 1, 2020, from midwifery schools that are not associated with MEAC. These midwives will have gone through the same training, and have passed the same NARM exam as other CPMs that will be legally licensed and recognized by the State. ALL CPM midwives have met the requirements to be recognized by the North American Registry of Midwives, including passing their credentialing national exam, and thus should be recognized by the state as eligible to apply for a license.

DCCA's Position: DCCA supports with amendments.

The DCCA also recommends the recognition of a CPM who completed the NARM Entry-Level Portfolio Evaluation Process ("PEP") as this will allow another option to meet the midwife licensure requirements and recommends the following:

- (4) For certified professional midwives, proof of a successful completion of a formal midwifery education and training program that is either:
  - (A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or



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

5. **Add, remove or otherwise modify the authorized non-controlled legend drugs and devices listed in § -11 Authority to purchase and administer certain legend drugs and devices**

Current law:                   **§ \_\_\_\_ -11 Authority to purchase and administer certain legend drugs and devices.** (a) A midwife licensed under this chapter may purchase and administer non-controlled legend drugs and devices that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation, and that are deemed integral to providing care to the public by the department.

- (b) Legend drugs authorized under subsection (a) are limited for:
  - (1) Neonatal use to prophylactic ophthalmic medications, vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and
  - (2) Maternal use to antibiotics for Group B Streptococcal antibiotic prophylaxis per guidelines adopted by the Centers for Disease Control and Prevention, postpartum antihemorrhagics, Rho(D) immune globulin, epinephrine for anaphylactic reaction to an administered medication, intravenous fluids, amino amide local anesthetic, and oxygen.
- (c) Legend devices authorized under subsection (a) are limited to devices for:
  - (1) Injection of medications;
  - (2) The administration of intravenous fluids;
  - (3) Adult and infant resuscitation;
  - (4) Rupturing amniotic membranes;
  - (5) Repairing vaginal tears; and
  - (6) Postpartum hemorrhage.
- (d) A pharmacist who dispenses drugs and devices to a midwife as authorized by this section and in conformity with chapter 461 is not liable for any adverse reactions caused by the midwife's administration of legend drugs and devices.

Task Force recommendations:

**§ \_\_\_\_ -11 Authority to purchase and administer certain legend drugs and devices.** (a) A midwife licensed under this chapter may purchase and administer non-controlled legend drugs and devices that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation, and that are deemed integral to providing care to the public by the department.

- (b) Legend drugs authorized under subsection (a) are limited for:
  - (1) Neonatal use to prophylactic ophthalmic medications, vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and
  - (2) Maternal use to antibiotics for Group B Streptococcal antibiotic prophylaxis per guidelines adopted by the Centers for Disease Control and Prevention, postpartum antihemorrhagics, Rho(D) immune globulin, epinephrine for anaphylactic reaction to an administered medication, intravenous fluids, amino amide local anesthetic, and oxygen.

(b) Registered midwives. who have reported to the Hawai'i Home Birth Collective their completion of a minimum of ( ) continuing education units. in the last triennium, of appropriate continuing education as specifically related to the practice of midwifery, which shall include:

- (1) suturing.
- (2) pharmacology. And
- (3) phlebotomy

Task Force justification: The hours of specific education listed here are the suggested requirements for continuing education units that would be required of all registered midwives, every 3 years, the actual number of CEU's is still a work in progress TBD by working group 2.

DCCA's Position: This amendment inserts language under the section for "licensed Midwives" that would require "exempt birth attendants" registered with the Hawaii Home Birth Collective to complete continuing education in suturing, pharmacology and phlebotomy.

The amendment to this section is inappropriate. This section is for "licensed midwives" and the insertion of language for an exempt birth attendant's continuing education requirement does not belong here.

Also, reference to suturing, pharmacology and phlebotomy continuing education would imply that exempt birth attendants are able to perform these invasive procedures and prescribe or administer prescription drugs.

Finally, the law does not recognize registration of exempt birth attendants by the Hawaii Home Birth Collective, so inserting requirements for "registered" exempt birth attendants is not necessary.

Therefore, DCCA would oppose this amendment.

Task Force Proposal: The Task Force had 2 recommendations for section 11 of the Act:

Recommendation #1

§-11(c) Legend devices authorized under subsection (a) are limited to devices for:

- (1) Injection of medications;
- (2) The administration of intravenous fluids;
- (3) Adult and infant resuscitation;
- (4) Rupturing amniotic membranes;
- (5) Repairing vaginal tears; and
- (6) Postpartum hemorrhage.

May purchase, store and administer specific non-controlled legend drugs or devices that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation during the practice of Midwifery.

(c) Legend drugs authorized under this section are limited for:

- (1) Oxygen for neonatal resuscitation per neonatal Resuscitation guidelines;
- (2) Neonatal eye prophylaxis per American Academy of Pediatrics;
- (3) Anti-hemorrhagic agents and devices for postpartum per WHO guidelines;
- (4) Vitamin K per the American Academy of Pediatrics;
- (5) Group beta streptococcus prophylaxis antibiotics per guidelines by the centers for disease control and prevention;
- (6) Intravenous fluids for blood loss per ACOG;

Task Force justification: The need to place an IV and administer fluids to a laboring or recently delivered person can be lifesaving in rural places where EMS response and/or transport times can take 2 hours or more depending on many factors like; road conditions, congested traffic, and weather.

DCCA's Position: It is unclear why the Task Force would recommend the proposed language as it specifically pertains to "licensed" midwives and would not allow/authorize exempt birth attendants from possessing/administering these additional legend drugs, therefore, DCCA would oppose.

DCCA previously discussed the limited use of specific drugs to be administered by an exempt birth attendant to be administered in an emergency situation and offered the following comments to section \_\_\_-6(A).

Task Force Proposal: § -11(c)(7) Rho (D) immune globulin per ACOG:

Task Force justification: Birthing persons with a negative blood type are recommended to receive an injection of Rhogam if they give birth to a child with a positive blood type, within 72 hours of giving birth. There is no non-invasive way to know a baby's blood type before their birth. This medication has a short shelf life and would only be obtained as needed. The alternative, and what we have to do right now is send the person who just gave birth to the closest hospital emergency room, with their

newborn baby in tow, which is not a very clean, or controlled area when compared to a hospital labor and delivery unit.

DCCA's Position: "Rho (D) globulin" is already included in the current law; therefore, this amendment is not necessary.

Task Force Proposal: § -11(c)(8) Epinephrine for neonatal resuscitation per neonatal Resuscitation guidelines and treatment of anaphylactic reaction to an administered medication:

Task Force justification: What alternative would be recommended by ACOG for a newborn while awaiting EMS to arrive, it can take EMS an hour or more to reach the place of birth.

DCCA's Position: "Epinephrine for neonatal resuscitation per neonatal resuscitation guidelines," and "epinephrine for anaphylactic reaction to an administered medication," are already included in the current law; therefore, this amendment is not necessary.


Task Force Proposal: § -11(c)(9) Local anesthetics without epinephrine:

Task Force justification: This allows simple perineal lacerations to be humianly repaired, at the place where the birth occurred. It is safest for the birthing person and the newborn to not go to the ER for something so simple to fix at home.

DCCA's Position: The current law lists "amino amide local anesthetic," as a legend drug authorized to be administered by a "licensed" midwife.

It is unclear if "local anesthetics without epinephrine" is equivalent to "amino amide local anesthetic".

Therefore, based on the above, the DCCA takes no position.

Task Force Proposal: § -11(c)(10) ~~(Non-hormonal contraceptives)~~  Barrier methods of birth control;

DCCA's Position: The Task Force is proposing that the "licensed" midwife be able to provide "barrier methods of birth control" that is not included in the current law.

It is unclear if "Barrier methods of birth control" is equivalent to "Non-hormonal contraceptives".

Therefore, based on the above, the DCCA takes no position.

Task Force Proposal: § -11(c)(11) Mebendazole per The WHO:

Task Force Justification: Many outer islands have large communities that do not have access to a municipal water source and rely on water catchment tanks. Many pregnant people present with intestinal parasites that are easily treated with the administration of mebendazole.

DCCA's Position: The Task Force is proposing that the "licensed" midwife be able to purchase and administer "mebendazole", medication used to treat a number of parasitic worm infestations, including ascariasis, pinworm disease, hookworm infections, guinea worm infections, hydatid disease, and giardia.

DCCA takes no position.

Task Force Proposal: § -11(c)(12) Magnesium sulfate; and

Task Force Justification: Outer island transport times can be greater than 2 hours, it has been verified that local EMS on multiple outer islands DO NOT carry these medications. They confirmed that their policy, even for people in labor, is to administer diazepam to all seizing persons, which can lead to serious respiratory complications of the newborn.

We are not advocating for the use of these medications in the community birth setting. The point is, there are other areas in the transport process that need revision. Many EMS rigs also do not carry a newborn size ambu-bags, laryngeal airway masks, and many of the responders lack the skill set to place an IV in a newborn.

DCCA's Position: The Task Force is proposing that "licensed" midwives be able to purchase and administer magnesium sulfate, also known as Epsom salt, which is an OTC product, accessible to anyone.

Therefore, this amendment is not necessary and DCCA would oppose.

Task Force Proposal: (13) Calcium gluconate (the antidote for magnesium sulfate)

Task Force justification: Outer island transport times can be greater than 2 hours, it has been verified that local EMS on multiple outer islands DO NOT carry these medications. They confirmed that their policy, even for people in labor, is to administer diazepam to all seizing persons, which can lead to serious respiratory complications of the newborn.

We are not advocating for the use of these medications in the community birth setting. The point is, there are other areas in the transport process that need revision. Many EMS rigs also do not carry a newborn size ambu-bags, laryngeal airway masks, and many of the responders lack the skill set to place an IV in a newborn.

DCCA's Position: The Task Force is proposing that "licensed" midwives be able to purchase and administer calcium gluconate.

There is an IV preparation for this product that would require a prescription but also an OTC version as a calcium supplement.

DCCA takes no position.

Recommendation #2

§ -11(c) Legend devices authorized under this subsection ~~(a)~~ are limited to devices for:

- (1) Injection of authorized medications;
- (2) The administration of intravenous fluids;
- (3) Adult and infant resuscitation;
- (4) Rupturing of amniotic membranes;
- (5) Repairing ~~vaginal tears~~ perineal lacerations; and
- (6) Postpartum hemorrhage.

Task Force justification: These parameters are very reasonable and concise.

The medications required to safely practice midwifery do not require DEA number, they are very basic medications, most of which have a very limited scope of use. No prescriptive rights would be given to unlicensed midwives, they would only have the ability to obtain, store and administer very specific medications to be used within the scope of midwifery practice.

DCCA's Position: The Task Force is proposing to amend this section by clarifying the use of specific devices for specific procedures that a "licensed" midwife can utilize.

DCCA takes no position on these recommendations.

**6. Amendment to Section 26H-4, HRS**

Current law: **§26H-4 Repeal dates for newly enacted professional and vocational regulatory programs.** (a) Any professional or vocational regulatory program enacted after January 1, 1994, and listed in this section shall be repealed as specified in this section. The auditor shall perform an evaluation of the program, pursuant to section 26H-5, prior to its repeal date.

(d) Chapter (midwives) shall be repealed on June 30, 2025.

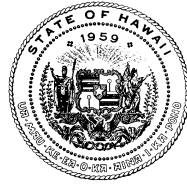
Task Force Proposal: §26H-4(e) PARENTS' RIGHTS; Nothing in this law shall abridge, limit, or change in any way the right of the birthing parent to deliver their baby where, when, how, and with whom they choose, regardless of licensure under this chapter.

Task Force justification: This was copied directly from the latest version of Utah's midwifery law. The addition of this statement further supports a birthing person's right to birth and personal autonomy.

DCCA's Position: DCCA has concerns that this is not the appropriate section for this language. Section 26H-4 lists the repeal dates for newly enacted professional and vocational regulatory programs.

Furthermore, this law includes both “licensed” midwives and exempt birth attendants, and as currently drafted, would completely eviscerate the chapter.

Therefore, the DCCA would oppose this amendment to this section.



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S.B. 2428**  
**RELATING TO THE LICENSURE OF MIDWIVES**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: January 30, 2020 Room Number: 229

1 **Fiscal Implications:** None.

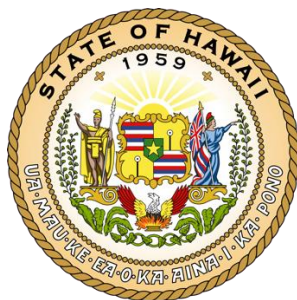
2 **Department Testimony:** The Department respectfully offers comments on S. B. 2428 and  
3 defers to the Department of Commerce and Consumer Affairs on the recommendations from the  
4 Hawaii Home Birth Task Force.

5 The Department of Health is committed to improving birth outcomes and reducing infant and  
6 maternal mortality; and has served as an active member of the Hawaii Home Birth Task Force  
7 since July 2019. The issues concerning certified midwives, direct entry midwives and home  
8 births are important issues related to the achievement of the Department's strategic goal of  
9 Investing in Healthy Babies and Families.

10 The Department provided vital records summary data from the Office of Health Status  
11 Monitoring to the Task Force to assist in the development of recommendations as part of the  
12 Task Force's report to the Legislature. Data from DOH showed a total of 17,145 hospital births  
13 in Hawaii in 2017 and 16,649 hospital births in 2018. There were 301 planned home births in  
14 2017 and 203 planned home births in 2018 reported via the Hawaii Birth Certificate. Home  
15 births made up 1.72% and 1.77 % of all births in Hawaii, respectively. The infant transfer rate  
16 from home to hospital was 1.3% (4 out of 301) in 2017 and 2.3% (7 out of 302) in 2018.  
17 Available data from vital records indicates that maternal and infant mortality rates for planned  
18 home births in Hawaii in 2017 and 2018 were zero (0). The data indicates that there were not  
19 excessive adverse medical outcomes due to transfers to hospitals from home births; and there  
20 were no maternal or infant deaths due to planned home births in Hawaii in 2017 or 2018.



- 1 The Department will continue to serve on the Hawaii Home Birth Task Force and will continue
- 2 to engage with community stakeholders and health care providers committed to improving birth
- 3 outcomes and reducing infant and maternal mortality.
  
- 4 Thank you for the opportunity to testify on this bill.



‘O kēia ‘ōlelo hō’ike no ke  
**Komikina Kūlana Olakino o Nā Wāhine**

Testimony on behalf of the  
**Hawai‘i State Commission on the Status of Women**

Prepared for the Senate Committee on Commerce, Consumer Protection, and Health

Comments re: SB2428

Thursday, January 30, 2020, at 9:30 a.m. in Room 229

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

The Hawai‘i State Commission on the Status of Women provides comments for SB2428, which would amend various provisions related to the licensure of midwives. The bill, if passed, would also allow certified nurse midwives and direct-entry midwives to refer to themselves as "midwives" and permit traditional midwife to practice midwifery under certain conditions.

The Commission is committed to supporting the effort to develop a pathway to licensure, create a system of cooperation between obstetricians and midwives, and to expand accessibility to midwifery care through the Hawai‘i Home Birth Task Force. This effort is especially critical for the rural population demographic in Hawai‘i. The Commission supports the designation of a traditional midwife and the PEP process to create different pathways to licensure. The Commission is cognizant that some elements contained in the bill may generate disagreement between various task force members. Accordingly, the Commission believes more work remains in order to generate agreement between key stakeholders and practitioners along the spectrum of maternal health care.

Sincerely,

Khara Jabola-Carolus



# *Midwives Alliance of Hawaii*

1/26/20

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

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2020  
Thursday, January 30, 2020 at 9:30am

## **TESTIMONY IN OPPOSITION OF SB2428, RELATING TO THE LICENSURE OF MIDWIVES**

Dear Senator Baker, Senator Chang and committee members:

Thank you for the opportunity to testify in **opposition of SB2428**.

We thank the legislature for supporting a regulatory program for the practice of midwifery and passing it to the Governor to sign into law as Act 32 in 2019. We support the regulation of midwifery through mandatory licensure, as outlined in Act 32.

We are unable to support the amendments brought forth in SB2428 relating to the regulation of midwives due to the following:

1. Licensure was deemed appropriate in order to provide public protections and ensure a minimum level of safety when consumers engage midwifery services. We continue to support full licensure outlined in Act 32, rather than optional licensure as presented in SB2428.
2. We believe that anyone acquiring and administering legend drugs should be regulated and have acquired appropriate education and training prior to the State granting them authority to administer medications to clients. This ties into our position in #1 – the State provides a minimum level of safety for the public through regulation in Act 32.

3. We recognize that there is a health care shortage in Hawai'i. And we recognize that the State is working to address causes of maternal and infant morbidity and mortality through the Maternal Mortality Review Committee and Child Death Review, as well as by funding different measures that provide needed health services to this population. We appreciate and support the State's efforts. We do not subscribe to providing the public with unregulated attendants in pregnancy and birth as a viable option to address the health care shortage, and as a means to reduce maternal and infant morbidity and mortality. There is strong data to demonstrate that educated, competent, qualified health care providers are needed to provide evidence-based care in communities to decrease morbidity and mortality; and there is numerous data to demonstrate that midwives (according to the current definition defined in Hawai'i State law) reduce maternal and infant morbidity and mortality. We support the utilization and integration of midwives, the provision of the midwifery model of care, and always being clear we are talking about midwives and not birth attendants when we say midwives.

We leave the committee with a recommendation: fund the DOH to more accurately gather birth and death vital statistics. We are aware that the reflection of zero maternal and infant deaths in 2016 and 2017 for planned home births is a direct result of the inability of the current form of the birth certificate worksheet to capture these deaths. The verbiage in SB2428 erases the lives of those lost in 2016 and 2017 and silences the families affected. We believe it is important to use this opportunity to improve our system in order to more accurately gather data so that we no longer invalidate the lived experiences of our community. Opportunities we feel would be most effective are:

- Direct the DOH Vital Statistics to provide language that amends the birth certificate worksheet (BCW) to more accurately reflect birth and death on the respective worksheets. Oregon paid a fee to amend their BCW in order to more accurately capture the data; Hawai'i could pay to amend our BCW. Another option would be to bring these changes to the national discussion on the revision of the BCW for the nation. We strongly support these options.
- Allow the Child Death Review to conduct Fetal and Infant Mortality Reviews on term infants. This would assist the State in more accurately capturing deaths of term infants and exploring preventive measures that can be done to reduce these deaths. We strongly support the allowance of FIMR for term infants.

Thank you for the opportunity to testify.

Mahalo,

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

Board President, Midwives Alliance of Hawai'i



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

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

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

DATE: Thursday, January 30, 2020, 9:30AM  
PLACE: Hawaii State Capitol, Conference Room 229

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

**Re: SB 2428 – Relating to the Licensure of Midwives**  
**Position: OPPOSE**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. We thank you for the opportunity to participate in the Hawai'i Home Birth Task Force regarding Act 32. We appreciate the shared concerns of other task force members regarding the safety of birth in Hawai'i while still supporting a woman's choice.

We support every woman's right to make an informed decision about her pregnancy and delivery. We believe that women should be informed that several factors are critical to reducing perinatal mortality and achieving favorable community birth outcomes. These factors include appropriately identifying circumstances that may make community birth riskier for either or both mom and baby; the availability of a midwife whose education and licensure meet International Confederation of Midwives' (ICM) Global Standards for Midwifery Education, or a physician practicing obstetrics within an integrated and regulated health system; ready access to consultation; and access to safe and timely transport to a hospital.

It is with this in mind, that we cannot support SB 2428. In April 2015, our national organization endorsed the ICM education and training standards and has since been strongly advocating that ICM standards be baseline criteria for midwife licensure in the United States. The ICM definitions are accepted throughout the world across 6 regions, by over 130 member-organizations, and by U.S. midwifery professional organizations. Women in every state deserve care that meets these important minimum standards. Hawai'i should uphold the standards of midwifery care expected by women in other nations around the world. Unfortunately, the proposed education and training of "direct-entry midwives" outlined in SB 2428 does not adhere to the ICM standards. Furthermore the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) does not meet international standards as the apprenticeship programs lack accreditation and standardization.

We understand and appreciate the important role midwives, as defined in Act 32, play in healthcare delivery, especially to rural and underserved areas. We were pleased that the Hawai'i State Legislature recognized the importance of midwives, and the rigorous training they have undertaken and expertise they hold, by granting them the opportunity to be licensed health care

professionals last year. Licensure of midwives was critical to future efforts at promoting a more integrated maternal health care system, similar to those seen in western Europe where maternal and neonatal outcomes exceed those in the U.S.

We appreciate the Homebirth Task Force's acknowledgement that data collection on births in our state should be improved. We know that while the Hawai'i State Department of Health's records may indicate that "infant mortality rate for planned home births in Hawai'i in 2017 and 2018 were zero", this is because the DOH birth certificate worksheet cannot capture a planned home birth if the birth actually occurred in a hospital. Therefore, complications of a planned home birth necessitating transfer to a hospital prior to delivery are not at all captured in this data. We personally know of infant deaths that occurred in 2017 and 2018 that were planned home births where women labored at home but were eventually transferred to one of our state's hospitals with delivery occurring in the hospital. We know this because we cared for those mothers in the hospital. It saddens us to think that their experiences are being silenced by our lack of ability to adequately document their babies' births.

For these reasons we oppose SB 2428.

Thank you for the opportunity to testify.

AFFILIATE OF



AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®

01/28/2020

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

Date: Thursday, January 30, 2020

Place: Hawaii State Capitol, Conference Room 229

From: Hawaii Affiliate of the American College of Nurse Midwives

**RE: SB2428 RELATING TO THE LICENSURE OF MIDWIVES**

The Hawaii Affiliate of the American College of Nurse-Midwives (HAA) does not support the amendments proposed in SB2428. The proposed amendments undermine, in fact *erase*, the entire purpose of SB1033 SD2 HD2 RELATING TO THE LICENSURE OF MIDWIVES. ACT 032(19), passed by the legislature and signed into law by Governor Ige on April 30, 2019.

HAA stands by its previously submitted testimony in support of the global definition of midwife by the International Confederation of Midwives (ICM):

“A midwife is a person who has successfully completed a midwifery education programme (sic) that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.”

If the state of Hawaii creates a status for persons who are legally authorized to be exempt from the global standards for midwifery, the state abdicates its responsibility to mothers and newborns. Given the wide evidence for the benefit of midwifery care on the health of mothers and newborns, HAA is in support for opening opportunities for accredited education and employment for midwives to increase to access to high quality, high value, safe care for the women and families on all the islands in the State of Hawaii.

Respectfully,

Executive Board of HAA

*Colleen Bass, President*

*Carmen Linhares, Vice-President*

*Celeste Chavez, Treasurer*

*Jenny Foster, Secretary*

*Emily Simpson, Legislative Chair*





January 28, 2020

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

We, the Hawai'i Home Birth Collective, LLC (HiHBC) Board of Directors, strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families' choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all.

Reflecting on the language in the Bill and in endeavoring to match the Task Force Language with SB2428 language, we were able to identify a few adjustments that we would like to propose that were identified at the Homebirth Task Force Meeting held this past Monday, January 27, 2020.

- 1.) In Section 3-1 Page 5 Line 13: The word "midwifery" should read as "midwives"
- 2.) In Section 5-(5) (B) Page 7 Line 16: Please add "Who have been consumers of Homebirth within the State of Hawaii."
- 3.) In Section 7 (5) (C) (iv) Page 10 Line 15-17: To read "That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs; with the exception of O2 and a DCCA approved anti-hemorrhagic agent"
- 4.) In Section 8 (4) Line 2: Please strike the word "formal" and include "to adhere to DC168 recommendations Page 13"

With these adjustments we are willing and able to strongly support this Bill. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself.

Please support SB2428.

Mahalo for your consideration,  
HiHBC Board of Directors

**SB-2428**

Submitted on: 1/27/2020 11:57:44 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Chang and Members of the Committee

Please do not change or remove any of the recommendations made by the Midwifery Council.

Leaving it as written protect families choice regarding their birth.

I am both a Naturopathic Doctor and retired home birth midwife supporting the right of the family to chose where and how they birth their babies. Midwifery care is an ancient practice of woman supporting women. In modern times it still has it's place with well trained midwives attending women in our community.

Mahalo for your consideration,

Dr. Bonnie Marsh

Haiku Town, Maui

808-575-2242

**SB-2428**

Submitted on: 1/28/2020 11:08:16 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aoki Birthing Care	Testifying for Aoki Birthing Care	Support	Yes

Comments:

We are IN SUPPORT of SB2428 AS-IS.

We believe the Hawai'i Home Birth Task Force has put in an incredible effort in collaborating with all its members to create a path to alleviate barriers to maternity care and we trust their recommendations put forth in SB2428.

We urge you to consider accepting SB2428 AS-IS.

And we offer the following recommended amendments to mirror what the Hawai'i Home Birth Task Force recommends in DC168:

[Section 3. 1.]

"Traditional midwife" means an autonomous midwife who has acquired the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum through a spiritual or cultural lineage, is recognized nationally and internationally by the Midwifery Education Accreditation ~~Commission~~ Council and ~~Midwifery~~ Midwives Alliance of North America, and does not advertise as a certified or licensed midwife."

[Section 5. (5)(B).]

(B) Two members of the public who have been consumers of home birth within the state of Hawai'i; and

[Section 7. (5)(C)(iv).]

That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent; and

[Section 8. (4)]

(4) For certified professional midwives, proof of a successful completion of a ~~formal~~ midwifery education and training program that is either:

**SB-2428**

Submitted on: 1/29/2020 3:14:20 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rachel Curnel Struempf,MW	Testifying for Hawaii Midwifery Council	Support	Yes

Comments:

**HAWAI'I MIDWIFERY COUNCIL**

**'A'OHE HANA NUI KE ALU 'IA**

**EST. 2015**

**Regular Session 2020**

**SB2428 Hearing Date: 1/30/20, Room 229, 9:30 am**

**Testimony in SUPPORT**

**Senate Committee on Commerce Consumer Protection and Health**

**Aloha Honorable Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and committee members; Senator Clarence Nishihara, Senator Russell Ruderman, Senator Laura Thielen, Senator Glen Wakai, Senator Kurt Fevella,**

**The Hawai'i Midwifery Council stands in STRONG SUPPORT of SB2428 with amendments. As an all-inclusive, statewide midwifery organization, we feel the legal protection for all of Hawai'i's direct-entry midwives is vital for the perpetuation of traditional and cultural midwifery skills.**

**We are pleased a bill was introduced based on the findings and recommendations of the Hawai'i Home Birth Taskforce recommendations. As such, we request that the following amendments be made.**

**1. Section 3, 1., Page 5, Line 13:**

**and Midwife Midwives Alliance of North America, and does not advertise as a**

**1. Section 5, (5), (B), page 7, line 16:**

**Two members of the public who have been consumers of home birth in Hawai'i;  
and**

**3. Section 7, (5), (C), iv, page 10, line 15-17:**

**administer legend drugs, the use of which requires a license under the laws of  
the State, with the exception of oxygen and a department of commerce and  
consumer affairs approved anti-hemorrhagic agent;**

**4. Section 8, (4), line 2:**

**Proof of a successful completion of a formal midwifery education and  
training**

**program that is either:**

**Please pass this important bill out of committee.**

**Mahalo for the opportunity to testify**



**LATE**

**SB-2428**

Submitted on: 1/29/2020 9:34:58 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mari Stewart	Testifying for Birth Believers	Support	No

Comments:

January 28, 2020

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

I was recently reflecting on the many hours spent here at the Capitol during last year's session. Year after year Hawaii Midwives asked that a Hawaii Homebirth Task Force be formed. May I start by simply saying "Thank You" for listening and allowing this to finally come to fruition last year.

The creation of the Hawaii Homebirth Task Force brought together incredibly knowledgeable, skilled birth workers from many different backgrounds and training methods to sit together and find areas where there could be common ground on how to serve the women of Hawaii during the process of their births.

One of the highlights for me of this information gathering, was the receipt of long awaited birth statistics from the Department of Health for both Hospital and Home Births in Hawaii.

In many of my comments before the committees last year, I repeatedly said "How can this Licensure of Midwives 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?"

A statement from The Hawaii Regulatory Licensing Reform Act which states that professions and vocations should be regulated only when necessary to protect the health, safety, or welfare of consumers was a key part of much of the discussion throughout the committees but as the data was made available to the Task Force, it is now evident that the safety of homebirth in Hawaii is on par with the safety of birthing mom's in a hospital setting. So in other words, the data doesn't support the need for Licensure of Homebirth Midwives.



Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families' choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. I agree with the Hawaii Homebirth Collective request to make the final few adjustments to the bill as follows:

Reflecting on the language in the Bill and in endeavoring to match the Task Force Language with SB2428 language, we were able to identify a few adjustments that we would like to propose that were identified at the Homebirth Task Force Meeting held this past Monday, January 27, 2020.

- 1.) In Section 3-1 Page 5 Line 13: The word "midwifery" should read as "midwives"
- 2.) In Section 5-(5) (B) Page 7 Line 16: Please add "Who have been consumers of Homebirth within the State of Hawaii."
- 3.) In Section 7 (5) (C) (iv) Page 10 Line 15-17: To read "That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs; with the exception of O2 and a DCCA approved anti-hemorrhagic agent"
- 4.) In Section 8 (4) Line 2: Please strike the word "formal" and include "to adhere to DC168 recommendations Page 13"

After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself.

Please support SB2428.

Mahalo for your consideration,  
Mari Stewart  
Founder  
Birth Believers

**SB-2428**

Submitted on: 1/29/2020 1:12:48 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lori Kimata ND	Testifying for Sacred Healing Arts LLC	Support	Yes

Comments:

Aloha Chair Baker and committee members,

We are in strong support of SB2428 as it stands in its original version.

Sincere appreciation for your time and consideration in this matter. A number of members of our organization attended the Hawai'i Home Birth Task Force meetings and appreciate how carefully thought out their recommendations were.

Sacred Healing Arts is an organization which supports diversity in health care choices and especially women's choices regarding their birth. We are very concerned that people's rights and choices are being restricted by people and/or organizations who feel their point of view is best for everyone. We believe Hawai'i is a very diverse state and that what is best for one person or community may not be best for another. We believe that for the people of Hawai'i to peacefully coexist and practice the true meaning of Aloha, we must appreciate these differences rather than force our views upon one another . Please continue to support birthing choices in Hawai'i by supporting SB2428 in its original form.

Sacred Healing Arts staff and practitioners

**LATE**

**SB-2428**

Submitted on: 1/29/2020 10:06:57 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kiâ€™inaniokalani Kahoâ€™ohanohano	Testifying for Na Pua O Haumea	Support	No

Comments:

(See attached file for ease of viewing 2 jpg images in the middle of my testimony please)

Aloha ,

It is with much passion in my heart that I ask you consider with an open heart my testimony. I am a kupuna trained Midwife and Hawaiian Healer, practicing here in Maui, Hawaii for over 20 years. I have traveled and also had other elders that were traditionally trained midwives and healers support me in my growth, as well as working side by side with Tina Garzero, who was a CPM however practiced from a traditional perspective. In 13 years by her side, only twice, did I see her move into any form of her CPM training. This is how rarely we need these types of intervention and training, and none of it is rocket science. You can easily go through a training to acquire these western skills in an 8-hour class! Oregon does this to make western training available to traditional midwives. Canada also has programs to bridge the gap of their traditional midwives and western protocols. We are typically serving rural communities that do not have access to care throughout their pregnancies and labor and postpartum, and without a doubt, create better outcomes. You can see by the data, found in the appendix of the task force report, how positive our home birth outcomes are, and that giving birth in community is safe. Communities under the care of a traditional Midwifery program with careful risk screening can have better health outcomes than communities which have no access to traditional Midwives.

Traditional midwives were once a corner stone of every indigenous community. As native Hawaiians, Polynesians, Puerto Ricans, Filipinos, Japanese and other culture and other indigenous cultures residing in Hawaii, we practiced our own ways of healing and cared for our own people for a millennium, abiding by the natural and ethical laws and core values that govern our life's work. As an example, please refer to NACM core values: <http://indigenoumidwifery.ca/mission-vision-values/>.

As traditional midwives we work to see our families thrive in their reproductive health, and beyond. We advocate for the restoration of traditional Midwifery education, provision of Midwifery services and choices of birth place for all traditional indigenous communities. We urge you to recognize that cultural competency in health care, where biases can mean life and death, especially for people of color, is crucial!

Traditional midwifery as practiced in Canada, New Zealand, and many parts of the US is known to improve outcomes! The United States has the highest maternity mortality rate of all developed nations. Racial disparities persist. Maternity mortality rates continue to climb, native Hawaiian infant mortality rates are 22.81% higher than the state wide average and more than double that of Caucasian infant mortality rates. The world is watching.

while the modern medical system may be working for the most privileged portion of our population it is not working for the indigenous, impoverished and disenfranchised. Initiatives and organizations are being creative all over the world to address these issues. Since creating exemptions for traditional midwives communities have seen improved outcomes for both mothers and babies in their populations. Discrediting traditional Midwifery has a negative impact on the health and safety of our communities around the world. Realizing this, nations are now working toward reconciliation and reinstating tradition. It is wiser to set up support systems for traditional Midwifery now so that we don't have to go back and undo the damage that act 32 will cause.

For instance, Let's take Canada for example. Canada like Hawaii, has several remote areas populated by communities lacking maternal services in these areas, requiring women in labor to leave their homes even their islands or districts in order to give birth in hospitals. In Canada this is referred to as evacuation births. While this forced evacuation has largely been treated as a non-issue by the state of Hawaii it is known to have an undeniable social and psychological impact on our families. Maintaining the presence of traditional midwives reduces the need for evacuations.

Now I'm going to ask you to use your imagination as I offer you some of the working sheets that may help to explain as an example of our perspective, How we should support traditional midwives as well as our communities that need them. As you read these, please insert Hawaii in place of Canada♥i, •



Around the world, 80% of people alive today have been born with midwives. In many of the industrialized countries of the world, midwives attend approximately 70% of all births. The countries with the lowest mortality and morbidity rates for mothers and infants are those in which Midwifery is a valued an integral pillar of the maternity care system.

The Midwifery model is a low-tech, high-caring model that produces excellent outcomes not only for low-risk women, but for vulnerable and at-risk women as well. The Midwife's model of care is women centered it is fundamentally a different approach to pregnancy and childbirth and contemporary obstetrics.

Midwifery care is uniquely nurturing hands-on care before during and after birth. Midwives are healthcare professionals specializing in pregnancy and childbirth with developed a trusting relationship with their families which results in confident supported labor and birth. while there are different types of midwives practicing in various settings, all midwives are trained to provide comprehensive prenatal care and education, guide labor and birth, address complications and care for newborns. The application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

What needs to be understood is that traditional midwives presided over women and were dictated by a strict code of succession, from teacher to apprentice, mother to daughter, elder to younger, from generation to generation. Obstetrics is a well-respected hierarchal discipline. From time immemorial, this profession developed and evolved into one of the most sophisticated forms of medicine even taking the pain out of childbearing.

The practice of birthing has been successfully researched for thousands of years so that all experiences connected to the creation of life would not only be as efficient and painless as possible but ethereal as well.

Our communities hold us accountable, we hold ourselves accountable, we answer to our akua, aumakua, and kupuna to guide us, this is something you cannot possibly learn without connection to our people, our 'aina, waters, languages and songs, our traditions and practices.

Please help us continue to thrive in our communities.

Me ke Aloha,

Ki'inaniokalani Kaho'ohanohano (task force member)

Na Pua O Haumea

HHBC

Nawahineakauhiakama

Ka Pa Ehu o Waiola

Wahine Ho'opa'a

Hale Ho'olana

Hawaii Midwifery Council-Maui County

808-276-3365



# GROW

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midwifery  
& ayurveda

January 27, 2020

**Chair Baker, Vice-Chair Chang, and honorable members of the Commerce, Consumer Protection, and Health committee:**

I am writing today to **strongly oppose SB2428**. This bill would completely dismantle all of the hard work legislators, departments, organizations, midwives and community members put in over the last 20+ years to pass Act 32, establishing regulation of the profession of midwifery in the state of Hawai'i.

Act 32 will go such a long way to improving outcomes in my practice. Licensure will pave the way for real relationships with the health care community here on Maui, not to mention expanding much needed access for families island wide. Passing SB2428 would undermine all of those benefits by not ensuring minimum standards for education and practice in the state, thereby rendering the license provided essentially meaningless.

The Sunrise Analysis published by the Office of the Auditor states that "the Hawaii Regulatory Licensing Reform Act's criteria supports mandatory licensure of the entire midwifery profession." Act 32 was passed to ensure that these criteria are met and upheld. SB2428 would make licensure voluntary, not mandatory, which according to the Hawaii Regulatory Licensing Reform Act is not legal here in Hawaii.

I appreciate the efforts of the task force and legislators. However, ensuring minimum standards of education and training are met ensures the safety of the public which is the intention of licensure and regulation.

Act 32 was carefully crafted to bring more midwives and more access to high quality care to families in Hawaii. I urge you to uphold the integrity of Act 32 and the future licenses of midwives across the state. Do not pass SB2428.

**Thank you for your time,  
Sky Connelly, CPM  
Owner/Midwife at Grow Midwifery & Ayurveda**

**From:** [Birth In Color RVA](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428  
**Date:** Wednesday, January 29, 2020 4:55:39 PM



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I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428. Mahalo for your consideration,

Birth Justice and Maternal Health Advocate  
(804) 316-9867  
[www.birthingcolorrva.org](http://www.birthingcolorrva.org)



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

As Vice Chair of The Hawaii Home Birth Task Force I am in support of SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

I recommend the following edits in order to maintain congruency with DC168 (the task force report) or simply to correct typos:

1. Section 3-1 p.5 line 13: The word "Midwifery" should be replaced with "Midwives".
2. Section 5- (5)(B) p.7 line 16: Add "...who have been consumers of home birth within the state of Hawai'i."
3. Section 7 (5)(C)(iv)10 lines 15-17: Add "with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent." (Correcting this omission resolves an inadvertent conflict with section (A))
4. Section 8(4) line 2: strike the word "formal".

DC168 represents the culmination of valuable discussions over six months which has in turn informed SB2428. Please keep all of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the different types of midwives in Hawai'i, established their common standards and determined that a combination of attainable, realistic licensing and exemption is the best way to ensure the safety of birthing women and babies throughout Hawaii. I urge you to join me in supporting SB2428 in order to create a fair, safe and pragmatic foundation for the future of Hawaii.

If you have any questions or wish to discuss any aspect of this issue I am more than happy to meet with you.

Mahalo for your consideration,  
Tara Compehos, DEM  
Vice Chair, Hawaii Home Birth Task Force

**SB-2428**

Submitted on: 1/29/2020 8:11:46 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

## Comments:

I am an OB/gyn practicing in Hawaii for 12 years. SB 2428 essentially nullifies all the progress made by the Hawaii State Legislature last year in Act 32 and endangers the safety of the women and infants of Hawaii. I oppose SB 2428.

**SB-2428**

Submitted on: 1/29/2020 5:43:33 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chrystie Fujimoto	Testifying for American College of Obstetricians and Gynecologists	Oppose	Yes

Comments:

SB2428 essentially nullifies the progress made by the Hawaii State Legislature last year in Act 32 and endangers the safety of the women and infants of Hawaii. ACOG opposes SB 2428.

**SB-2428**

Submitted on: 1/27/2020 9:08:32 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Angela Kelly

808-294-3318

**SB-2428**

Submitted on: 1/27/2020 2:20:05 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all.

I am so thankful to have had this task force write such a great bill.

Please do not remove or change any of these recommendations. Please pass the bill as written. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Beckley Dye

**SB-2428**

Submitted on: 1/27/2020 3:00:23 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charlene K. Rowley	Individual	Support	No

Comments:

Chair Baker, Vice Chair Change and members of the committee,

I Strongly support SB2428 Relating to the Licensure of Midwives.

I am a registered nurse, licenced in the state of Hawai'i in the area of Labor, delivery, recover and postpartum. I am also a home birth mother of two. I have been following the legislative process related to the licensure of midwives since 2005 when Legislation was first introduced by Senator Josh Greene. This Bill is the first one that I fully support and that I feel takes into account the voices and needs of our diverse community.

Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Charlene Kiana Rowley, RN

charlenekiana@gmail.com

**SB-2428**

Submitted on: 1/27/2020 12:05:21 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

Thank you for listening to the voice of the homebirth community. I stand in full support of the recommendations listed in this bill- SB2428- as is.

The Home Birth Task Force has worked so hard all year to create these recommendations and gather and supply statistics to clearly exemplify that homebirth in Hawai'i is NOT the dangerous health crisis many made it out to be. In fact, there is a very high success rate for homebirths. Unfortunately emergency rooms don't get to hear about those as often. Thankfully, these statistics can speak for themselves now.

I know that choosing homebirth or a non licensed midwife is not most peoples preference and it might not make sense to many. Just know, there are some of us that prefer not to choose a licensed midwife. And we do so very consciously and intentionally. And I'm very grateful that this bill has been introduced to help preserve midwifery diversity in Hawai'i. Thank you for being willing to protect the preferences and rights of the minority.

Mahalo nui loa for your consideration,

Daniela M.G

Student Midwife

**SB-2428**

Submitted on: 1/26/2020 1:22:42 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Kingdon	Individual	Comments	No

## Comments:

I greatly appreciate the efforts by the task force and the legislature to clarify the definition, roles, and responsibilities of midwives and other antenatal care providers. This is a very important issue. My reading of this bill, however, still leaves me with questions that I hope are addressed through vetting and revision of the legislation. In particular, I am concerned about the appearance of considering Certified Nurse Midwives, who have extensive medical training, as comparable to other 'direct-entry midwives.' I respect and support families' wanting to have options for their approach to pregnancy and childbirth, however it is crucial that these choices be fully informed. It is not a disrespect to midwives, rather an epidemiologic fact, that out-of-hospital births are notably higher risk. While this bill claims comfort in statistics of 'zero' infant and maternal mortality in 2017 and 2018, I question the validity of these statistics as well as their breadth in demonstrating risk/benefit. As a paramedic serving in Hawaii, I am personally aware of significant cases of morbidity and mortality in the setting of planned home births. Again, I do not oppose the option of home birth per se; my concern is that the public, and expecting families in particular, are clearly informed about risks and benefits of home birth, and of the capabilities - and limitations - of home birth providers. I ask the legislature to continue moving very carefully in this regard. Thank you for your consideration. //// David Kingdon, MPH, Paramedic



**SB-2428**

Submitted on: 1/27/2020 3:11:41 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ivana Gabela Etimani	Individual	Support	No

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in

this original version of SB2428, are exactly what we need to support

families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the

practitioners as requested and returned to

you with their findings and recommendation. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Ivana Gabela Etimani

Mother

ivanagabela@gmail.com

**From:** [Jill Sims](#)  
**To:** [CPH Testimony](#)  
**Subject:** Strong support for SB2428 RELATING TO THE LICENSURE OF MIDWIVES  
**Date:** Monday, January 27, 2020 3:32:21 PM

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created the last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families' choices regarding their birth and make Midwifery care more

accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Jill Sims

**SB-2428**

Submitted on: 1/26/2020 5:13:41 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**SB-2428**

Submitted on: 1/27/2020 12:16:16 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Please pass SB2428 AS-IS, with original language recommended by the Homebirth Task Force.

**SB-2428**

Submitted on: 1/27/2020 3:36:57 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Kylee

**SB-2428**

Submitted on: 1/27/2020 11:58:20 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leimomi Ah Sing	Individual	Support	No

Comments:

Dear Senators Baker, Chang and members of the Committee:

I am writing in support of the current SB2428 scheduled for hearing on January 30, 2020 particularly because it acknowledges and incorporates language recommended by the Hawaii Home Birth Task Force. **I request that none of the recommendations by the Task Force be removed or altered.** The 'ike or knowledge of Hawaii's traditionally trained midwives extends not only at childbirth but to the lifetime of the entire 'ohana.

I mahalo all of you for giving Hawaii's women childbirth options and access to various midwives who are consistent to their preferences and beliefs.

Respectfully,

Leimomi Ah Sing

**SB-2428**

Submitted on: 1/27/2020 2:22:23 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anne Dye	Testifying for Anne Dericks, ND LLC	Support	No

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Dr. Anne Dericks, ND  
Owner and founder of Anne Dericks, ND LLC

**SB-2428**

Submitted on: 1/27/2020 2:21:05 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself.

Please support SB2428.

Mahalo for your consideration,  
Robert Dye



**SB-2428**

Submitted on: 1/26/2020 9:01:57 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Dear Chair Baker, Vice Chair Chang, and Members of the Committee,

Thank you for acknowledging the hearts and minds of those of us who choose to birth at home and who support our midwives and their continued growth as professionals in their special calling. The recommendations listed in the original version of SB2428, are exactly what we need to make Midwifery care more accessible, equitable, and safe for all. Please do not remove any of these recommendations, or it will have horrible ramifications for the home birth community, especially in more rural areas and neighbor islands where we truly depend on our traditionally-trained midwives who have been practicing for decades yet are unable to obtain expensive mainland certifications which are largely not available without leaving Hawaii.

Thank you for your time and consideration,

Sara DiGrazia and Family

Kailua Resident

**SB-2428**

Submitted on: 1/25/2020 6:00:27 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Dear Senate Health Committee,

I am writing in strong opposition to SB 2428. As an obstetrician-gynecologist, I am keenly aware of the complex nature of pregnancy, labor, and delivery, and that women need skilled and trained healthcare providers at this vulnerable and important time in their lives. Having providers who are unskilled attend women during their births can result in devastating medical complications for women and their babies, including death.

In 2019 the legislature passed a bill to for licensure of certified professional midwives to ensure that they meet international and widely-accepted standards for midwifery care. SB 2428 removes many of those requirements and endangers the lives of women and babies.

I strongly encourage you to oppose this bill and support adequate training for all providers of pregnancy-related care.

Mahalo,

Shandhini Raidoo, MD, MPH

**SB-2428**

Submitted on: 1/26/2020 9:15:40 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Chang, and Members of the Committee,

Please support the original version of SB2428 which continues to support our midwives and their good work.

Mahalo,

Taylor Roberts

(Homebirth Dad)

**From:** [Thomas DiGrazia](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428/Original Version  
**Date:** Sunday, January 26, 2020 3:20:17 PM

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

Thank you for listening to the voice of the homebirth community. These recommendations, as listed in this **original version** of SB2428, are exactly what we need to make Midwifery care more accessible, equitable, and safe for all. Please do not remove any of these recommendations, or it will have horrible ramifications for the home birth community, especially in more rural areas and neighbor islands where we truly depend on our traditionally-trained midwives who have been practicing for decades yet are unable to obtain expensive mainland certifications which are largely not available without leaving Hawaii.

In peace,

Tom

Thomas DiGrazia  
Director, Peacemaker-Collaborative Lawyer/Counsellor-at-Law  
Mediation Center-Windward Oahu  
(808-262-0770)

**SB-2428**

Submitted on: 1/28/2020 6:11:53 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Alexandra Kisitu, PhD Candidate, kisitu@hawaii.edu

**SB-2428**

Submitted on: 1/27/2020 7:19:42 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I support the bill SB2428 relating to the Licensure of Midwives "AS-IS" written.

If the language stays as-is and it is to be recognized, the care and efficiency of home birth care as an option for women, will continue to thrive and improve as it has in many of the other mainland states. In addition, the state of Hawaii will need to become more aware and inform themselves, with the continued help of the Home Birth Taskforce recommendations, in order to implement a license. So far no progress on implementing the licensing program has been made. When inquiring about how a certified midwife would obtain the license, the state did not have the correct information and directed an applicant to the board of nursing which is undermining the clear distinction that has been drawn in the bill. A board suited to the profession of traditional midwifery should have been created as of January 1st, 2020 in order to issue such licenses. I look forward to this bill bringing more information to those who wish to know more about traditional midwifery and it assisting all parties with how continuing and nurturing a long honored option for women and families in birthing their babies is in the benefit of all of it's state citizens.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Vanessa Hunt-Jansen CPM & Bridge

Certified Professional Midwife (previously Licensed in NM)  
808-754-6122

**SB-2428**

Submitted on: 1/27/2020 7:27:14 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Erin von der Ahe	Individual	Support	No

Comments:

Good day and thank you for hearing my testimony. My name is Elizabeth von der Ahe (Erin, first name) and I am a labor and delivery nurse, currently working on the mainland temporarily, in order to pay off land I purchased in Ka'u to live on. I have been an L&D RN, primarily in high risk hospitals such as Stanford, UCSF, etc. and in post partum as well, for 20 years. Additionally, I studied under an MD and Certified Nurse Midwife in the early 1980s as an apprentice home birth midwife. At that time that was the only route to becoming a midwife other than the CNM route and I was required to attend many births, extensively study academic texts, attend prenatals and postpartum visits, and generally follow my preceptors through all stages of the care they provided. I have practiced as a Direct Entry Midwife for 33 years, never having an adverse outcome and having an overall transfer rate of less than 10%, due to strict adherence to evidence based practices and having a lot of experience.

What I have heard over and over in recent years is, "everybody is a midwife now". It seems that through the new licensure laws and the numerous paths to certified midwifery, all it takes is a relatively short course of study, then attending what I believe to be a small number of births, taking an exam, and suddenly, you can claim that you are a midwife. It's a far cry from the kind of education and experience that I, and most of my fellow Direct Entry, or traditional, midwives have. I look at the young midwives that bring patients into the hospital and I have to say, I am not convinced that licensure has improved the safety of out of hospital birth. While I appreciate the assurance that these midwives are completing a standardized course of study, I am not seeing the depth and breadth of wisdom, and I do mean wisdom, that traditional midwives develop over years and years of study and apprenticeship.

Each community in Hawaii deserves to have a strong mix of traditional midwives and licensed midwives (whether it be CNMs or CPMs or LMs) to most fully benefit it's women and families. Every woman needs to be able to choose the provider she prefers. For thousands of years, communities have regulated their own midwives. Word travels very fast and midwives who are not meeting community standards for safety and effectiveness generally do not last long. Each type of midwife has something to offer to the community. Working together, we create a strong, safe, peer network that can and will regulate itself.



This bill gives midwives that are already practicing in Hawaii, with no record of ANY poor outcomes, as you know, the chance to remain in our communities and perhaps help foster new midwives with the wisdom that we have gained over the many, many years we have been in practice. I myself have not worked as a midwife in Hawaii yet, but hope to in the coming years, in an area where there are currently no midwives and where women are opting, at times, for unattended birth because of it.

I strongly believe that traditional midwifery needs to remain in Hawaii, not only because it is safe, and not only because women deserve a choice, but because every effort needs to be made to keep as many traditional Hawaiian practices alive as possible. Midwifery is one of the central cultural practices of every community reaching back to the very beginning of human culture. It shapes individuals, it shapes communities, and it shapes values. Midwives are central to the continuation of indigenous wisdom and practices, to the empowerment of women, and to the health of families. Birth matters. Culturally sensitive birth matters.

I strongly suggest you vote yes on this bill and support the existence of safe traditional midwifery. It exists now, as it has through all human existence, and if it is outlawed then it will go underground, where it cannot be regulated in the way that traditional midwifery has been regulated throughout the ages - by peers and by the community.

The task force has really done their homework and as a nurse, and a long time traditional midwife, Families who choose out of hospital birth in Hawaii deserve choice and safety. I believe this bill is a big step in that direction. I can see that this bill has been very carefully written. I support it and I urge you to do so as well.

Elizabeth von der Ahe, R.N., M.Ed.

**SB-2428**

Submitted on: 1/27/2020 7:31:15 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Audrey Alvarez

home birth mother of 3 healthy children



**SB-2428**

Submitted on: 1/27/2020 7:37:31 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

**I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.**

**I had my first baby girl on December 28, 2019 two weeks and three days past my estimated due date. After my husband and I learned about the types of interventions that are done to mothers and babies in a hospital birth we chose to have an unmedicated birth without interventions, and while one could receive that type of birth in a hospital we did not want to have to fight doctors and nurses to get the treatment we wanted. In October 2019 we decided to switch from a hospital birth to a home birth and transferred care from an OBGYN to a Midwife.**

**The loving, supportive care that I received during and after pregnancy with our Midwife was so much better than what I experienced with an OBGYN. We waited patiently for baby as we went weeks past our due date. I received pressure from those in the medical field that I needed to induce labor, but the relaxed demeanor of my Midwife kept me stress free as she helped us find ways to naturally encourage labor to begin.**

**I wouldn't have had the beautiful, healthy birth that I had without my Midwife. While I probably would have had my baby girl in my arms sooner if we had a hospital birth and induced labor, but I would not have made it out without trauma.**

**Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.**

**Mahalo for your consideration,**

**Rochelle Felipe**

**08rfelipe@gmail.com**

**SB-2428**

Submitted on: 1/27/2020 8:59:27 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I am opposed to SB2428. I support the regulation of midwifery through mandatory licensure, as outlined in Act 32.

Richard Chong

**SB-2428**

Submitted on: 1/27/2020 10:06:56 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Individual	Oppose	No

Comments:

I am opposed to SB2428. I support the regulation of midwifery through mandatory licensure, as outlined in Act 32. I strongly believe in the term Midwife as defined by ICM and in our state law, Act 32, should be left unaltered. I am surprised that the same community of traditional attendants that publicly testified numerous times about not being 'medical midwives' so the law should not apply to them, are now stating they want the use of the items such as legend drugs and the care model that they specifically defined as a 'medical midwife'. Which they said needed to be regulated. I do not and cannot support, nor do I understand the ask, for anything less than accountability, and transparency the current licensure offers this. There is no public protections within SB2428. Which is unacceptable. We do not support persons being able to self-identify as midwives. It is a profession and the term 'Midwife' has already been defined globally.

I am very very disappointed that with the precious 'ear' of legislation guaranteed, the time in the task force and the ability to utilize the experience of previous legislative sessions, that the traditional attendants that were part of the task force, could not forge their own pathway to licensure. They chose instead to deconstruct the hard earned current law. The time energy and effort of the volunteer and grant funded 'task force' of people seems wasted. As they were unable to make any recommendations that had full support of all the attendees. Lastly, I have heard a few of the very involved and committed Midwives in opposition to the current regulation (or TBAs that feel they are exempt from upcoming licensure) have recently submitted their application I'm guessing using the 'experienced midwife' pathway with NARM and passed and received their CPM. Which to me demonstrates that when asked or are regulated to do so, regardless of where we are currently at, people can chin up, if you will, and learn what they need to and at the same time preserve their current values and practice styles (because they are still identifying as traditional or cultural midwives, not 'medical midwives') all the while meeting the current requirements for licensure under Act 32.. No travel required. No time 'out of business'.

I look forward to seeing the legislation uphold the current Act 32 with no amendments.

Thank you for allowing me to testify in OPPOSITION to SB2428.





**SB-2428**

Submitted on: 1/27/2020 11:39:17 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kelsea Klein	Individual	Support	Yes

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Kelsea Klein  
Kelsealynn436@gmail.com

**SB-2428**

Submitted on: 1/27/2020 9:35:40 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

To whom it may concern:

Aloha, thank you for considering the input of Hawaii's citizens. I am writing as a mother whose used a midwife, after having Jenna Weaver hs. A woman should be able to give birth wherever she feels safest. For many of us, a midwife is that safe place. Unhurried, without agenda, midwives serve families in a way the hospital cannot. I had no tearing or pressure for intervention during the birthing process with my midwife (unlike the hospital), and many of my friends report the same. For these and uncountable reasons please support midwives for promotion in all ways. I strongly oppose SB2428, uphold the integrity of the previous measures taken to promote midwifery freedom and growth, to the benefit of many healthy mothers, children, and families that make up our island.

**SB-2428**

Submitted on: 1/28/2020 8:32:23 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jaymie Lewis	Individual	Support	Yes

Comments:

Dear Honorable Chair and Committee,

I support the task force's recommendations as written within SB2428.

Appointed government agencies, a variety of Hawaii's practicing home birth midwives, interested associations/parties, and public members collaborated and contributed to the data collected. Together they sifted through statistics, and agreed upon definitions regarding home birth midwifery practices in Hawaii.

Through careful considerations, these recommendations, based in fact (rather than anecdotal, dramatized, and often exaggerated stories) serve to protect the variety of midwives sought out by Hawaii's families choosing home birth. The numbers collected have shown that choosing a home birth in Hawaii, WITH our diverse midwifery community is as safe, if not safer than choosing a hospital lead birth. Families are happier with the care they receive, have fewer interventions, and fewer complications than the current obstetrical model of care.

The public does not want to limit their midwifery choices and the Task Force has proven that acknowledgement of the diversity in midwifery care is the safest option for our birthing families.

Thank you for time and attention towards this matter.

With Aloha

Jaymie Lewis

**SB-2428**

Submitted on: 1/28/2020 8:33:17 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maira D B de Magalhaes	Individual	Support	No

Comments:

As a Californina birth worker and student midwife who believes in women's autonomy to decide how, where and with whom they will give birth, I am here to support bill SB2428.

Mandatory licensure for midwives has taken place in several states in this country, controlling and regulating what kind of care they provide, and restricting their practice, which has not been proven to work for women and babies. I believe midwifery is an art that has existed for as long as women have been giving birth on this planet. Chilbirth is not a medical event, and thus should not be regulated by any state, government or institution. Birth is a physiological, emotional, spiritual and family event, and should be held as sacred for this matter. Midwives are the ones who can protect birth as nature has intended it to be.

By protecting the diversity on types of midwives as well as their right to call themselves midwives - because that is what they are (and not other confusing names for the general public such as traditional birth attendants - TBA - or birthkeepers), we make it possible to not only protect the body of ancient knowledge and experience that is required to serve women in their childbearing years, but also encourage other women who want to practice as midwives to pursue their calling.

Midwifery, gynechology and obstetrics are very different fields of expertise. Midwives do not need to attend medical school to provide excellent care for mothers and babies. They must be trained and get educated, but so much of midwifery is about knowing to support the process of birth, and not fix it. There are a variety of ways of becoming a midwife such as getting education from independent schools (for instance, the school I study with - Indie Birth Midwifery School - provides excellent education and has been training new midwives with theory and hands-on training for over four years now) and being an apprentice to an elder midwife. Doctors are not trained in physiological birth and are prepared to intervene with drugs, interventions and surgery if necessary. May I remind you that actually the minority of births require medical intervention, if the process is respected.

Traditional, direct-entry and independent midwives usually practice at home settings, and thus must be free to support women and their families the way it is best for them. Care may look different from one family to the other, and that is part of the uniqueness

of birth. Most midwives are trained to solve minor dystocias during the birth process, like shoulder dystocia, breech presentation, twin births, neonatal resuscitation and mothers hemorrhaging after birth. These techniques are usually enough to solve these unfrequent complications. Should their skills not be enough, midwives should not fear seeking out support from medical professionals because they have been made illegal by their state. Transport to a hospital setting during a home birth due to an emergency can happen, and the medical system must be prepared to receive these families who have chosen to be cared for by an independent midwife in the most loving, diligent and respectful way.

This subject is crucial to me, as I have witnessed future midwives and midwives giving up on their dream to support mothers and families because of so much fear, regulation and persecution around our practice. It is adamant that the state of Hawaii continue to protect their diversity in midwifery care, acknowledging all different kinds of midwives that exist, and supporting traditional and independent midwives. The very health and well-being of our future generations depends on actions like this one. Thank you.

**SB-2428**

Submitted on: 1/28/2020 9:57:17 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Change and members of the committee, I Strongly support SB2428 Relating to the Licensure of Midwives. Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Bailey Spry

[Volunteer council member for Pacific Birth Collective and birth doula on Maui]

**SB-2428**

Submitted on: 1/28/2020 11:00:58 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**SB-2428**

Submitted on: 1/28/2020 11:42:27 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Change and members of the committee,

I Strongly support SB2428 Relating to the Licensure of Midwives. Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Sofia Florencia



**SB-2428**

Submitted on: 1/28/2020 3:42:57 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Aloha,

I am a doula and childbirth educator on the island of Kauai.

I am writing my testimony in support of this bill, as is.

As someone who works closely with pregnant women and midwives, I greatly understand the importance of a broad spectrum of choices in maternity care for our community. When women have bodily autonomy, and are able to make decisions in who cares for them during their childbearing years, they can expect to have better outcomes physically and emotionally.

As a woman and mother myself, I chose a traditional midwife to safely deliver my son at home. She was an incredibly competent provider, and was also the only midwife serving my rural community at that time. Her ability to be present at my birth, and my right to choose her as my attendant, was hands down the reason I was able to have a safe and healthy birth that honored my needs, preferences, and religious beliefs.

I strongly urge you to pass this bill. Limiting women's access to competent reproductive care is never a good option. Providing licensure for qualifying candidates and providing proper exemptions for traditional practitioners is the best way to truly honor the broad Hawaiian community with this legislation.

Thank you

**SB-2428**

Submitted on: 1/28/2020 4:27:55 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Aloha State of Hawaii,

I support SB2428 as is with current amendments with the advice of all the task force amendments to last years legislation.

It is most important to note that traditional midwives remain exempt from this law, and allowed to practice traditional midwifery in Hawaii.

Mahalo

Edward Clark

**SB-2428**

Submitted on: 1/28/2020 6:08:06 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Hawaii birth testimony 2020Jan28

RE: SB2428 Relating to the Licensure of Midwives  
IN SUPPORT

submitted by Nancy Gibbs  
email jngibbs@hotmail.com

I am a Consumer of birth and a home birth mom (I had a home birth after two cesareans).

I SUPPORT this bill SB2428 with the following suggestions:

1. Section 3-1 p.5 line 13: change midwifery to midwives
2. Section 5 (5)(B) p.7 line 16: add "who have been consumers of home birth within the state of Hawaii"
3. Section 7 (5)(C)(iv) p.10 line 15-17: . . . with the exception of O2 + DCCA approved anti-hemorrhagic agent
4. Section 8 (4) line 2: strike "formal" (to adhere to DC168 recs p.13) [this is to correct a typo]

\* studies show that homebirths usually lead to fewer complications and interventions (per studies <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>, <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12165/abstract> ).

Thank you for your time and consideration.

Sincerely,

Nancy Gibbs

**SB-2428**

Submitted on: 1/28/2020 6:16:58 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Aloha,

We had a wonderful home birth with two very experienced unlicensed midwives in 2018. We could have chosen a licensed one, but we liked the ones we chose more. Our friends and neighbors had the same amazing experience with their newborn boys - four boys total in 2018 - 2019. We support SB 2428.

Respectfully,  
P.S. Yushin

**SB-2428**

Submitted on: 1/28/2020 6:23:14 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Women should have the choice of who they want to support them during this wonderful time in their lives. Regulating midwifery would limit women's options and take away their rights!

**SB-2428**

Submitted on: 1/28/2020 6:45:39 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Chang, and members of the committee, Thank you for listening to the voice of the homebirth community. I am a home birth midwife on Hawai'i. These recommendations, as listed in this original version of SB2428, are what we need to make Midwifery care more accessible, equitable, and safe for all. Please do not remove any of these recommendations, or it could have devastating ramifications for the home birth community, especially in more rural areas and neighbor islands where we truly depend on our traditionally-trained midwives who have been practicing for decades yet are unable to obtain expensive mainland certifications which are largely not available without leaving Hawaii.

Mahalo for your consideration,  
Sherina Joy Tatum  
Certified Professional Midwife (CPM)  
Sherinajoy@gmail.com

808-378-8846

**SB-2428**

Submitted on: 1/28/2020 7:06:30 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

This bill will undermine the standards set forth for midwifery licensure by act 32. If passed, I fear that unqualified or inadequately trained individuals will be able to call themselves midwives with these new guidelines. We should uphold the standards that were previously set for midwifery licensure. As a practicing physician assistant in Maui, I am held to strict state licensure guidelines which are in place to ensure proper training to perform patient care for the community. I hope that the same spirit of the law would exist for midwives in Hawaii as well.



**SB-2428**

Submitted on: 1/28/2020 7:07:47 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Foster	Individual	Oppose	No

## Comments:

My name is Jenny Foster. I am a retired nurse-midwife after 36 years and a life member of the American College of Nurse-Midwives (ACNM), as well as a member of the Hawai'i Affiliate of the ACNM. Now I am a resident of Manoa. Immediately prior to retirement in 2018, I served as the Director of the Nurse-Midwifery Education Program at Emory University, and I was a Fulbright Scholar in 2015 at the University of Chile in their Department for the Promotion of Health of Mothers and Newborns. I served as the midwife at Moloka'i General Hospital from 1985 (to start the practice there) until 1988. I have served in rural and underserved areas in the U.S., Guatemala, and the Dominican Republic. I have worked all my life to advance midwifery everywhere.

There are key ingredients to advance midwifery. I know experientially as well as scientifically the great benefit that midwifery care brings to women and families. This benefit occurs when midwives are well educated, well regulated and have strong professional organizations that assist them to maintain competency and advocate for good practice. All of the benefits of midwifery care are contingent upon these premises of accredited education that meets minimum standards. Minimum standards have been adopted globally by the International Confederation of Midwives.

I do not support SB2428. SB2428 creates a category of persons that allows anyone who wants to call themselves a midwife can legally do so. Thus, the public is not protected from those who have been banned from practicing midwifery in other states or who do not have the vetting of their skills that accreditation ensures. Midwifery should advance as a profession to serve a much larger proportion of childbearing women in the State of Hawai'i. The only way that it will advance is through accredited education, regulation and professional associations. This expectation of accredited education and regulation is unquestioned among other health professionals in Hawai'i and across the U.S: nurses, physicians, naturopaths, dentists, and others. Why would mothers and babies deserve any less? Please vote NO to this amendment.

**SB-2428**

Submitted on: 1/28/2020 8:26:33 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I am writing today to strongly oppose SB2428. Act 32 was carefully crafted to bring more midwives and more access to high quality care to families in Hawaii. I urge you to uphold the integrity of Act 32 and the future licenses of midwives across the state. Do not pass SB2428.

Thank you for your time,

Maria Machado

**SB-2428**

Submitted on: 1/28/2020 8:56:53 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

To the Honorable:

Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

Committee on Commerce, Consumer Protection & Health

Hearing: January 30, 2020 at 9:30am

Thank you for the opportunity to testify. As the former executive director of Healthy Mothers Healthy Babies Coalition of Hawaii, a member of the Hawaii Maternal and Infant Health Collaborative, a former member and advocate for the Hawaii Maternal Mortality Review panel, as well as a mother of three, I have a dedicated interest to protecting maternal health.

Opportunity to make informed, personal reproductive healthcare decisions is paramount to our values as a culture. Women should be entitled to authorizing their own independent healthcare decisions; with providers and settings of their personal choice; particularly when it comes to reproductive health.

Mothers choosing a midwife birth should be honored and respected for their informed decision, and their provider (midwife or otherwise) should be well-qualified, and provided local opportunities for continuing education. Currently, Hawaii does not offer any formal educational opportunities to facilitate a pathway to midwifery licensure. This is simply insufficient and we need to do better for mothers and their practitioners.

I support the recommendations and language from the Homebirth Task Force, who best understand this complex issue, and encourage you to pass this bill as-is.

Thank you for the opportunity to testify.

**SB-2428**

Submitted on: 1/28/2020 9:02:56 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

To the Honorable Legislators,

The changes to Act 32 being sought in SB2428 undermine the purpose of Act 32 which strives to protect mothers and babies of Hawaii through licensure of qualified midwives. I humbly request you withhold support of SB2428.

Thank you,

Nina Millar, RN, CPM

PO Box 1132

Honokaa, HI 96727

**SB-2428**

Submitted on: 1/28/2020 9:38:47 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

This bill would take away the protection that Act 32 was passed for.

Please withhold your support for SB2428.

Mahalo, Hilary Noah

big Island homebirth mother of 2.

**SB-2428**

Submitted on: 1/28/2020 10:02:06 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

As a father and grandfather of several children born at home with the help of certified professional midwives, I believe SB2428 undermines the protection afforded by Act 32 to regulate midwifery here in Hawai'i.

Sincerely, Jim Millar- Bx 1132; Honokaa, HI 96727

**SB-2428**

Submitted on: 1/28/2020 9:18:20 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Members of the Senate,

I am a military wife and mother of 7. My husband has been stationed all over the continental United States, the territory of Guam, and finally Hawai'i. I am submitting testimony in support of this bill electronically, as I am due with our 7th baby on January 29th and likely will not be able to be physically present at the hearing.

We have had the privilege of welcoming each of our children into our arms peacefully at home, except on the island of Guam, where we chose a birth center rather than deliver unassisted at home, or at the naval hospital with its many inflexible protocols even for a healthy, uncomplicated pregnancy.

Over the last 15 years, I have delivered with a Licensed Midwife (LM) in Florida, a direct-entry midwife (DEM) in Virginia, Certified Professional Midwives (CPM) in California and Kansas, and a Certified Nurse Midwife (CNM) in Guam. I have also sought care from MD/OB practitioners at various places early in pregnancy, during the routine course of well-woman care, before determining that delivering at home with a midwife was a preferable option for our family.

Our family has been so privileged to welcome our children safely and gently at home, without unnecessary interventions and any resulting expensive, potentially traumatic complications. We have paid for 5 of these births from our own wages, because our otherwise excellent insurance refused to pay for home birth, and we have felt so strongly that birthing at home was the safest option for both mom and baby, and that transferring to a local hospital was always an options in the case of a true emergency.

We also realize that access to full-scope midwifery care has truly been a privelege of ours - available because we sought it out and were able to pay for it. But it should be the RIGHT of every woman, every family, to have access to holistic, traditional, and cultural practitioners as well as evidence-based medical practice.

In light of all this, I respectfully request that you support this bill as written.

Thank you for taking the time to hear one woman's voice.

-Shannon Maynor



**SB-2428**

Submitted on: 1/28/2020 9:27:15 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Please pass SB2428 bill AS-IS, with original language recommended by the Homebirth Task Force.

**SB-2428**

Submitted on: 1/28/2020 9:51:19 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sovereign Duarte	Individual	Support	Yes

Comments:

Aloha Senator Baker,

I support SB 2428 as it is written with the task force recommendations.

Love, Sovereign Duarte

**SB-2428**

Submitted on: 1/28/2020 9:52:18 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Please pass SB2428 AS-IS, with original language recommended by the Home birth Task Force.

**SB-2428**

Submitted on: 1/28/2020 9:53:35 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I support SB 2428 as it is written with the task force recommendations.

Please create a pathway for a different type of midwife to be legal in our islands. This midwife is nationally recognized and should be recognized here in Hawaii.

Mahalo.

Trever

**SB-2428**

Submitted on: 1/28/2020 10:06:51 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in

this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more

accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery,

discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Suzanna Kinsey

**SB-2428**

Submitted on: 1/28/2020 10:11:17 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**SB-2428**

Submitted on: 1/28/2020 10:14:39 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**SB-2428**

Submitted on: 1/28/2020 10:29:01 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I oppose SB2428. I support our current midwifery law which upholds minimum education and training requirements as well as mandatory licensure.

Mahalo for the opportunity to testify.



**SB-2428**

Submitted on: 1/28/2020 10:35:32 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Mari Stewart

**SB-2428**

Submitted on: 1/28/2020 10:41:25 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I support the bill as it is, with the original language recommended by the Homebirth Task Force.

**SB-2428**

Submitted on: 1/28/2020 10:41:57 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
mieko	Individual	Support	Yes

Comments:

I am IN SUPPORT of SB2428 AS-IS.

However I offer the following recommended amendments to mirror what the Hawai'i Home Birth Task Force recommends in DC168:

[Section 3. 1.]

"Traditional midwife" means an autonomous midwife who has acquired the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum through a spiritual or cultural lineage, is recognized nationally and internationally by the Midwifery Education Accreditation Commission Council and Midwifery Midwives Alliance of North America, and does not advertise as a certified or licensed midwife."

[Section 5. (5)(B).]

(B) Two members of the public who have been consumers of home birth within the state of Hawai'i; and

[Section 7. (5)(C)(iv).]

That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent; and

[Section 8. (4)]

(4) For certified professional midwives, proof of a successful completion of a ~~formal~~ midwifery education and training program that is either:



**SB-2428**

Submitted on: 1/28/2020 10:58:23 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Kahele	Individual	Support	Yes

**Comments:**

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

I strongly **support** SB2428 RELATING TO THE LICENSURE OF MIDWIVES. The recommendations referenced on this bill are what we NEED to support the families of Hawaii regarding their birth (which is a family choice). Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Thank you for your consideration,

Sara Kahele

Mother, Appreciating Midwife and Doula

sara@birthbelievers.org

**SB-2428**

Submitted on: 1/28/2020 11:05:03 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**SB-2428**

Submitted on: 1/29/2020 12:35:08 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Please pass SB 2428 as-is with the original language from the home birth task force.

Dr. Lori Kimata  
Licensed Naturopathic Physician  
Registered Traditional Midwife Elder

REGULAR SESSION OF 2020

Hearing date Thursday January 30 at 9:30 am Room 229

RE: SB2428 Relating to the Licensure of Midwives

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for creating the Hawai'i Home Birth Task Force in 2019, which I was honored to serve on with eleven other members.

SB2428 is the Task Force recommendations. It represents "the culmination of valuable discussions and clarifications concerning the different types of midwives that serve Hawai'i families, which focused on the importance of preserving and perpetuating different pathways for the benefit of women's birthing choices in Hawai'i." (DC168 p. 2) Majority consensus was achieved for all task force recommendations.

In addition all twelve task force members unanimous agreed that "traditional midwives do exist in Hawai'i and that they are in demand in the community, and that other states recognize them as exempt midwives by creating pathways other than licensure to allow traditional midwives to continue to serve their communities." (DC168, p. 3 & 11). All twelve members also unanimously agreed that each woman has a right to choose where and with whom she gives birth, and that "comparative data from both DOH and HiHBC clearly shows that home to hospital transfers with significant mortality or morbidity consequences for mother and/or infant are exceedingly rare..." and there is "a need for data transparency and longitudinal data reporting" (DC168 p. 6) rather than anecdotal stories.

2019 S.B. No 1033 SD2 HD2 exempted "a separate category of birth attendants to allow the community to define themselves and develop common standards, accountability measures, and disclosure requirements" with the intent of "allowing them to practice to the fullest extent under the law." The legislature "also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices."

I am very happy to report that after long hours of discussion and deliberation the Hawai'i Home Birth Task Force did exactly what they were asked to do! The group that was asked to define themselves and they defined themselves as "Traditional Midwives" (definition outlined in DC168 p. 8-10 and p. 16). This



definition is also acknowledged by Midwives Alliance of North America (DC168 App2-2), clearly describing “Traditional Midwives as those who - for religious, personal and, philosophical reasons – choose not to become certified or licensed. They believe they are ultimately accountable to the communities they serve; or that midwifery is a social contract between the midwife and the client/patient; and that women have a right to choose qualified care providers regardless of their legal status.”

The Hawai'i Home Birth Task Force also describes common training, standards and accountability measures (outlined throughout DC168), and through further discussion with DCCA, acceptable disclosure requirements which are included in this year's SB2428.

Although we strived for unanimous agreement for all recommendations, I was sincerely saddened that some members could not seem to find a way to embrace or even appreciate the wisdom and importance of perpetuating and honoring traditional midwives' place in Hawai'i.

Hawai'i is known for its cultural diversity and its spirit of Aloha. I trust that you as legislators will listen to the voices of the people in the communities you serve and will support the Task Force recommendations, SB2428.

Sincere Mahalo,  
Lori Kimata ND, Midwife Elder

**SB-2428**

Submitted on: 1/29/2020 7:43:05 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Fallon Averette  
Registered Nurse and Mother of three  
Fdiamond7@gmail.com

**SB-2428**

Submitted on: 1/29/2020 7:03:47 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

## Comments:

As a mother living in rural Hawaii (1 hour away from any hospital that delivers babies), I am very grateful for home birth midwives who make it possible to have a safe home birth. I wouldn't have made it to the hospital for my 6th child's birth because he came too fast. I have several friends from my town who gave birth in their cars on the way to the hospital, and I know that I would have been in one of those situations without my planned home birth. I fully support this bill, and I hope that anyone reading this will too. Thank you for helping to give the women of Hawaii safe choices for birthing their babies wherever they are most comfortable.

**SB-2428**

Submitted on: 1/29/2020 7:03:34 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

*Aloha, Chair Baker, Vice Chair Chang and Members of the Committee,  
Thank you for your consideration.*

*My name is Carol Gautschi CPM LM, and I am from Washington. I have been a practicing homebirth midwife since 1978. I hold a midwifery license in WA. State, a National Certification and an International Certification (pending). I worked as an unlicensed midwife, with a legendary reputation, for 25 years before becoming certified. I have also been an international educator of Classical (Traditional) Midwifery for over thirty years.*

*I'm writing on behalf of the citizens of the Hawaiian Islands and their homebirth community. I'm in favor of SB2428 as it is written.*

*Unlicensed midwifery was proven in 1990's to be as safe as licensed midwifery in the State of Washington. I was part of a study that was performed there on the topic. I have spent numerous hours teaching the homebirth community of Birth Keepers in Maui pertinent subjects and safety measures related to homebirth. They are eager and brilliant learners. We all*

*understand that going off island in order to become certified is clearly problematic.*

*I flew to Oahu, while visiting Maui, in December in order to listen and speak to the taskforce. I held a proxy seat for one of the members and spoke on the importance of the preservation of traditional (classical) midwifery practices.*

*I believe that Hawaii can and will set a brilliant precedent by creating ways to satisfy her law and bring a safe resolution to her people. I am willing to help.*

*Mahalo.*

*Carol Gautschi CPM LM*

*Midwife*

*360.461.3461*

*midwyf@gmail.com*

**SB-2428**

Submitted on: 1/29/2020 6:31:30 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Dear Senators Baker and Chang,

I am an OB/GYN practicing in Hawaii for 35 years. SB 2428 essentially nullifies all the progress made by the Hawaii State Legislature last year in Act 32 and endangers the safety of women and infants of Hawaii. I oppose SB 2428.

I see that there are other bills, SB 2584 and 2541, that are requiring minimum standards and requirements for dental assistants and massage therapists. The safety and lives of our women and infants of Hawaii are just as important.

Respectfully submitted,

Colleen F Inouye MD MMM FACOG

**SB-2428**

Submitted on: 1/29/2020 6:22:51 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alohi Aea	Individual	Support	Yes

Comments:

Mahalo to the Chair for hearing this bill and to the Task Force for all their hard work. I support this bill but would like to support the minor but important changes suggested by the Hawaii Home Birth Collective that reflects the exact wording of the Task Force.

**SB-2428**

Submitted on: 1/29/2020 6:06:01 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

As a 37 year old woman, I have been receiving specialized care for 23 years. From Obstetricians, Nurse Practitioners, Physician’s Assistants and Midwives. I have three children now. My first I had at 30 years old and went with conventional medicine, and saw an obstetrician. My experience was awful, some of it was forced (I declined unnecessary interventions but was ignored - like breaking my water bag, nothing at risk to me or baby), and my postnatal care was not any better. I saw one OB before I left the hospital and really all they did was ask how much pain I was in, and what my level of bleeding was. I was given a couple pamphlets, one on post-partum depression and one on how to bathe my baby. I didn’t receive an email, phone call, or any sort of follow up care until I scheduled my 6 week visit. It was a cold “do you want birth control pills now?” type of interaction. I’m a friendly, warm and loving person and wanted that in return, but never received it.

My second pregnancy I went to Kaiser and was able to see a midwife. Again, low risk pregnancy, healthy the entire time. I delivered with the midwives at Kaiser and had a pretty good experience. Fast forward 4 years, and I get pregnant with my 3rd. Being over the age of 35, which conventional medicine labels high-risk and geriatric, it was unlikely I would have the same experience (or the option to have a midwife) if we went through Kaiser again.

Ex: A good friend of mine had her 3rd baby at 37 also, and was treated high-risk and ended up being pushed into a c-section through Kaiser. She was not allowed a midwife for her prenatal care, or labor and delivery. My friend and her husband felt after consulting with their nurses and another obstetrician that checked on her, it could have gone naturally. Her experience with the c-section was frightening and she had to be put under completely due to a bad reaction to the anesthesia.

Knowing her experience, and a few others who are over 35 that were treated as high-risk, I decided that I needed to do my homework.



I consulted with my doctor, she ran labs and determined that I was very healthy, and by her examinations not high risk. She recommended a midwife, but I wanted to make sure that the baby passed the genetic screening too. Once those results came back as extremely low, I knew I wanted another midwife birth.

I began asking around for referrals and looking online. I attended my sister in-laws home birth with a midwife and knew that was what I wanted!

After researching birth statistics for home birth, qualifications a traditional midwife should have, and questions to ask, I was ready to interview! I scheduled an in home visit with Traditional Midwife, Jaymie Lewis, and was blown away at her knowledge. In the first meeting with her, I already felt more love, connection and care than any of my two previous care providers at the end of my pregnancies! Her answers to all of our medical related questions, emergency questions and experience related questions, were all answered professionally and with such care and mindfulness.

I knew I made the right choice for myself, my family and our unborn baby. The excitement began to settle in about having a home birth and for the first time in any of my combined 32 months of gestating, I felt peace about what my birth would be this time.

I had a safe, peaceful and wonderful delivery!!

What I wasn't ready for, was that it was 100x more wonderful than I anticipated. I really connected with my midwives, especially my primary midwife. The ability to take time to get to know their mamas, and the families is so incredibly special. It builds a unique trust and comfort that is not present with conventional medicine. Bonding with the person who is going to be your caregiver during one of the most primal and intimate moments of your life is underestimated. The power to relax your body and mind during labor, knowing you are cared for, loved, respected, empowered, encouraged, comforted, and safe, helps a laboring mom focus on bringing the baby into the world. To be in her most primal moment!!

My postnatal care was next level too. I was asked how I was feeling physically and emotionally. Not only was I asked, I have the rapport and trust with this medical professional to be honest if I wasn't feeling right. If I was sitting on a paper exam table in a cold office half naked, under a sheet, I'd say "fine" just to get my clothes back on. I knew if I needed anything that I just had to call or text my midwife and she would be there to help.

Midwives provide a connection to pregnancy in birth in a world where we are all so disconnected.

We need traditional midwives. I support SB2428 and a woman's right to access traditional midwives.

**SB-2428**

Submitted on: 1/29/2020 3:42:47 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**Regular Session 2020**

**SB2428 Hearing Date: 1/30/20, Room 229, 9:30 am**

**Testimony in SUPPORT**

**Senate Committee on Commerce Consumer Protection and Health**

**Aloha Honorable Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and committee members; Senator Clarence Nishihara, Senator Russell Ruderman, Senator Laura Thielen, Senator Glen Wakai, Senator Kurt Fevella,**

**I stand in STRONG SUPPORT of SB2428 with amendments. I feel that legal protection for all of Hawai'i's direct-entry midwives is vital for the perpetuation of traditional and cultural midwifery skills. I am pleased a bill was introduced based on the findings and recommendations of the Hawai'i Home Birth Taskforce recommendations. so that this bill follows these recommendations I offer the following amendments.**

- 1. Section 3, 1., Page 5, Line 13:**

**and Midwife Midwives Alliance of North America, and does not advertise as a**

- 1. Section 5, (5), (B), page 7, line 16:**

**Two members of the public who have been consumers of home birth in Hawai'i;  
and**

**3. Section 7, (5), (C), iv, page 10, line 15-17:**

**administer legend drugs, the use of which requires a license under the laws of**

**the State, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent;**

**4. Section 8, (4), line 2:**

**Proof of a successful completion of a formal midwifery education and training**

**program that is either:**

**Please pass this important bill out of committee.**

**Mahalo for the opportunity to testify**

**SB-2428**

Submitted on: 1/29/2020 3:40:04 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ezekiel Kekoanuiokeakua Struempf	Individual	Support	No

Comments:

**Regular Session 2020**

**SB2428 Hearing Date: 1/30/20, Room 229, 9:30 am**

**Testimony in SUPPORT**

**Senate Committee on Commerce Consumer Protection and Health**

**Aloha Honorable Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and committee members; Senator Clarence Nishihara, Senator Russell Ruderman, Senator Laura Thielen, Senator Glen Wakai, Senator Kurt Fevella,**

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- 1. Section 3, 1., Page 5, Line 13:**

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and**

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**administer legend drugs, the use of which requires a license under the laws of**

**the State, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent;**

**4. Section 8, (4), line 2:**

**Proof of a successful completion of a formal midwifery education and training**

**program that is either:**

**Please pass this important bill out of committee.**

**Mahalo for the opportunity to testify**

**SB-2428**

Submitted on: 1/29/2020 3:32:02 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**Regular Session 2020**

**SB2428 Hearing Date: 1/30/20, Room 229, 9:30 am**

**Testimony in SUPPORT**

**Senate Committee on Commerce Consumer Protection and Health**

**Aloha Honorable Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and committee members; Senator Clarence Nishihara, Senator Russell Ruderman, Senator Laura Thielen, Senator Glen Wakai, Senator Kurt Fevella,**

**I stand in STRONG SUPPORT of SB2428 with amendments. I feel that legal protection for all of Hawai'i's direct-entry midwives is vital for the perpetuation of traditional and cultural midwifery skills. As this bill was introduced based on the findings and recommendations of the Hawai'i Home Birth Taskforce recommendations I request that the following amendments be made.**

- 1. Section 3, 1., Page 5, Line 13:**

**and Midwife Midwives Alliance of North America, and does not advertise as a**

- 1. Section 5, (5), (B), page 7, line 16:**

**Two members of the public who have been consumers of home birth in Hawai'i; and**

- 3. Section 7, (5), (C), iv, page 10, line 15-17:**

**administer legend drugs, the use of which requires a license under the laws of the State, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent;**

**4. Section 8, (4), line 2:**

**Proof of a successful completion of a formal midwifery education and training**

**program that is either:**

**Please pass this important bill out of committee.**

**Mahalo for the opportunity to testify.**

**Paolo Morgan**



**SB-2428**

Submitted on: 1/29/2020 3:25:16 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rachel L. Curnel Struempf DEM	Individual	Support	Yes

Comments:

**Regular Session 2020**

**SB2428 Hearing Date: 1/30/20, Room 229, 9:30 am**

**Testimony in SUPPORT**

**Senate Committee on Commerce Consumer Protection and Health**

**Aloha Honorable Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and committee members; Senator Clarence Nishihara, Senator Russell Ruderman, Senator Laura Thielen, Senator Glen Wakai, Senator Kurt Fevella,**

**I stand in STRONG SUPPORT of SB2428 with amendments. As one of the task force members, I feel the legal protection for all of Hawai'i's direct-entry midwives is vital for the perpetuation of traditional and cultural midwifery skills.**

**I am pleased that a bill was introduced based on the findings and recommendations of the Hawai'i Home Birth Taskforce recommendations. I request that the following amendments be made.**

- 1. Section 3, 1., Page 5, Line 13:**

**and Midwife Midwives Alliance of North America, and does not advertise as a**

**1. Section 5, (5), (B), page 7, line 16:**

**Two members of the public who have been consumers of home birth in Hawai'i;  
and**

**3. Section 7, (5), (C), iv, page 10, line 15-17:**

**administer legend drugs, the use of which requires a license under the laws of  
the State, with the exception of oxygen and a department of commerce and  
consumer affairs approved anti-hemorrhagic agent;**

**4. Section 8, (4), line 2:**

**Proof of a successful completion of a formal midwifery education and  
training**

**program that is either:**

**Please pass this important bill out of committee.**

**Mahalo for the opportunity to testify.**

Rachel Curnel Struempf, CPM

**From:** [Sydney Tureaud](#)  
**To:** [CPH Testimony](#)  
**Subject:** Pass SB 2428  
**Date:** Tuesday, January 28, 2020 8:40:26 PM

---

Aloha,

I strongly SUPPORT SB 2428 as originally written, please pass this bill AS IS, without removing any of the Home Birth Task Force's recommendations. Mahalo for considering the mothers who actively seek out the traditionally-trained midwives who have been serving our community for decades.

I gave birth to my daughter at home with my midwife, husband, and mother by my side. It is the most special memory I have and showed me that birth is peaceful, loving, calm, and beautiful. I feel blessed to have had a great experience and I could not have done it without the support of my midwife. She took the time to get to know my family and spoke with us about anything we needed to talk about before the baby came. I trusted her with my family's life and still do. Please pass this bill!

Sydney Covell  
Project Director

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

DATE: Thursday, January 30, 2020, 9:30AM

PLACE: Hawaii State Capitol, Conference Room 229

FROM: Jennifer Chin, MD, ACOG Hawaii Section Junior Fellow Legislative Chair

**Re: SB 2428 – Relating to the Licensure of Midwives**

**Position: OPPOSE**

Dear Chair Baker and Vice Chair Chang,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in **strong opposition of SB 2428**.

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. There are serious consequences when women are taken care of by unlicensed providers.

As an example, I recently took care of someone who was admitted after she had delivered twins at home with an unlicensed midwife. She was bleeding so heavily that she needed surgery and a blood transfusion immediately when she arrived to the hospital. One of her babies needed emergency care due to breathing problems. Both of these were preventable outcomes that could have been avoided if she had received care from a licensed provider.

All of us physicians are required to publicly report our credentials and are held to a very high standard of practice. Similarly, the International Confederation of Midwives has set forth standards and criteria that need to be met by midwives who want to become licensed. I support this process because it leads to transparency and standardization for women seeking care from midwives. Women in every state deserve care that meets these important minimum standards. Hawai'i should uphold the standards of midwifery care expected by women in other nations around the world. Unfortunately, the proposed education and training of "direct-entry midwives" outlined in SB 2428 does not adhere to the ICM standards. Furthermore the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) does not meet international standards as the apprenticeship programs lack accreditation and standardization. For these reasons, I cannot support SB 2428 as it will negatively impact the women and children of Hawai'i. Please ensure that the health of our women and children continues to be a priority for this state.

**I strongly oppose SB 2428**, and I appreciate the opportunity to provide this testimony.

Thank you,

Jennifer Chin

Obstetrics and Gynecology Chief Resident

ACOG Hawaii Section Junior Fellow Legislative Chair

**From:** [Shayna Fuller](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB 2428 testimony  
**Date:** Tuesday, January 28, 2020 8:42:45 PM

---

Aloha,

I am writing in strong support of SB 2428 as it is originally written. Please consider my testimony and that of many others, kindly asking you to pass this bill as is, without removing any of the Home Birth Task Force's recommendations.

My husband, Anthony Fuller, and I have personally had 6 amazing homebirths under the care of midwives on the island of Oahu, whom have practiced for decades. We found them extremely knowledgeable in all areas of prenatal, labor, birthing, postnatal care, as well as medical options. I strongly recommend these wonderful ladies and recommend homebirth to anyone expecting a baby. We cherish each experience and would have chose the same if we were to do it again! We are extremely grateful for the privilege of choosing whom would care for us and our babies and would hope for anyone else and our future grandchildren to have that same freedom.

Mahalo for considering the mothers who actively seek out traditionally-trained midwives who have been serving our community for decades.

Sincerely,  
Shayna and Anthony Fuller  
808 341-4920 [surfpaina@gmail.com](mailto:surfpaina@gmail.com)

**From:** [Lori Feiteira](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428  
**Date:** Tuesday, January 28, 2020 8:17:43 AM  
**Attachments:** [image003.png](#)

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Aloha mai kakou,

Please pass SB2428 AS-IS, with original language recommended by the Homebirth Task Force.

Mahalo nui a loa,

*Lori Feiteira*

Fund Developer/Communications Specialist

**Hui No Ke Ola Pono** | “An Association to Strengthen and Perpetuate Life”

Maui’s Native Hawaiian Health Care System

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**From:** [Thomas DiGrazia](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428/Original Version  
**Date:** Sunday, January 26, 2020 3:20:17 PM

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

Thank you for listening to the voice of the homebirth community. These recommendations, as listed in this **original version** of SB2428, are exactly what we need to make Midwifery care more accessible, equitable, and safe for all. Please do not remove any of these recommendations, or it will have horrible ramifications for the home birth community, especially in more rural areas and neighbor islands where we truly depend on our traditionally-trained midwives who have been practicing for decades yet are unable to obtain expensive mainland certifications which are largely not available without leaving Hawaii.

In peace,

Tom

Thomas DiGrazia  
Director, Peacemaker-Collaborative Lawyer/Counsellor-at-Law  
Mediation Center-Windward Oahu  
(808-262-0770)



**SB-2428**

Submitted on: 1/28/2020 10:23:45 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Selena M. Green, CPM, RP	Testifying for Hale Kealaula, LLC	Support	No

Comments:

REGULAR SESSION OF 2020

Hearing date:1/30/20,9:30am, Room #229

RE: SB2428: Relating to the Licensure of Midwives

**IN SUPPORT**

Aloha CPH Chair: Rosalyn Baker, Vice Chair:Stanley Chang, and committee members.

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

**I am in STRONG SUPPORT OF SB2428.**

Thank you for listening to the voice of the community and the Task Force you created last session.

As a task force member, we worked tirelessly not just at meetings, but many hours on our own time! We were determined to come together and do what Act 32 requested of us. We worked with DOH, DCCA, HAH and ACOG to research and develop definitions

and statistics and education standards. It wasn't always easy, but we produced a report with our findings that reflects the majority.

These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all.

After reviewing SB2428 there are some small adjustments that are recommended:

- 1.) In Section 3-1 Page 5 Line 13: The word "midwifery" should read as "Midwives"
- 2.) In Section 5-(5) (B) Page 7 Line 16: Please add "Who have been consumers of Homebirth within the State of Hawaii.
- 3.) In Section 7 (5) (C) (iv) Page 10 Line 15-17: To read "That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs; with the exception of O2 and a DCCA approved anti-hemorrhagic agent"
- 4.) In Section 8 (4) Line 2: Please strike the word "formal" and include "to adhere to DC168 recommendations Page 13)

With these adjustments I can strongly support this Bill.

Please do not remove or change any of these recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Selena Green

Certified Professional Midwife

Vice President of Hawai'i Home Birth Collective, LLC

Midwife/owner of Hale Kealaula, LLC

Mamaselena.midwife@gmail.com

**SB-2428**

Submitted on: 1/28/2020 10:19:13 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Darby Partner CPM LDM	Testifying for Hawaii Holistic Midwifery	Comments	No

Comments:

Aloha, I am a Certified Professional Midwife who has been practicing here on Hawaii Island for 7 years. I am qualified and plan to apply for a midwifery license when the application becomes available. Thank you for taking the time to read my testimony. I SUPPORT this part of SB2428 bill:

"For certified professional midwives, proof of a successful completion of a formal midwifery education and training program that is either:

(A) An educational program or pathway accredited by the Midwifery Education Accreditation Council (= "MEAC")

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

(C) The North American Registry of Midwives entry-level portfolio evaluation program" = "PEP"

I STRONGLY SUPPORT the above part of SB2428.

I STRONGLY OPPOSE this part of SB2428 that allows for traditional midwives to practice without a license or credential:

"A person may practice midwifery without a license to practice midwifery if the person is: A person acting as a traditional midwife, who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State[;], with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent;

(B) Does not advertise that the person is a licensed midwife; and

(C) Discloses to each client verbally and in writing on a form which shall be received and executed by the person under the traditional midwife's care at the time care is first initiated:

(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

(ii) That the person's education and qualifications have not been reviewed by the State;

(iii) The person's education and training;

(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs; and

(v) A plan for transporting the client to the nearest hospital if a problem arises during the client's care"

I STRONGLY OPPOSE the above part of SB2428. Please remove it.

With changing the law to allow what was in my first quote of SB2428: to allow a CPM with PEP and a Bridge certificate OR a MEAC education, we create fair and accessible ways for midwives seeking to practice midwifery in Hawaii to do so. Student midwives in Hawaii will be able to do their education in the state of Hawaii via the PEP process. I look forward to meeting and working with those committed students. Since we do not have a MEAC school in Hawaii, this will allow student midwives to thrive. New midwives will be able to practice after receiving a listed allowed credential. This will also allow traditional midwives to become CPMs and receive the credentials needed to become a licensed midwife in Hawaii.

I also request the following changes to the bill:

There is a typo in section 8 line 2: Strike "Formal"

Section 3 line 13: It should read "midwives" not "midwifery"

In section 5, line 16 add: "who have been consumers of homebirth within the state of Hawaii".

Thank you very much,

Darby Partner, Certified Professional Midwife

Holualoa, Hawaii 808-313-2428



**SB-2428**

Submitted on: 1/28/2020 10:02:51 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Valerie L Brown	Testifying for HIHBC	Support	No

Comments:

RE: SB2428: Relating to the Licensure of Midwives

IN SUPPORT

Aloha CPH Chair: Rosalyn Baker, Vice Chair: Stanley Chang, and committee members.

My name is: Valerie Brown

I am in STRONG SUPPORT OF SB2428.

Thank you for listening to the voice of the community and the Task Force you created last session.

As a task force member, we worked tirelessly not just at meetings, but many hours on our own time! We were determined to come together and do what Act 32 requested of us. We worked with DOH, DCCA, HAH and ACOG to research and develop definitions and statistics and education standards. It wasn't always easy, but we produced a report with our findings that reflects the majority.

These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all.

After reviewing SB2428 there are some small adjustments that are recommended:

- 1.) In Section 3-1 Page 5 Line 13: The word "midwifery" should read as "Midwives"
- 2.) In Section 5-(5) (B) Page 7 Line 16: Please add "Who have been consumers of Homebirth within the State of Hawaii.
- 3.) In Section 7 (5) (C) (iv) Page 10 Line 15-17: To read "That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs; with the exception of O2 and a DCCA approved anti-hemorrhagic agent"

4.) In Section 8 (4) Line 2: Please strike the word “formal” and include “to adhere to DC168 recommendations Page 13)

With these adjustments I can strongly support this Bill.

Please do not remove or change any of these recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Valerie Brown

Ohana Member Hawai'i Home Birth Collective, LLC

Testimony of  
Kristie Duarte, Chair & Public Member, Hawaii Home Birth Task Force

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

January 30, 2020  
9:30 a.m.  
Conference Room 229

**Re: SB2428, Relating to the Licensure of Midwives**

Chair Baker, Vice-Chair Chang, and committee members, thank you for this opportunity to provide testimony on SB2428, which amends various provisions related to the licensure of midwives. Allows certified nurse midwives and direct-entry midwives to refer to themselves as "midwives". Allows a traditional midwife to practice midwifery under certain conditions. Repeals the repeal date for chapter 457J, Hawaii Revised Statutes.

**I write in support of SB2428.**

Here are important points from the report to note:

All 12 members on the task force unanimously agreed that

- Traditional midwives currently exist in Hawaii, they define themselves as Traditional midwives and are in demand by the communities they serve.
- Traditional midwives are recognized by Midwives Alliance of North America
- Traditional midwives are recognized by Midwives Alliance of North America as a **different type** of midwife from the midwife who is licensed in Hawaii. (CPM/CM)
- Exemptions for Traditional Midwives exist in Maine, Oregon, Utah, Washington, Ontario and Quebec. These places recognize and perpetuate their practices by creating pathways other than licensure to allow Traditional Midwives to continue to serve their communities.

Data collected by the Department of Health showed in 2017 and 2018:

- That maternal and infant mortality rates for planned home births in Hawaii were zero (0).
- Home to hospital transfers with significant mortality or morbidity consequences for mother and/or infant are exceedingly rare and do not occur daily in Hawaii hospitals.
- Infant transferred from a home birth to the hospital was 1-2%
- Data for fetal and infant morbidity from planned home birth indicate lower rates of resuscitation, assistant ventilation and NICU admission than planned hospital births
- Similar results to the data collected from the Hawaii Home Birth Collective (which makes up traditional midwives). Data was compared for the purposes of testing discrepancies and birth outcome comparisons.
- Similar results to *Outcomes of care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009*. This article reflects that data in Hawaii is similar to statistics nationally.

The report included criteria set forth by Hawaii Home Birth Collective and Na Pua O Haumea that must be met in order to be able to practice as a Traditional Midwife in Hawaii. The standards for education, training and accountability are taken from other pathways that are acknowledged in our country and around the world. These are standards that are followed nationally and internationally to **allow a different type of midwife**, one who is in high demand in our culturally diverse islands, and who is recognized nationally to be able to continue to practice in Hawaii.



I offer recommendations to clarify certain provisions of the bill that would be in accordance with the report:

[Section 3. 1.] page 5, line 13

"Traditional midwife" means an autonomous midwife who has acquired the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum through a spiritual or cultural lineage, is recognized nationally and internationally by the Midwifery Education Accreditation ~~Commission~~ Council and Midwifery Midwives Alliance of North America, and does not advertise as a certified or licensed midwife."

[Section 5. (5)(B).] page 7, line 16

(B) Two members of the public who have been consumers of home birth within the state of Hawai`i; and

[Section 7. (5)(C)(iv).] page 10, line 15

That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs, with the exception of oxygen and a department of commerce and consumer affairs approved anti-hemorrhagic agent; and

[Section 8. (4)] page 12, line 2

(4) For certified professional midwives, proof of a successful completion of a ~~formal~~ midwifery education and training program that is either:

Please pass SB2428 to make a way for Traditional Midwives to be able to practice in our islands and not become illegal in 2023.

Respectfully,

Kristie Duarte

29Jan2020

Re: SB2428

As a practicing Certified Nurse Midwife in the state of Hawaii, I oppose the amendments proposed in SB2428.

I am also a member of the Hawaii Affiliate of the American College of Nurse Midwives (HAA) and a member of my national organization the American College of Nurse Midwives. I stand by HAA's opposition of the amendments proposed.

My feelings are also that the amendments would halt the progress of all licensed "midwives" in the State of Hawaii. I am concerned for mothers and newborns cared for by unlicensed practitioners who have not completed a midwifery education program that meet the ICM essential competencies and global standards of midwifery.

It is crucial that Hawaii accounts for every birth and outcome statistics for hospital birth and out of hospital birth provided in our state. It is crucial that every person proposing themselves as a midwife have the proper training, education and licensure to practice in our state.

I also want to add that in 2020 there are more distance education programs for those unable to leave the state of Hawaii to obtain midwifery education.

Respectfully,

Jennifer A Cook DNP, CNM, FNP-C, APRN-Rx  
Waialua, Hawaii 96791

**SB-2428**

Submitted on: 1/29/2020 8:13:28 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

## Comments:

I am a Maternal-Fetal Medicine fellow who takes care of high-risk pregnancies in Hawaii. I trained under certified nurse midwives and respect them greatly. However, SB 2428 undermines the obligation we all have to provide safe care of labor. Those taking care of pregnant women and attending births must be well-trained and accountable to a body that can vouch for safe practices and adequate training. I oppose SB 2428.

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

DATE: Thursday, January 30, 2020, 9:30AM

PLACE: Hawaii State Capitol, Conference Room 229

FROM: Samantha Kaiser, MD, ACOG Hawaii Section Junior Fellow Vice Chair Elect

**Re: SB 2428 – Relating to the Licensure of Midwives**

**Position: OPPOSE**

Dear Chair Baker and Vice Chair Chang,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in very **strong opposition of SB 2428**.

I care deeply about the health of women. An important principle of my practice is that women have a right to safe, healthy pregnancies with qualified and skilled providers managing their care. Women also have the right to know the credentials of the providers they choose for this extremely important, unpredictable, and sometimes dangerous time of their lives. There are serious consequences when women are taken care of by unlicensed providers.

As a physician, I am required to publicly report my credentials and am 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. Women in every state deserve care that meets these important minimum standards. Hawai'i should uphold the standards of midwifery care expected by women in other nations around the world. Unfortunately, the proposed education and training of "direct-entry midwives" outlined in SB 2428 does not adhere to the ICM standards. Furthermore the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) does not meet international standards as the apprenticeship programs lack accreditation and standardization. For these reasons, I cannot support SB 2428 as it will negatively impact the women and children of Hawai'i. Please ensure that the health of our women and children continues to be a priority for this state.

There are some excellent Certified Nurse Midwives here in Hawai'i, meaning they have both a nursing degree and advance training in midwifery. However, there are many unlicensed midwives practicing in the community as well. Many of them have done fewer deliveries than a brand new physician-in-training. While the physician-in-training practices under the watchful tutelage of other physicians, the unlicensed midwife practices without supervision in a non-medical setting. The truth is that pregnancy and labor are unpredictable and can change from normal to emergent in a flash. Without advanced training to recognize these changes, direct-entry midwives and other unlicensed providers are not equipped to recognize and manage these complications.

Many people fear the medical community, and many of these women seem to seek midwifery care. I regret the cultural and societal changes that have led to women seeking non-medical care for their pregnancies; however, normalizing laypeople as “providers” is not the best way to manage mistrust of the medical community. There are internationally accepted standards, which are minimal, for those providers to become licensed midwives, and Hawai’i should adopt those standards. Rather than fear the medical establishment, I would suggest that the people of Hawai’i should fear those with no training who purport to provide medical care to our women and newborns.

**Samantha Kaiser**

I **strongly oppose SB 2428**, and I appreciate the opportunity to provide this testimony.

Thank you,

Samantha Kaiser, MD

ACOG Hawaii Section Junior Fellow Vice Chair Elect

**SB-2428**

Submitted on: 1/29/2020 8:22:33 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, vice chair Chang, and members of the committee,

Please support this bill in its current form. The task force charged with making recommendations for this bill has worked for many weeks to create a bill that does not exclude birth care providers who have learned their craft through traditional methods passed down from their elders. It is critical that these traditional midwives be exempted from certification requirements so that they may continue to practice and provide service for those in their communities who may chose to seek their services. The purpose of this bill should be to allow customers (expecting families) a full range of options for the setting and style of care for their birth without compromising their safety. The bill in its current form does the best job of accomplishing this goal. Guidelines for midwifery practice must be provided by experienced midwives. Under no circumstances should the medical community of obstetricians be allowed to dictate to the midwives how they must practice. The medical model does not understand or recognize the far older techniques used by midwives to assist birth without surgical or pharmaceutical intervention. The hospitals use invasive procedures such as Caesarean sections and epidurals which make many women extremely uncomfortable if not irreversibly injured. Midwives offer less intrusive procedures which many mothers prefer. Don't criminalize natural birth. Please pass the bill as it stands. Thank you for your time

**SB-2428**

Submitted on: 1/29/2020 8:26:40 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Please pass SB2428 as-is, with original language recommended by the Homebirth Task Force. I support this bill and inclusive birthing practices across the state of Hawai'i.

**SB-2428**

Submitted on: 1/29/2020 8:29:12 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

"Chair Baker, Vice Chair Chang and members of the committee, I strongly support SB2428 Relating to the Licensure of Midwives. Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Kara Whitaker

Postpartum Care Provider

Island of Maui



**SB-2428**

Submitted on: 1/29/2020 8:33:20 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Nina Isei  
Mother

african03@gmail.com

**SB-2428**

Submitted on: 1/29/2020 8:44:17 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Martha Z Stanwood	Individual	Support	No

Comments:

I have had two amazing home both experiences with traditional in licensed midwives present. I would be horrified to give birth in Hawaii if the option were not available.

**SB-2428**

Submitted on: 1/29/2020 8:39:53 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
eileen irvine	Individual	Support	No

Comments:

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

Aloha,

I support SB2428! I am a mother of a healthy, 19 year old productive young man, whom I gave birth to, at our home on the N side of Waipio Valley on Big Island in 2001. My husband and I farmed Taro in Waipio. I was so blessed to find a skilled traditional midwife, who was able to come to our home, in the valley, to support me in my birth. She handled my birth with competence and was supplied with all the materials that were needed to handle hemorrhage, and baby and I were safe and well cared for. The closest hospital was Waimea. Suffice it to say, since I lived on the far N side of the valley (that's across river crossings with no road access) I would have had a tough time getting to the hospital in Waimea. My traditional midwife was our blessing. She created a safe environment for me to give birth in. If I hadn't had her I could have been at risk forging the trip to Waimea.

There was another woman in the valley, who gave birth at around the same time as me. She had a traditional midwife as well. She gave birth, with her midwife, in 5 minutes in Waipio Valley. There is no way she could have made it to the Waimea Hospital because of the incredibly short labor time. Thank goodness her traditional midwife was there and able to assist!

Thank you you for listening to the voice of the homebirth community. These recommendations, as listed in this **original version** of SB2428, are exactly what we need to make Midwifery care more accessible, equitable, and safe for all. Please do not remove any of these recommendations, or it will have horrible ramifications for the home birth community, especially in more rural areas and neighbor islands where we truly depend on our traditionally-trained midwives who have been practicing for decades yet are unable to obtain expensive mainland certifications which are largely not available without leaving Hawaii.

Mahalo for your consideration,

**SB-2428**

Submitted on: 1/29/2020 8:34:44 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

## Comments:

I am an OB/gyn practicing in Hawaii for 18 years. SB 2428 nullifies all the progress made by the Hawaii State Legislature last year in Act 32 and endangers the safety of the women and infants of Hawaii. I oppose SB 2428.

**SB-2428**

Submitted on: 1/29/2020 8:56:53 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

**SB-2428**

Submitted on: 1/29/2020 9:24:36 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Dear members of the legislature,

Thank you for the opportunity to oppose bill SB2428. I oppose this bill because I fail to see how it protects the public from people who are careless and reckless with the vulnerable population of our unborn children and their mothers. Where is the oversight in this bill to guarantee that medication is used properly by those who have had insufficient training to administer life saving legend drugs? This bill doesn't encourage the use of transport forms or protocol for moving a birth from home to hospital, nor does it protect women from midwives who have complaints or suits against them from other states who can then come here to practice midwifery without oversight. This bill doesn't advocate a grievance process for consumers that can have any protection for the public.

I do desire for midwives to be able to function in all the various capacities of midwifery that there have always been; traditional, direct entry, certified and those with nursing degrees. However, I believe it is dangerous to the public to give non certified midwives the same level of accountability with drugs and procedures and protocols that certified midwives have. The pathways for certification include oversight to ensure that proper training has been established to entrust midwives with the high level of skill and knowledge they need to properly look after a very vulnerable population. This bill doesn't provide oversight for non certified midwives. If midwives want to be able to not have any educational accountability or oversight, then they should be willing to be restricted in what they can and can't do. Public safety needs to come before self aggrandisement.

Please oppose SB2428. Thank you.

Mahalo nui loa,

Leah Hatcher CPM

**SB-2428**

Submitted on: 1/29/2020 9:29:03 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I support this bill as is.

**SB-2428**

Submitted on: 1/29/2020 9:31:22 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:



**LATE**

**SB-2428**

Submitted on: 1/29/2020 9:45:39 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 9:58:36 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 9:30:34 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 11:18:32 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Ye Nguyen	Individual	Support	No

Comments:

**SB-2428**

Submitted on: 1/29/2020 12:16:30 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:

I birthed my son in our home with traditional midwives. I am not someone that. Feels safe in a hospital and strongly believe that people should have the choice to birth with whom and where they feel most comfortable and safe. I strongly SUPPORT SB 2428 as originally written, please pass this bill AS IS, without removing any of the Home Birth Task Force's recommendations. Mahalo for considering the mothers who actively seek out the traditionally-trained midwives who have been serving our community for decades.

Mahalo,

Sierra Dew

**SB-2428**

Submitted on: 1/29/2020 2:13:09 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:

To Claire Baker, Vice Chair Chang and Members of the Committee:

I strongly support SB2428 relating to the Licensure of Midwives.

Please continue listening to the voices of the community and the Task Force that was created last session. These recommendations that are listed in the original version of SB2428 was sincerely considered to support families' choices regarding their birth and to make Midwifery care more accessible, equitable and safe for all. Please do not remove or change any of these recommendations. Serious effort was expended by the Task Force to define the practitioners as requested and return the finding and recommendations to you.

I have had two home births and my journey with my doctor was empowering and safe. My health was always the top concern and all scenarios, including an ER transfer, was discussed at great length. What I have discovered is that the Midwives are not working to spite the OBs but rather they are a parallel path that is respectful of both paradigms and understands the importance of having both. Please empower women and families that choose home birth and create a path way with the Task Force into a new era; in which both paradigms are respected and empowered.

Please support SB2428. Thank you!

Mahalo for your consideration

Heather Ramirez

heather.kehaulani@gmail.com

**LATE**

**SB-2428**

Submitted on: 1/29/2020 4:05:23 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 4:29:18 PM  
Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

"Chair Baker, Vice Chair Change and members of the committee, I Strongly support SB2428 Relating to the Licensure of Midwives. I know this has been trying and a balance to reach and talk about these issues. Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.



**SB-2428**

Submitted on: 1/29/2020 4:12:02 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 4:29:33 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Louise Aiko Pacarro	Individual	Comments	No

Comments:

Please pass SB2428 AS-IS with original language recommended by the home birth task force

**SB-2428**

Submitted on: 1/29/2020 5:19:58 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,  
Dr Karen Tan, ND, LAc

**LATE**

**SB-2428**

Submitted on: 1/30/2020 12:29:24 AM  
Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Chair Baker, Vice Chair Chang, and commitee,

Aloha, and Mahalo for taking the time to listen and read all testimonies!  
The SB2428 is exactly what us, the people, our families need to support our choices in birth and Midwifery. I pray that you and your commitee can look into the facts and good standing proof of the safety that is behind midwifery. I pray that Midwifery Care could be more assesible to those who choose to do so. I hope after a long task of thorough research that you decide to not remove or change any recommendations. So that many other families can experience the beautiful blessing of Midwifery and home birth. Please support SB2428.

Mahalo for your time and consideration,

Tiana Lolotai

**LATE**

**SB-2428**

Submitted on: 1/29/2020 11:12:52 PM  
Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

Thank you for listening to the voice of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB2428, are exactly what we need to support families choices regarding their birth and make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration,

Maureen DaRin

maureen.darin@gmail.com

**LATE**

**SB-2428**

Submitted on: 1/29/2020 7:22:19 PM  
Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2428**

Submitted on: 1/29/2020 10:53:50 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

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

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

First of all thank you for taking the time to hear the Task Force committee findings. The Task Force is a group of competent professionals that worked hard to put this together. Like all of you they are deeply concerned about the care and needs of the families and communities they serve here in Hawaii. They have put these recommendations together with the best interests of these families and communities in mind allowing them to have the choices for birth and midwifery care that they have consistently fought to uphold for many years. Implementing the Task Force recommendations, are exactly what's needed to make Midwifery care in Hawaii more accessible, equitable, and safe for all.

Families will continue to make the decisions in childbirth that they feel are best for them no matter what and to deny these recommendations will only force these choices into the shadows which won't serve anyone. Please do the right thing and support this bill so that their wishes and rights will be heard and respected. Working together is the only way to keep childbirth safe.

Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

Mahalo for your consideration.

With Aloha,

Erica McMillan

doula, childbirth educator, maternity photographer

mcmillan.eric@gmail.com



**LATE**

**SB-2428**

Submitted on: 1/29/2020 8:17:12 PM  
Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I strongly SUPPORT SB 2428 as originally written, please pass this bill AS IS, without removing any of the Home Birth Task Force's recommendations. Mahalo for considering the mothers who actively seek out the traditionally-trained midwives who have been serving our community for decades.

Thank you,

Julie Stowell

**LATE**

**SB-2428**

Submitted on: 1/29/2020 9:28:09 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

I support this bill with the following ammendments

1. Section 3-1 p.5 line 13
2. Section 5 - (5) (B) p.7. Line 16 add "who have been consumers of home birth with in the state of Hawaii"
3. Section 7 (5) (C) (iv) P. 10 line 15- 11: .... with the exception of O2 - dcca approved
4. Section 8 (4) line 2 : strike "formal" ( to adhere to DC168 recs pg 13 ) = typo=

**LATE**

**SB-2428**

Submitted on: 1/29/2020 10:10:30 PM

Testimony for CPH on 1/30/2020 9:30:00 AM

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

Comments:

Aloha,

The task force has been meeting regularly and has taken time and resources for representatives from Maui, Hawai`i and Kaua`i to come up with the best language in regards to the licensure of midwives.

Please pass this bill AS-IS with original language recommended by the Homebirth Task Force.

Mahalo,

Summer Yadao

**LATE**

**From:** [pah](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428  
**Date:** Wednesday, January 29, 2020 4:27:04 PM

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"Chair Baker, Vice Chair Change and members of the committee, I Strongly support SB2428 Relating to the Licensure of Midwives. Thank you for listening to the voices of the community and the Task Force you created last session. These recommendations, as listed in this original version of SB 2428 are exactly what we need to support families choices regarding their birth and to make Midwifery care more accessible, equitable, and safe for all. Please do not remove or change any of these recommendations. After hours of discovery, discussion and decision making the Task Force has defined the practitioners as requested and returned to you with their findings and recommendations. The report speaks for itself. Please support SB2428.

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Blessed be your day and all that you do!

**LATE**

**From:** [Stephanie Safholm](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB2428 SUPPORT AS IS  
**Date:** Wednesday, January 29, 2020 9:11:04 PM

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Aloha,

I am writing today to give my support and ask that you pass SB2428 AS IS or with the specific changes created by the task force.

I offer my support as a current resident of Hawaii, a midwifery "consumer" and a former employee of a MEAC accredited midwifery school. I served as the admissions advisor (as well as roles as instructor, and consultant) for 9 years at the Seattle Midwifery School and then at Bastyr University (after the merger of the SMS program to Bastyr).

As an admissions advisor for 9 years, I have spoken and corresponded with THOUSANDS of women who sought midwifery as a career. There is one thing I told each of them- there are several great paths to midwifery. What even the founders of midwifery schools KNOW is that the NARM PEP process is an evaluation system that does evaluate and certify proficient and skilled midwives. Especially in a mainly rural state like Hawaii, separated by water, the PEP process allows for students to stay close to home, have a "life" and a family while learning from a preceptor. Making attendance at a MEAC school as a requirement to licensure will greatly limit the ability of many women and men to become midwives in Hawaii. The GOAL is more midwives for more families in Hawaii. The GOAL is better health for moms and babies. The GOAL is a group of skilled and culturally appropriate health care providers in rural communities. We need MORE midwives.

Please enter my comments into the record.

Mahalo,  
Stephanie Safholm  
Waialua, Hawaii 96791

**From:** [Kenda Sutton- EL](#)  
**To:** [CPH Testimony](#)  
**Subject:** Midwives Bill  
**Date:** Wednesday, January 29, 2020 4:52:39 PM

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**LATE**

I strongly support SB2428 RELATING TO THE LICENSURE OF MIDWIVES.

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Mahalo for your consideration,  
Kenda Sutton-EL  
Student Midwife, Doula, Nutritionist  
(804) 316-9867

**SB-2428**

Submitted on: 1/30/2020 7:41:37 AM

Testimony for CPH on 1/30/2020 9:30:00 AM

**LATE**

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

Comments:

I oppose this bill strongly as it goes against all the work that the CPM's have done to ensure the protection of the community against people claiming to be midwives without any legal documentation of proper education to practice in this field. The bill makes no sense and anyone could claim they are a midwife.

I am a Certified Professional Midwife since 1995 and an RN since 1976 and families must be able to choose their practitioner for their birth and if they choose a Midwife, they must be assured of her proper licensing and what a midwife stands for in this state.