



SB900
RELATING TO MATERNAL HEALTH
Ke Kōmike ‘Aha Kenekoa o ka Lawelawe Kānaka
Ke Kōmike ‘Aha Kenekoa o ke Olakino

Pepeluali 9, 2021

3:00 p.m.

Lumi 225

The Administration of the Office of Hawaiian Affairs (OHA) will recommend that the Board of Trustees **SUPPORT** SB900, which would require the collection of data, including race and ethnicity data, on maternal morbidity; establish a maternal disparity and health equity task force; and require implicit bias training for health care professionals in perinatal facilities.

Unfortunately, Native Hawaiians are alarmingly overrepresented in a range of negative maternal health associated statistics. For example, Native Hawaiians in particular have the highest reported rate of unintended pregnancy of any ethnicity group in Hawai‘i. Research has shown that such unintended pregnancies, carried to term, are less likely to have had access to adequate or timely prenatal care, which can lead to poor birth outcomes such as low birth weight, maternal and infant mortality, and severe maternal morbidity.¹ Maternal mental health is also similarly worrisome as more Native Hawaiian mothers experience symptoms of postpartum depression than non-Hawaiian mothers (11.9% vs. 9.7%).²

This measure may help to address the overrepresentation of Native Hawaiians in negative maternal health associated statistics, including through the implementation of recommendations made over recent years to improve the well-being of Native Hawaiian mothers and children. In “Haumea: Transforming the Health of Native Hawaiian Women and Empowering Wāhine Well-Being,”³ OHA specifically recommended interventions for maternal health, by: (1) enhancing data collection and managing trends, risks, and causes of maternal and infant mortality/morbidity that is disaggregated by race/ethnicity; (2) developing best-practice interventions for those in need; and (3) identifying systems that promote healthy behaviors across the Native Hawaiian population, especially in at-risk families.

¹ Soon, R., et al., *Unintended Pregnancy in the Native Hawaiian Community: Key Informants’ Perspectives*, 47(4). PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH, 163-170 (2015)

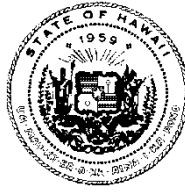
² OFFICE OF HAWAIIAN AFFAIRS, HAUMEA—TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN WOMEN AND EMPOWERING WĀHINE WELL-BEING 59 (2018)

³ OFFICE OF HAWAIIAN AFFAIRS, HAUMEA—TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN WOMEN AND EMPOWERING WĀHINE WELL-BEING 47-65 (2018)

By requiring the collection of disaggregated race/ethnicity data, and establishing a task force to specifically focus on addressing maternal health and maternal health disparities, this measure will facilitate the implementation of recommendations made to improve Native Hawaiian maternal health, and address Native Hawaiian maternal health disparities. **As such, OHA supports this measure, and affirms its commitment to address these matters, including through its service as a member of the proposed task force.**

Accordingly, OHA urges the Committees to **PASS** SB900. Mahalo nui for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 7, 2021

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Human Services

The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

FROM: Cathy Betts, Director

SUBJECT: **SB 900 – RELATING TO MATERNAL HEALTH.**

Hearing: Tuesday, February 9, 2021, 3:00 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and provides comments.

PURPOSE: The purpose of this bill is to require the department of human services to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity; establish a maternal disparity and health equity task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color; require the task force to submit an initial report to the legislature no later than 6/30/2022 and an annual report prior to each regular session; and to require the Department of Human Services to develop and the Hawaii State Commission on the Status of Women to administer implicit bias training for health care professionals in perinatal facilities.

DHS affirms that maternal and child health are foundational to the overall health of our communities and is currently invested in this area. Based on existing work already underway,

DHS is aligned with the intent of the bill, though does not believe legislation regarding data collection and a separate maternal disparity and health equity task force is necessary at this time.

For example, via its Hospital Pay-for-Performance (P4P) program, MQD has already funded, via the Hospital Sustainability Program, the creation of a maternal and child health collaborative to address similar issues. The workgroup consists of all hospitals with obstetrics (OB) departments and currently partners with the Department of Health (DOH).

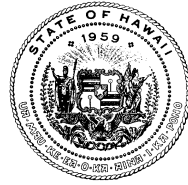
In 2021, the collaborative intends to partner with the American College of Obstetricians and Gynecologists (ACOG), DOH, the Alliance for Innovation on Maternal Health (AIM), and other key state-wide stakeholders to create the Hawaii AIM Collaborative. The collaborative will collect and submit data on two AIM Maternal Safety Bundles¹ identified using a consensus-based approach. Additionally, the AIM collaborative is charged with ensuring community engagement which is aligned with the community representation this bill seeks to achieve.

Currently, DHS also participates with the DOH Maternal Morbidity Review Committee (MMRC), which was established in 2016, and convening in 2017. The MMRC is in the process of developing a maternal mortality database that will collect the data outlined in the bill. A separate database established at DHS to collect the same data as outlined in the bill would be duplicative of these efforts already underway.

Finally, DHS is supportive of the establishment of implicit bias training for healthcare professionals, including those in perinatal facilities, administered by the Hawaii State Commission of the Status of Women. The Commission will likely require a general fund appropriation or other funding to engage with a vendor that has existing expertise with the subject matter and DHS defers to the Commission regarding operations.

Thank you for the opportunity to provide comments on this measure.

¹ See, <https://www.acog.org/practice-management/patient-safety-and-quality/partnerships/alliance-for-innovation-on-maternal-health-aim>



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

Testimony COMMENTING on S.B. 900
RELATING TO MATERNAL HEALTH

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

SENATOR JARRETT KEOHOKELE, CHAIR
SENATE COMMITTEE ON /HEALTH

Hearing Date: 2/9/2021

Room Number: Via Videoconference

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) offers comments on the the intent of
3 S.B. 900 to collect and report data on severe maternal morbidity incidents disaggregated by
4 county, race, and ethnicity, establish and chair a Maternal Disparity and Health Equity Task
5 Force, and for the DOH to develop and administer with the Hawaii State Commission on the
6 Status of Women (HSCSW) an implicit bias training program for health care professionals in the
7 State's perinatal facilities.

8 The Department believes that the creation of a maternal disparity and health equity task force
9 may not be necessary at this time.

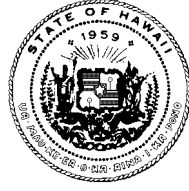
10 Hawaii Revised Statutes §321-322 assigns the DOH the authority to administer programs to
11 reduce infant and maternal mortality and morbidity and otherwise promote the health of women
12 of childbearing age, mothers, families, infants, children, youths, and adolescents. The types of
13 services to be provided may include but need not be limited to perinatal care, prenatal education
14 including individual risk reduction, maternal care, baby and child care, adolescent health care,
15 and family planning.

1 As December 2020, the DOH Maternal Mortality Review Committee—comprised of multi-
2 disciplinary agencies including the Department of Human Services (DHS)—reviewed over 40
3 maternal deaths including disaggregated data on race and ethnicity. The DOH will continue
4 working collaboratively with the DHS and other community partners to facilitate, collect,
5 analyze, and report severe maternal morbidity data disaggregated by race and ethnic background.
6 Additionally, the DOH-supported statewide network of perinatal support services and family
7 planning providers is able to disaggregated data by race and ethnic background for over 13,000
8 women of reproductive age.

9 The DOH is supportive of developing an implicit bias training program for health care
10 professionals in the state’s perinatal facilities and will work in consultation with DHS and the
11 Hawaii State Commission on the Status of Women..

12 Thank you for the opportunity to testify on this measure.

LATE



‘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**

Support for SB900
February 8, 2021

Aloha Chair Baker, Vice Chair Keohokalole and Honorable Members,

The Hawai‘i State Commission on the Status of Women provides supports SB900, which would require the department of human services to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity. The measure would also establish a maternal disparity and health equity task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color. In addition, SB900 would require the department of human services to develop and the Hawai‘i State Commission on the Status of Women to administer implicit bias training for health care professionals in perinatal facilities.

SB900 represents an opportunity for Hawai‘i to advance anti-racism and health care equity.

The Commission is a statewide government agency that works to eliminate male and racial bias impeding improvements to women’s status. The Commission applauds the Legislature, in collaboration with key stakeholders, for taking important steps to address deficiencies in maternal health through the Maternal Mortality Review Committee formed in 2016 and mandated studies. However, the Commission remains concerned about the right to quality maternal care within a medical industry increasing biased toward profit and gain.

The Commission also believes that the State bears the primary responsibility to ensure mothers are safe from medical racism that may be compromising their health care, and that the State should not leave this task to private actors.

In comparative perspective to other developed/First World countries, the United States “ranks poorly in maternal health outcomes, underuse of non-invasive procedures, escalating health care costs, and racial disparities in maternal health.”¹ The United States does not formally recognize

¹ Erin K. Duncan, [The United States' Maternal Care Crisis: A Human Rights Solution](#), 93 Or. L. Rev. 403 (2014)

the rights of pregnant women and people, although the Commonwealth of Puerto Rico's Rights of Pregnant Women 24 L.P.R.A. § 3692 affirms pregnant women's rights during labor, childbirth, and post-partum. This lack of emphasis on the wellbeing of American mothers is not limited to health care. Strict testing and limits, rather than universal access, often define supports offered to new mothers in the United States, including Hawai'i (e.g., the lack of paid family leave).

Further, quality health care falls along race, sex and class lines in the United States, and Hawai'i is not an exception. For example, between 2015 and 2017, 44% of deaths during pregnancy, childbirth and 365 days after the end of pregnancy occurred in "Native Hawaiian and Other Pacific Islander" women.² Eighty percent of all maternal deaths during the same period were determined to be preventable. This bill was conceptualized by birthworkers and community organizations to address these disturbing trends more comprehensively. Brown women dying is a crisis, and cannot be left to self-regulation and self-correction by the industry that so far has been unable to address these disparities.

The Commission is cognizant that there may be dueling testimony as to whether this bill is duplicative or necessary in the first place. We choose to support the community organizations that called for this measure after identifying gaps in the current data collection structure and in maternal care provision. Hospital management and doctors are deemed the most important stakeholders in this conversation and provide lifesaving roles on the frontlines; however they cannot understand the full spectrum of struggles experienced by pregnant and birthing women in our community. We need to better amplify the voices of pregnant women themselves and to include multi-issue community organizations who assist pregnant women in between formal doctor and hospital visits.

Accordingly, the Commission asks that the Committee pass SB900.

Sincerely,

Khara Jabola-Carolus

² Maykin M, Tsai SP. Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai'i and the United States. *Hawaii J Health Soc Welf.* 2020;79(10):302-305.

SB-900

Submitted on: 2/5/2021 3:30:10 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Testifying for Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Planned Parenthood Votes Northwest and Hawaii supports SB 900 to ensure racial equity in health care.



Hawaii
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator San Buenaventura, Chair
Senator Ihara, Vice Chair
Senate Committee on Human Services

Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

Re: **SB 900- Relating to maternal health**
3:00PM, February 9, 2021

Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of Senate bill 900**, which aims to promote equity in maternal health.

Data collections allows us to better understand the gaps and failings of our systems and identify solutions. Data collection on race and ethnicity and disaggregating the data are vital to closing the gaps in outcomes for patients. The lack of disaggregated data by race has become a focal point for community organizations, coalescing around the state's COVID-19 recovery efforts. This session, the Office of Hawaiian Affairs is supporting House Concurrent Resolution 3 and Senate Concurrent Resolution 5, which may also address the concerns outlined in this bill. We would note that the resolutions are not specific to maternal health data and instead focus on all data collection by the Department of Health, Dep Department of Labor and Industrial Relations, Department of Human Services, Judiciary, and county police departments.

Healthcare inequality is real. Countless studies¹ support what Black, Indigenous, and other moms of colors have been saying for decades, that their concerns and health was treated less seriously. A well-known example of this is the tennis champion, Serena Williams, who almost died after giving birth because the medical professionals did not believe her when voiced her concerns about a possible blood clot. While the doctors and nurses involved in Ms. Williams care would probably not identify their own attitudes and beliefs about Black women as part of their decision-making process, their implicit bias impacted their reactions to her voicing her concern. Implicit bias, or unconscious bias, are beliefs or attitudes towards people without conscious knowledge. Implicit bias is the result of exposure to stereotypes in our society and it shapes how a person receives and then acts on information. Implicit bias has been recognized as why patients with similar conditions may be offered varying treatments². To help rectify the problem of implicit bias in healthcare, in 2019 California passed a law requiring implicit bias training for all

1 Centers for Disease Control. (2019) <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

2 Chapman, E. N., Kaatz, A., & Carnes, M. (2013). Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. *Journal of general internal medicine*, 28(11), 1504–1510. <https://doi.org/10.1007/s11606-013-2441-1>



— H a w a i i —
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

healthcare professionals working in perinatal services³. Hawai'i should do the same to protect the lives of our moms and babies.

Having a baby should be a joyous time. Expecting parents should be focused solely on caring for their new baby and the birthing parent, they should not have to worry about the type of care they will receive because of their race. By enacting the proposals outlined in SB 900, we can begin to move towards a system of better outcomes for all.

For these reasons, HCAN Speaks! respectfully requests that your committees vote to pass this bill.

Kathleen Algire
Director of Early Learning and Health Policy

³ California Bill Mandates Implicit Bias Training for Perinatal Healthcare Professionals <https://www.zerotothree.org/resources/2977-california-bill-mandates-implicit-bias-training-for-perinatal-healthcare-professionals>



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Joy San Buenaventura, Chair
The Honorable Les Ihara, Jr., Vice Chair
Members, Senate Committee on Human Services

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn Baker, Vice Chair
Members, Senate Committee on Health

From: Colette Masunaga, Director, Government Relations & External Affairs, The Queen's Health Systems

Date: February 9, 2021

Re: Comments and support for the intent on SB900, Relating to Maternal Health

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comment and support the intent on SB900, which would require the Department of Human Services (DHS) collect and report maternal data, establish a maternal disparity and health equity task force, and require implicit bias training for health care professionals in prenatal facilities. Queen's appreciates and supports the intent of this measure, however, we would note the ongoing efforts of the Healthcare Association of Hawai'i and the American College of Obstetricians and Gynecologists has been engaged on to improve quality and outcomes of mothers and children in the state.

While we appreciate the intent of the implicit bias training requirement for health care professionals in prenatal facilities, we are concerned about limiting such training since Queen's is actively working on a comprehensive and system-wide diversity, equity, and inclusion strategy for our organization.

Queen's concurs with the testimony provided by the Healthcare Association of Hawai'i and thanks the committee for the opportunity to offer comment on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



To: Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Vice-Chair
Committee on Human Services

Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Vice-Chair
Committee on Health

Hrg: February 9, 2021 at 3:00pm, Room 225

From: Paula Arcena, Executive Vice President, External Affairs
Trish La Chica, Community and Government Relations Manager, External Affairs

RE: **SB900, Relating to Maternal Health - Support**

AlohaCare appreciates the opportunity to provide testimony in support of **SB900**, which would 1) require DHS to collect and report on disaggregated severe maternal morbidity data; 2) establish a maternal disparity and health equity task force; and 3) to require and administer implicit bias training in the State's perinatal facilities.

Founded in 1994, AlohaCare is a community-rooted, non-profit health plan serving 73,000 Medicaid and dual-eligible health plan members on all islands. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating access to quality health care for all. We believe that health is about supporting whole-person care, including access to housing and food security, to build a stronger, healthier Hawaii.

AlohaCare believes this measure presents an important opportunity for Hawaii to implement policies that promote better birth outcomes and reduce racial disparities in maternal health outcomes. AlohaCare supports efforts for enhanced data collection as disaggregating data improves the reporting of health disparities that can help better target interventions and increase access to pregnancy-related and postpartum care.

According to the Maternal Mortality Review Committee established in 2016, half of the twenty-five maternal deaths that occurred in Hawaii from 2015-2017 were preventable. Twenty-three percent of these deaths occurred in Native Hawaiian and Pacific Islander women. AlohaCare supports all efforts to eliminate racial disparities in pregnancy-related deaths, including implicit bias training.

Finally, the establishment of the maternal disparity and health equity task force builds on the State's commitment to addressing maternal mortality. As the only health plan dedicated exclusively to serving the Medicaid community in Hawaii, AlohaCare would like to be one of the representatives on this task force.

We are grateful to the Committee for hearing SB900 and the opportunity to testify.



February 9, 2021 at 3:00 pm
Via Videoconference

Senate Committee on Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Les Ihara, Jr.

Senate Committee on Health

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
SB 900, Relating to Maternal Health

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities, and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide testimony offering **comments** on this bill. We appreciate the intent of this measure to improve maternal care in the state. For the past five years we have engaged with the Department of Health on improving quality and outcomes for both mothers and children and have engaged with emergency national focus and guidance on this issue. We are concerned that this measure would duplicate those existing efforts and take away from the years of work that the DOH and community providers have invested in improving quality of care.

In 2016, Act 203 directed the Department of Health (DOH) to conduct child and maternal mortality reviews through multidisciplinary and multiagency teams. Since that time, HAH, many of its members, and subject matter experts have participated in these reviews with DOH to identify preventable deaths, examine the factors that contribute to their occurrence, and implement best practices for their elimination. This measure seems to create a parallel endeavor. We understand that there are additional elements that would be considered by the

group in this measure but would suggest that the existing group could take on some of these considerations.

We are also concerned about protecting the privacy of patients whose data may be collected as part of this effort. Although it does require compliance with the Health Insurance Portability and Accountability Act, the protections available under Act 203 are broader and encompass other federal and state privacy statutes and regulations. The need for greater privacy protections is only strengthened if the proposed task force is to have access to this data to successfully discharge its numerous and broad duties with such a large number of stakeholders. We would note that these privacy concerns are considerable—with few maternal and child deaths in the state, it could be easy to identify a case in a small community even if names are removed.

Lastly, we would suggest that funding would need to be added to this bill. Act 203 appropriated \$150,000 to be able to conduct these child and maternal mortality reviews. We would suggest that an appropriation would be needed to enable this new, parallel body to create and maintain a database of severe maternal morbidity incidents in the state, hire subject matter experts to facilitate the work of the proposed task force, and develop and administer the proposed implicit bias training.

Thank you for your time and consideration of our comments. We look forward to engaging in further productive discussion on this matter as part of our and our members' ongoing commitment to maternal health and improving the wellbeing of the state's mothers and children.



TO: Senate Committee on Human Services
 Senator Joy A. San Buenaventura, Chair
 Senator Les Ihara, Jr., Vice Chair
Senate Committee on Health
 Senator Jarrett Keohokalole, Chair
 Senator Rosalyn H. Baker, Vice Chair

DATE: Tuesday, February 9, 2021

FROM: AF3IRM Hawai'i

RE: SB 900- Relating to Maternal Health
Position: SUPPORT

The wellbeing and health of mothers and birthing people of color is a crisis in the United States, and Hawai'i is not exempt from this reality. We know that in Hawai'i mothers of color, specifically Black, Native Hawaiian, Micronesian, Sāmoan and other Pacific Islander mothers face the highest birth disparities in the state yet represent less than 5% of the population. The state is failing mothers of color and needs to take action immediately.

Today we testify in strong support of SB900 which will improve research and data collection of maternal mortality and morbidity by disaggregating data for race/ethnicity in order to understand where gaps exist, combat maternal mortality and morbidity and improve overall maternal health for the communities of color most affected. Currently, maternal morbidity isn't tracked or collected in the state of Hawai'i. Maternal mortality is collected but it doesn't give an accurate picture of what is happening specifically to Black, Native Hawaiian, Samoan, Micronesian and other Pacific Islander groups. In order to take steps forward to address the rampant maternal health disparities for mothers of color in Hawai'i, we need to understand the scope of the issue, which we cannot do if we do not have the data. For these reasons we support SB 900 and recognize its vitality in ensuring that we have a path forward for mothers and birthing people of color in Hawai'i.

Mahalo for your time and consideration on this important issue.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

Board of Directors

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SENATE COMMITTEE ON HUMAN SERVICES

Sen. Joy A. San Buenaventura, Chair

Sen. Les Ihara, Jr., Vice-Chair

SENATE COMMITTEE ON HEALTH

Sen. Jarrett Keohokalole, Chair

Sen. Rosalyn H. Baker, Vice-Chair

IN SUPPORT

SB 900 – RELATING TO MATERNAL HEALTH

Tuesday, February 9, 2021, 3:00 PM, Videoconference

Papa Ola Lōkahi, the Native Hawaiian Health Board established in 1988 through the federal Native Hawaiian Health Care Act (Title 42 USC 122), **SUPPORTS** SB 900. We are in support of the best possible maternal health outcomes.

Collecting data on maternal morbidity incident reports disaggregated by island, race and ethnicity is essential for understanding and to be able to develop programs, services, policies and allocate resources.

We also appreciate the emphasis in this measure to administer implicit bias training for all health care providers in perinatal facilities. However, with such an intentional investment in reducing adversity from implicit bias, it seems also important to collect data, similarly disaggregated as above, on the health care providers involved in maternal morbidity incidents.

With our responsibility to raise the health status of Native Hawaiians and their families, we are committed to serving in an optimal capacity on the task force proposed in this measure.

Thank you for the opportunity to provide testimony in support of SB 900.



Hawaii Women's Coalition

To: Senator San Buenaventura, Chair
Senator Ihara, Vice Chair
Senate Committee on Human Services

Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

3:00PM, February 9, 2021

Testimony in Strong Support of Senate Bill 900

Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker and committee members,

On behalf of the Hawaii Women's Coalition, we thank you for the opportunity to testify in **strong support of Senate Bill 900**, which aims to promote equity in maternal health.

A Black, Native or Indigenous woman is 5x more likely to die during pregnancy than her white counterpart and for every 1 death 100 more women will have near misses and severe morbidity or complications. If we want to reverse this trend, we need to implement policies that enable us to identify inequities in our systems and actively work towards eradicating discriminatory barriers.

The Maternal Health Equity Bill will:

1. Establish a Maternal Disparity and Health Equity Task Force to diversify the voices giving input on maternal health issues and disparities in order to make recommendations on policy. Including the voices that are non-clinical in order to honor the lived experiences and all the ways of knowing that community possess. Community knows what it wants and needs.
2. Require Implicit Bias Training for all healthcare professional employed at a perinatal facility and in direct patient care.
3. Collect data on the near misses/severe maternal morbidity and the causes and disaggregate/separate by race/ethnicity

We support Senate Bill 900 because we know that passing this legislation will allow us to understand the scope of our maternal health crisis and take actions to do better. We respectfully request your committees vote favorably on Senate Bill 900.

Thank you,
Hawaii Women's Coalition



healthy mothers
healthy babies
COALITION OF HAWAII

To: Senator San Buenaventura, Chair
Senator Ihara, Vice Chair
Senate Committee on Human Services

Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

3:00PM, February 9, 2021

Testimony in Strong Support of Senate Bill 900

Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker and committee members,

On behalf of the board of Healthy Mothers Healthy Babies Coalition of Hawai'i, we thank you for the opportunity to testify in **strong support of Senate Bill 900**, which aims to promote equity in maternal health.

Healthy Mothers Healthy Babies is a local nonprofit agency that is part of a network of organizations and individuals committed to improving Hawai'i's maternal, child and family health through collaborative efforts in programs, public education, advocacy and partner development.

A Black, Native or Indigenous woman is 5x more likely to die during pregnancy than her white counterpart and for every 1 death 100 more women will have near misses and severe morbidity or complications. If we want to reverse this trend, we need to implement policies that enable us to identify inequities in our systems and actively work towards eradicating discriminatory barriers.

The Maternal Health Equity Bill will:

1. Establish a Maternal Disparity and Health Equity Task Force to diversify the voices giving input on maternal health issues and disparities in order to make recommendations on policy. Including the voices that are non-clinical in order to honor the lived experiences and all the ways of knowing that community possess. Community knows what it wants and needs.
2. Require Implicit Bias Training for all healthcare professional employed at a perinatal facility and in direct patient care.
3. Collect data on the near misses/severe maternal morbidity and the causes and disaggregate/separate by race/ethnicity

Our organization works every day to support the birthing community in Hawai'i and we are intimately aware of the barriers parents face. We support Senate Bill 900 because we know that passing this legislation will allow us to understand the scope of our maternal health crisis and take actions to do better. We respectfully request your committees vote favorably on Senate Bill 900.

Thank you,

Amy Feeley-Austin, MS, MPH
Board President
Healthy Mothers Healthy Babies Coalition of Hawaii



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 Human Services
Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: Tuesday, February 9, 2021

FROM: Hawai'i Section, ACOG
Reni Soon, MD, MPH, FACOG, Chair
Lauren Zirbel, Community and Government Relations

Re: SB 900 – Relating to Maternal Health

Position: SUPPORT with amendments

The Hawai'i Section of the American College of Obstetricians and Gynecologists (ACOG HI) strongly supports the overall intent of this bill. We agree that a reduction in maternal morbidity in the U.S. is critically needed. We agree that multiple inequities exist throughout health care and that maternal health is no exception. We agree that adverse maternal health outcomes are disparately affecting communities of color, and that this needs to change.

Much of the work outlined in this legislation is similar to efforts that ACOG HI and others have been undertaking. We have joined with the Healthcare Association of Hawai'i (HAH) to obtain statewide maternal health data, and together have applied to be part of ACOG's Alliance for Innovation on Maternal Health (AIM), a national program has currently enrolled 37 states. This program would fund efforts to use statewide data to implement safety and quality improvement initiatives based on interdisciplinary consensus practices. We will analyze data on maternal morbidity, disaggregated by race and ethnicity, and with the engagement of community partners, provide recommendations on improving maternal health outcomes particularly for people of color.

The scope of this problem is broad and complex, and requires understanding of how social determinants of health are driving the disparities in outcomes as well. We suggest a task force be convened with stakeholders, including ACOG HI, HAH, Healthy Mothers Healthy Babies Coalition of Hawai'i, DOH, DHS, Hawai'i Maternal and Infant Health Collaborative, We Are Oceania, Papa Ola Lokahi, Midwives Alliance of Hawai'i, and others (this is not a complete list). With key stakeholders present from the outset, this task force could build on what is currently being done, rather than duplicate any efforts, and identify gaps. In all of health care it is apparent that implicit bias training is critical. Part of the work of the proposed task force would be to identify community experts who could develop an implicit bias training program for all health care workers applicable to Hawai'i's multiethnic population.

We strongly support statewide and community efforts to reduce adverse maternal health outcomes, with a particular focus on reducing disparities, and look forward to collaborating on this issue.

Mahalo for this opportunity to testify.

SB-900

Submitted on: 2/4/2021 8:15:44 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ramona Hussey	Individual	Comments	No

Comments:

The Task Force appears to be composed of medically-oriented personnel. Any discussion of maternal health and birthing must contain representatives from direct entry & traditional midwifery care, as well as community members who give birth at home. Thank you, Ramona Hussey, Homebirth Mother.

SB-900

Submitted on: 2/5/2021 7:09:51 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jen Jenkins	Individual	Support	No

Comments:

Please pass SB900! This is an important measure for Indigenous and Black people capable of giving birth.

Mahalo,

Jen Jenkins

SB-900

Submitted on: 2/5/2021 11:59:35 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Martinez	Individual	Support	No

Comments:

â—• **Hawaii has a D+ on its maternal health report card from the March of Dimes meaning we are failing the mothers of Hawaii, particularly women and families of color.**

â—• **Maternal morbidity is indicative of medical comorbidities, socioeconomic status, and racial and ethnic healthcare disparities.**

â—• **Hawaii must properly collect and separate data by race and ethnicity.**

In Hawaii, the preterm birth rate among Black women is 24% higher than the rate among all other women. (March of Dimes 2020 report)

â—• **Morbidity is estimated to be highest in low to middle income Black , Native and Indigenous women**

â—• **There is implicit racial/ethnic bias in health care for Black , Micronesian and Pacific Islander women that must be addressed with implicit bias training for all perinatal healthcare workers**

â—• **Studies suggest Pacific Islander women have disparate rates of preterm birth, primary cesarean delivery, preeclampsia, gestational diabetes, and low birthweight infants. However, data is limited. In order to improve the health of Pacific Islanders, it is essential to better understand differences in obstetric outcomes in this diverse population**

â—• **23% of maternal deaths occur in Native Hawaiian and Pacific Islander communities even though they make up a smaller portion of the population of the state**

SB-900

Submitted on: 2/5/2021 12:46:00 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley de Coligny	Individual	Support	No

Comments:

I strongly support doing everything we can to protect and help mothers and children in Hawaii, particularly women of color who are affected by systemic racism.

SB-900

Submitted on: 2/5/2021 4:39:32 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jessica hernandez	Individual	Support	No

Comments:

There are serious concerns related to maternal health inequities based on race/ethnicity. It's imperative that we do more to understand the issue so we can tackle it.

It's terrifyingly true that medical professionals still have racist opinions about Black and Brown people. For example, there's a recent study that showed about half of medical professionals believe Black people's skin is actually, literally, thicker than white people's; and that half believe Black people feel less pain because of differences in nerve endings. One of my friends told me horror stories about what her sister learned in medical school. It's a literal nightmare.

Requiring training and improving data collection can actually save lives. Please pass this bill.

SB-900

Submitted on: 2/6/2021 7:44:25 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Rosas	Individual	Support	No

Comments:

This bill is important for the wellbeing of BIPOC mothers who deserve to be prioritized always, but especially during the pandemic.

SB-900

Submitted on: 2/6/2021 8:04:48 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen M Gawrys	Individual	Support	No

Comments:

overdue!

Beth Hoban
*45104 Mahalani Circle * Kaneohe, Hawaii 96744*

February 9, 2021 at 3:00 pm
Via Videoconference

Senate Committee on Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Les Ihara, Jr.

Senate Committee on Health

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

From: Beth Hoban, RN, MAOM

Re: Submitting Comments
SB 900, Relating to Maternal Health

Thank you for the opportunity to provide testimony offering comments on this bill. I am a registered nurse of 50 years, 23 years in maternal child health. I appreciate the intent of this measure to improve maternal care in the state. For the past five years The Healthcare Association of Hawaii (HAH) engaged with the Department of Health on improving quality and outcomes for both mothers and children and have engaged with emergency national focus and guidance on this issue. I am concerned that this measure would duplicate those existing efforts and take away from the years of work that the DOH and community providers have invested in improving quality of care.

In 2016, Act 203 directed the Department of Health (DOH) to conduct child and maternal mortality reviews through multidisciplinary and multiagency teams. Since that time, HAH, many of its members, and subject matter experts have participated in these reviews with DOH to identify preventable deaths, examine the factors that contribute to their occurrence, and implement best practices for their elimination. This measure seems to create a parallel endeavor. I understand that there are additional elements that would be considered by the group in this measure but would suggest that the existing group could take on some of these considerations.

I am also concerned about protecting the privacy of patients whose data may be collected as part of this effort. Although it does require compliance with the Health Insurance Portability and Accountability Act, the protections available under Act 203 are broader and encompass other federal and state privacy statutes and regulations. The need for greater privacy protections is only strengthened if the proposed task force is to have access to this data to successfully discharge its numerous and broad duties with such a large number of stakeholders. These privacy concerns are considerable—with few maternal and child deaths in the state, it could be easy to identify a case in a small community even if names are removed.

Lastly, I am aware that the Healthcare Association of Hawaii (HAH) suggested that funding would need to be added to this bill. Act 203 appropriated \$150,000 to be able to conduct these

Beth Hoban
*45104 Mahalani Circle * Kaneohe, Hawaii 96744*

child and maternal mortality reviews. I support HAH's suggestion that an appropriation would be needed to enable this new parallel body to create and maintain a database of severe maternal morbidity incidents in the state, hire subject matter experts to facilitate the work of the proposed task force, and develop and administer the proposed implicit bias training.

Thank you for your time and consideration of my comments. I hope you will be engaging in further productive discussion with the Healthcare Association of Hawai on this matter as part of theirs and their members' ongoing commitment to maternal health and improving the wellbeing of the state's mothers and children.

SB-900

Submitted on: 2/6/2021 2:49:19 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tea™sha Kahumoku-Derricotte	Individual	Support	No

Comments:

Fully support

SB-900

Submitted on: 2/6/2021 3:16:41 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nora Pollard	Individual	Support	No

Comments:

Studies show Black and brown birthing parents face more complications and risk of death in birth than white birthing parents, which is absolutely abhorrant. In this year of 2021 every birth should be as safe and healthy as possible, and every parent should have the resources and community knowledge from data collection like this to make sure their experience is the best it can be.

SB-900

Submitted on: 2/6/2021 6:17:09 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Isabelle Lee	Individual	Support	No

Comments:

SB-900

Submitted on: 2/7/2021 11:13:21 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

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

Comments:

Women and children need to be protected from implicit and unconscious bias that is present in the medical field. This bill will help to close the gap in maternal mortality disparities. As a birthing person I support this measure. Mothers need help, especially during a pandemic.

SB-900

Submitted on: 2/7/2021 12:23:18 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wailani Stoner	Individual	Support	No

Comments:

Aloha, I am a mixed 'Ā• iwi mother that resides in Hawai'i. I support SB900.

SB-900

Submitted on: 2/7/2021 2:58:22 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Galacgac	Individual	Support	No

Comments:

I strongly support SB 900 for maternal health equity in Hawaii. Witnessing family and friends welcome their newborn babies is a gift. Unfortunately, many in our community do not have equitable access to maternal health because of systemic barriers that can be addressed. It is disheartening to learn of studies that show Black and Pacific Islander women have disparate rates of preterm birth, primary cesarean delivery, preeclampsia, gestational diabetes, and low birth weight infants. These studies are limited.

SB 900 will ensure accurate collection and analysis of data by race and ethnicity to show what is happening specifically to Black, Native Hawaiian, Micronesian, Samoan, and other Pacific Islander pregnant, birthing, and postpartum people. This is the first step to understand the scope of our maternal health crisis and take action to improve the health of the most marginalized in Hawaii. There is beauty in Hawaii's diversity, so our systems need to reflect that!

The implementation of a maternal health task force will be effective in responding to the needs of Black, Native Hawaiian, Micronesian, and other Pacific Islander pregnant and birthing people. Those named to be on the maternal health task force are trusted in the community. It will be effective in providing a space to listen to the lived experiences of the community and honor their wisdom. The community knows what it wants and needs and ought to inform the decision-making in health and government systems.

The proposed implicit bias training for all perinatal health care workers will strengthen our entire health care system. As the daughter of working-class immigrants, I have seen discrimination happen at many doctor appointments when I have accompanied my aunts, grandmother, and mother throughout my lifetime. Historical oppression and intergenerational trauma impact us all, so being open to this type of training is hopeful. The training aims for effective communication across identity groups based on race, ethnicity, and other ways one identifies. Having a specific lens and sensitivity to the needs of Black, Native Hawaiian, Micronesian and other Pacific Islander pregnant and birthing people will bring progress. There are health care workers equipped with these skills, however, there must be a systemic shift for sustainable change.

Please **support SB 900** to codify the commitment to maternal health equity FOR ALL in Hawaii.

Thank you for your time,
Ashley Galacgac

SB-900

Submitted on: 2/7/2021 3:08:21 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki-Ann Yee	Individual	Support	No

Comments:

As a member of the Sexual and Gender Minority Workgroup, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face. We need to dismantle inequity and improve health disparities amongst Native Hawaiian, black and other minorities and the takes steps to do that.

Senate Committee on Health

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Human Services

Senator Joy A. San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

Support for Senate Bill 900

February 9, 2021, 3:00 PM in conference room 225

February 4, 2021

Aloha Chairs Keohokalole and Buenaventura and Members of the Committees. Thank you for taking the time to read my testimony. My name is Jahanavi Priya, and I am an undergraduate Social Work student at the University of Hawaii at Manoa Thompson School of Social Work & Public Health, and I am testifying as an individual.

My testimony is in support of S.B. NO. 900, which is concerning maternal health. It would help the state assess women of color's needs by specifying race and ethnicity to see if any population of mothers is affected more. As the bill states, healthcare professionals would also undergo implicit bias training based on national health disparities studies.

Although I am not a mother yet, I could be in the future, and so could my friends. I am also a woman of color and want to know if I need to be worried about extra factors. I would like to know if any race/ethnicity, in particular, is impacted more than another and would I need to be concerned for mothers in my community. I have learned of maternal health disparities multiple times in my schooling and was disappointed to hear about the national statistics on maternal mortality rates based on race and ethnicity but surprised that those statistics were unavailable in that detail here in Hawaii. The National Center for Health Statistics (NCHS) reported that in 2018, the maternal mortality rate is 17.4 per 100,000 live births in the United States (NCHS, 2020). There are "wide racial and ethnic gaps that exist between non-Hispanic black (37.3 deaths per 100,000 live births), non-Hispanic white (14.9), and Hispanic (11.8) women" (NCHS, 2020). The US's larger disparities are shown when the race is focused on, and it is disheartening. It does overlook Asians, Pacific Islanders, Native Hawaiians, and Native Americans, but that should be included in our local statistics since many are members of our community in large numbers. I do not want or should be worried about people in my community, friends, and myself.

If disaggregated statistics by race or ethnic background were available, it would help create a plan to reduce it. For implicit bias tests and training, it would help understand cultural

factors due to our diverse population. I have done a few implicit bias tests myself and have found it very valuable to learn something that I may be doing unconsciously and working to change it. The training would be valuable to teach medical professionals something that may have been hidden from them to change and better help their patients. This bill would help to improve our health care system for all mothers and babies.

I want to restate I am in support of S.B. NO. 900. It would not only benefit the medical field and its professionals but expecting mothers and their babies. It would reduce their fear that their concerns would be ignored and put their lives in danger. We are a state known as a melting pot. If Hawaii can understand and reduce maternal mortality that mostly affects women of color, it could set a model or training method that could work at a national level.

Thank you for your time and consideration.

Jahanavi Priya

SB-900

Submitted on: 2/7/2021 6:26:42 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine Davã©	Individual	Support	No

Comments:

If this bill is not passed, the legislature is sending a direct message to women and birthing people of color in Hawai'i that we do not matter, that our bodies and lives are disposable, and that the public health agencies of our state would rather uphold systemic racism than actually listen to the community it serves. The creators of this bill are women of color who have dedicated their lives to birthwork and they know better than anyone how much danger birthing people of color are in when they rely on natal healthcare service providers to safely deliver their babies, even in 2021. These birthworkers are rightfully demanding better accountability and preventative measures from their state because they have identified a very real and very serious threat to maternal/ gestational parental survival for people of color, and to ignore this warning is to cosign the death certificates of those who will die preventable deaths at the hands of medical racism.

The need for implicit bias training is extreme, especially in this time of heightened reckoning with the white supremacy entrenched in our society, and for people of color, this is literally a matter of life and death. Medical racism is real, and those who have been subjected to it are urging the legislature to take action by improving the ability of the medical community to both track and learn from negative trends that disproportionately impact people of color and to recognize the role the medical community itself plays in facilitating these trends. If the notion that implicit bias training is already being done is raised as opposition to this bill, the fact that birthworkers of color are so ardently fighting for more and better implicit bias training should inform the legislature that whatever is in place now is utterly insufficient. The legislature must listen to the very people who are victimized by implicit biases, not just those who unconsciously perpetrate them and claim to train themselves against doing so, when determining if the training in place is "enough." I testify as a woman of color who has personally experienced such biases in reproductive health care in Hawai'i that it is absolutely not.

Implicit biases are so dangerous because they are *implicit*; every person who participates in a society is on some level conditioned to pass subconscious judgments against those who are different than them, and it is very difficult to recognize these split-second decisions as harmful biases without external guidance. The impact of these biases is heightened in institutionalized medicine, a field historically (and once exclusively) dominated by cisgender white men. The undeniably racist origins of the

public health system in this country create a dynamic in which doctors believe they have implicit authority over minorities because they intentionally prevented minorities from obtaining the same level of education in the field and created a structure in which only one voice was valid. Refusing to allow community members a seat at the table in the discussion surrounding implicit bias in medicine is no different, particularly when the most vulnerable community members are indigenous. If the legislature supports opposition which has explicitly stated that they do not want to invite birthworkers of color to join this conversation or listen to KĀ• naka birthworkers standing up for themselves, it will perpetuate colonialism itself; how can an entity that purports to serve the best interest of a group of people do so if they refuse to even listen to the concerns of their clients? The legislature of Hawai'i owes indigenous people so much more than continuing the historical silencing of Native voices and the gatekeeping of medical progress.

The need for better disaggregation of data based on ethnicity is equally apparent despite claims that such data is already being monitored; people of color who give birth are still dying at a disproportionate rate. If the data was being sufficiently reported, we would have seen significant reduction in these disparities between treatment of white people giving birth and people of color giving birth. Whatever reduction has occurred over the past decade is not enough, and people of color must not be expected to accept small amounts of progress when we know larger ones are not only possible, but quite easily accessible. We demand *significant* improvements in these statistics. The creators of this bill are not only handing the legislature a blueprint for closing the gaps created by medical racism, but a plan that specifically addresses the nuances of the problem which have until now gone ignored. It is not enough to disaggregate data on the broad scale done today because there are still gaps in maternal/gestational parental mortality between minority groups that must be addressed. Data may exist regarding disparities between white people and people of color, but East Asian people who give birth in this state experience less medical racism than Southeast Asian, Micronesian, Samoan, Pacific Islander, Black, and Hawaiian patients. Skin color still plays a role in whether a patient's pain is acknowledged, regardless of the implicit bias training that is supposedly in place, and this bill seeks to correct that. The very people who are still treated as less valid than their peers who experience different levels of social power due to historical racism in the state are the ones informing the medical industry that more needs to be done. To allow those who do not experience this type of discrimination to unilaterally decry the need for better data tracking and better implicit bias training is to unequivocally support medical racism.

Jasmine Pontillas Davé, Esq.

SB-900

Submitted on: 2/7/2021 7:06:24 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Support	No

Comments:

Aloha HMS/HHH Committee:

As a member of the Sexual and Gender Minority Workgroup, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face.

I also have request to change language in the existing bill. Under "**§346-C Maternal disparity and health equity task force; reports.**", please consider changing the following:

- (3) ~~The chair~~ a co-Chair of the Hawaii sexual and gender minority workgroup of the department of health;

Mahalo,

Thaddeus Pham

SB-900

Submitted on: 2/7/2021 7:06:46 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lorenzo Perillo	Individual	Support	No

Comments:

As a member of the Sexual and Gender Minority Workgroup, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face.

SB-900

Submitted on: 2/7/2021 8:31:48 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

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

Comments:

My name is Jennifer Noelani Ahia and I strongly support SB900 Relating to Maternal Health. The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

SB-900

Submitted on: 2/7/2021 8:57:07 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Kau'i Losalio	Individual	Support	No

Comments:

My name is Kau'i Young and I strongly support SB900 Relating to Maternal Health. The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

SB-900

Submitted on: 2/7/2021 9:25:23 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Ritti	Individual	Support	No

Comments:

I am writing in support of Senate Bill 900 on Maternal Health Equity.

Nationally, studies have recognized that women and birthing people in the US face disparate health outcomes. Hawaii faces its own health disparities based on race, ethnicity, and income. In fact, Hawaii has earned a national rating of a D+ in this area. This is unacceptable.

SB 900 offers Hawaii the opportunity to collect data on maternal health outcomes and disaggregate it so that we can ensure we are able to address inequities across racial, ethnic and class lines. It's necessary that this is done at the state level, as it's improper to rely on any industry to regulate itself and this will ensure we have greater transparency for the public, and that this issue is addressed with the urgency it deserves.

It will also require that health professionals who work with birthing women and people to be trained in implicit bias so they can have the tools to adequately serve a diverse population. The health industry as a whole does not currently reflect the population of Hawaii. We especially do not have adequate representation of our most marginalized community members across the field, our various Pacific Islander communities in particular. Implicit bias training will empower professionals in the health field who are working with birthing people to adequately meet their clients needs and to achieve better outcomes for all women and birthing people.

Integral to this bill, is the community member input that will be part of the task force on maternal health. Community member input is an effective way to incorporate voices from our marginalized community members who are not widely represented in the health field. Giving space for these voices and perspectives will be essential in making improvements that will save women and birthing people's lives and improve their health outcomes.

The US trails other countries in maternal health outcomes. It is high time that we take the necessary steps to address where our healthcare system is failing our mothers and birthing people and make improvements. This bill will help Hawai'i to set a solid foundation towards making change and achieving maternal equity.

Please support SB 900.

Thank you for your time,

Catherine Ritti

SB-900

Submitted on: 2/7/2021 9:32:15 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
yvonne mahelona	Individual	Support	No

Comments:

Aloha mai kakou o wau o Yvonne Mahelona. No Nanakuli mai au noho au ma kamo'ili'ili. I am a birthworker, midwifery student, a community organizer and a kia'i, otherwise known as a defender of all that is sacred. I am in support of senate bill 900 because whatever is currently being done to combat the deaths, racial biases and disregard of mamas and birthing people of color currently is not enough. I am torn about how i want to spend my time testifying because i could get passionate, but i know that'll paint me as the young angry hawaiian to you our senators, the stakeholders and medical health professionals. I could be timid and share why i believe birthing people of color deserve more, mahalo you folks for hearing me today, for listening to what I have to say about the communities i serve which I am also apart of and then just believe and hope and dream that these stakeholders and healthcare professionals will actually take our demands into consideration and will cross my fingers that all of yall together are going to do more than pay the debt of lip service to our communities.

First of all, these spaces are elitist and reserved for a privileged few over the majority. These spaces are not made for the working mothers and birthing people whom i'll mention also births the next generations working class and constituents of this very legislature. They cannot make time to hop on another zoom aside from their work and kids class zoom times, to only be disregarded because they don't use the language these elite spaces require. I am not one to speak that elitist language so please humor me by actually listening to my concern and maybe take into consideration that community voices are imperative to your job, not just the voices of healthcare professionals and stakeholders.

Whatever alliances and work is being done currently is not enough. More needs to be done. And, as birthworkers of color as your constituents and members of the community these healthcare professionals and stakeholders claim to care for, we're saying this is where you start and it's the least that can be done. It is 2021 and the white supremacy and racism that runs rampant through all thses systems is no longer undeniable. As much as Hawai'i is a melting pot and the aloha state,

Black, Native Hawaiian, Micronesian and other Pacific Islanders experiences in the birthing room and perinatal care, are much more different and treacherous than our Asian American counterparts. Implicit bias training as well as disaggregating data by race for public knowledge was required many yesterdays ago. And including community on maternal health equity task forces is long overdue. The very least those who say they serve and care for mothers and birthing people in Hawai'i can do is attend implicit bias training. There are professionals and stakeholders who i've seen speak over and silence women and birthworkers of color who are trying to hold these systems accountable. That shows me everything I need to know about what serving community looks like for them. Pushing numbers and paperwork.

I am upset because the reality is, our preterm labor + maternal morbidity rates are depressing. Our current grade, which I am sure doesn't paint the actual reality because data isn't disaggregated for pacific islanders, has stayed at a solid D. A D+ as of last year. Preterm birth rates have not improved within the past few years, and thats especially so for Black and Native Hawaiian birthing people. The mamas and birthing people i serve and even those in my own ohana don't feel comfortable interacting with healthcare providers, not even community organizations like the one that employs me and the ones that are "currently addressing maternal health" in Hawai'i. They do not feel supported because they do not feel seen. There is no cultural safety or respect, they deal with more racial bias from the people who are "caring" for them. Birthing is sacred. It is where sacredness, safety and sovereignty for a life should start. It should be something that is looked forward to for everyone. However in communities like mine we are more afraid of having to interact with these elite academic doctors and stakeholders than doing what they must do to advocate for a safe birth, like having regular prenatal care. There is work being done now, but it is high time that they start getting more viscous about protecting Native Hawaiian, Black and Pacific islander mothers and birthing people. You'll learn so much about what the people who arent affluent or in these elitist spaces need when you give them space to share their experiences. There needs to be more investment in community, their cultures and requiring cultural safety from those who serve them. Implicit bias training, including them at the table and collecting more accurate data is a good starting point and also the bare minimum.

SB-900

Submitted on: 2/7/2021 9:37:33 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Maddalynn Seseapasara	Individual	Support	No

Comments:

I am in support of HB900. As a member of the Sexual and Gender Minority Workgroup, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face. Mahalo

SB-900

Submitted on: 2/7/2021 10:02:22 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marie Antonette Ramos	Individual	Support	No

Comments:

Aloha,

My name is Marie Ramos and I am writing to express my support for SB900 Relating to Maternal Health. The current bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists. They are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to *why* this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

Sincerely,

Marie Ramos

SB-900

Submitted on: 2/8/2021 8:49:52 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wallace Engberg	Individual	Support	No

Comments:

As a member of the Sexual and Gender Minority Workgroup, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face.

SB-900

Submitted on: 2/8/2021 9:40:08 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Riana Stellburg	Individual	Support	No

Comments:

My name is Riana Stellburg and I strongly support SB900 Relating to Maternal Health. The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

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SB-900

Submitted on: 2/8/2021 10:04:13 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor Campbell	Individual	Support	No

Comments:

My name is Taylor Campbell and I strongly support SB900 Relating to Maternal Health.

It is, unfortunately, unsurprising that the main opposition to this bill comes from privileged healthcare professionals and stakeholders who prioritize their funding pursuits above the life of the maternal majority.

The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

SB-900

Submitted on: 2/8/2021 11:37:52 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alani Bagcal	Individual	Support	No

Comments:

Senate Committee on Human Services and Senate Committee on Health:

Aloha, my name is Alani Bagcal and I am writing today in strong support of SB900. Black and Indigenous women die in childbirth at an alarming rate, more than 5 times than their white counterparts. This is a racial injustice issue and needs to be addressed at the federal level and in the state of Hawai'i immediately as there are lives, and families at stake.

I believe implicit bias training is very necessary, along with a task force dedicated to improve care within the BIPOC community. BIPOC mothers and families deserve to be seen, heard and cared for, and Hawai'i can do so with this bill in its efforts to collect maternal morbidity data and understand how we can do better.

Thank you for the opportunity to testify in strong support of SB900.

Alani Bagcal

alani.bagcal@ppvnh.org

96815

SB-900

Submitted on: 2/8/2021 11:39:55 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mykie E. Menor Ozoa-Aglugub	Individual	Support	No

Comments:

My name is Mykie E. Menor Ozoa-Aglugub and I **strongly** support SB900 Relating to Maternal Health. The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

It is - at best - inappropriate and unacceptable for existing bodies to say that they are already doing the work required by this bill, when Hawaii has consistently received failing grades on our "birth report cards" from independent auditors like the March of Dimes. If existing entities are already doing this work, it should not be an issue that the work is mandated and guaranteed by state legislation.

Thank you for your time and consideration. I am hopeful that you will do what is right for mothers and birthing people of color, despite objections from the people who have been

in power while mothers, babies, and birthing people of color have died, largely because of subconscious discrimination and implicit bias.

Sincerely,

Mykie E. Menor Ozoa-Aglugub, J.D.

SB-900

Submitted on: 2/8/2021 11:40:04 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

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

Comments:

As a mother and a Certified Professional Midwife, ensuring maternal and infant health is extremely important to me. Collecting data on maternal health, understanding the picture for families in Hawaii, establishing a task force to make recommendations to improve health for families in Hawaii, and getting health care providers to understand how they can reduce implicit bias and improve outcomes for Hawaii's families are all steps in the right direction. I believe this bill will go a long way to addressing health disparities in Hawaii, and I can not imagine why anyone would oppose this bill. **I support SB 900.**

Thank you for your time,

Sky Connelly CPM

SB-900

Submitted on: 2/8/2021 11:48:42 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Individual	Support	No

Comments:

TO: Senator Buenaventura, Chair and Committee Members of the Senate Human Services Committee

Senator Jarrett Keohokaloke, Chair and Committee Members of the Senate Health Committee

FROM: Patricia L. Bilyk, RN, MPH, MSN

RE: SB 900. Maternal Health

Day: February 9, 2021 3pm

Good Afternoon. I am Patricia Bilyk, an Advance Practice Nurse specializing in Maternal Infant Health. I've practiced in the State of Hawaii for more than 49 years in community health settings, and at the major birthing hospitals Queens, Kaiser and Kapiolani.

I Strongly Support SB 900.

I feel it is extremely important for our State to collect and report data identifying specific maternal morbidity and mortality by County, Race and Ethnicity. This data would be extremely valuable to health professionals, like myself, in determining further clinical interventions to assist the more at risk populations in our State, specifically Black, Native Hawaiian, and Other Asian and Pacific Islander Women.

I also support that the Commission on the Status of Women and Department of Human Services provide training on "Implicit Bias in Community and Health Care Settings" and ways to correct it in our State.

I strongly encourage this Committee to affirmatively pass this Bill out of Committee.

Thank you.

SB-900

Submitted on: 2/8/2021 11:48:48 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pennie Bumrungsiri	Individual	Support	No

Comments:

I am a licensed midwife and have been supporting birthing families since 2012. I understand the dangers in the state not collecting maternal morbidity data as well as having maternal mortality data not properly separated by race and ethnicity. Although there is great strength in the diversity of our communities in Hawai'i, there are many disparities in healthcare. Aggregated data can mask patterns that have the potential to reveal deprivations and inequalities in maternal mortality and morbidity. It is our duty to work harder in order to save the lives and livelihoods of all birthing families, but in particular, noting the implicit bias and inequitable treatment in healthcare for Black, Native Hawaiian or other Pacific Islanders. SB900/HB698 Maternal Health Equity Bill will establish a Maternal Disparity and Health Equity Task Force that will allow us to work stronger together in protecting our birthing families while improving health outcomes for communities of color affected the most.

SB-900

Submitted on: 2/8/2021 11:50:35 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kelsey Amos	Individual	Support	No

Comments:

Maternal morbidity and its higher rate for mothers of color is an ongoing tragedy. This bill takes important initial steps to fix this problem. Please support.

SB-900

Submitted on: 2/8/2021 12:14:01 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lindsey Co	Individual	Support	No

Comments:

My name is Lindsey Co and I strongly support SB900 Relating to Maternal Health. People of color who give birth are disproportionately more likely to have their needs and concerns ignored throughout the whole process of pregnancy.

The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.

SB-900

Submitted on: 2/8/2021 1:38:33 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Monica Stone	Individual	Support	No

Comments:

Aloha and mahalo for receiving my testimony. I am in SUPPORT of SB900 because it takes the first steps in addressing discrepancies in maternal health due to racism, sexism, ableism, classism, etc which are not just. Maternal health is the foundation of human life and all birthing persons deserve equitable treatment. Mahalo.

SB-900

Submitted on: 2/8/2021 1:46:13 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair and members,

Collection of good data with respect to maternal health is of great importance. Good policy making and the lives of women and their babies depends upon it. Breaking down the data into better ethnic categories will aid in seeing patterns within ethnic communities, essential for making good decisions with respect to maternal healthcare.

Please pass.

SB-900

Submitted on: 2/8/2021 1:47:03 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Michal Hamid	Individual	Support	No

Comments:

Committee on Human Services

Senator Joy A. San Buenaventura, Chair

Senator Les Ihara, Jr., Vice Chair

Committee on Health

Senator Jarett Keohokalole, Chair

Senator Rosalyn Baker, Vice Chair

Aloha, my name is Sarah Michal Hamid and I testify today in strong support of SB 900, otherwise known as the Maternal Health Equity Bill. SB900 will improve research and data collection of maternal mortality and morbidity by disaggregating data for race/ethnicity in order to understand where gaps exist, combat maternal mortality and morbidity and improve overall maternal health for the communities of color most affected. Currently, maternal morbidity isn't tracked or collected in the state of Hawai'i which makes addressing maternal morbidity in our communities that much more difficult. Maternal mortality is collected but it doesn't give an accurate picture of what is happening specifically to Black, Native Hawaiian, Samoan, Micronesian and other Pacific Islander groups. As a state we have one of the worst health ratings in the area of maternal health, this is a crisis and it needs to stop.

As a young woman of color who would like to be a mother one day, I fear that the hospitals and the health system more broadly in Hawai'i fail us too often to feel comfortable going into a facility to give birth. Many people echo these same sentiments, especially during the COVID-19 pandemic where mothers and birthing people were forced to labor alone, with masks on, without their partners etc. These systemic issues facing mothers and birthing people have only become more exacerbated by the pandemic, especially in Black, Native Hawaiian, Micronesian, Sāmoan, and other communities of color.

It is urgent that we address maternal health equity head on and with the inclusion of community members, not just healthcare stakeholders. The exclusion of community

members from public health matters has lead to the current crisis that we see today where emphasis is not placed on involving the actual community. We need our communities to be included in all processes and taskforces where our own lives are the ones at stake, especially when their voices are the only data points we have. This element of addressing maternal health equity is key, and community involvement cannot be divorced from the pressing issue at hand. For these reasons, I strongly support SB 900 and urge you to as well.

Mahalo for your time and consideration on this very urgent issue.

Sincerely,

Sarah Michal Hamid

February 8, 2021

To: Hawaii State Senate Committee on Human Services, and Health

Date: Tuesday, Feb. 9, 2021, 3:00 p.m., Room 225

Re: Testimony in strong support of SB 900 relating to Maternal Health

Dear Chair and Members of the Committees:

I am a Family Nurse Practitioner writing in strong support of SB 900. The bill requires the department of human services to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity. Establishes a maternal disparity and health equity task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color. Requires the task force to submit an initial report to the legislature no later than 6/30/2022 and an annual report prior to each regular session. Requires the department of human services to develop and the Hawaii state commission on the status of women to administer implicit bias training for health care professionals in perinatal facilities.

I have spent the last 20 years looking at maternal child health issues in Hawaii through many different unique lenses working at Healthy Mothers Healthy Babies; as a project coordinator, as an interim executive director, as a nurse midwife student, as a Board President and now as a Family Nurse Practitioner. Hawaii has made great strides at improving maternal child health, but we still have more to do. Hawaii, consecutively for many years, has earned a disappointing D+ or lower on its maternal child health card from the March of Dimes. The time to do better is now as SB 900 aligns itself with efforts on the national level with the Black Maternal Health Momnibus Act of 2021.

Hawaii currently collects data on incidents of severe maternal morbidity, but the data is not disaggregated by race or ethnic background, making it difficult for the State to assess and meet the specific needs of women who are Black, Native Hawaiian, Samoan, and other women of color. We continue to see changes in the overall health of the population of women giving birth. Some of these changes may be the result of increasing pre-existing chronic medical conditions that are causing women to have increased medical costs and longer hospital stays during the time of delivery and beyond. SB 900 is important because it will improve Hawaii's ability to collect adequate and disaggregated data, that will help Hawaii create tailored health care policies and culturally appropriate preventative care programs.

SB 900 is timely as it makes an effort to build on existing legislation, and complement existing data collection efforts to comprehensively address every dimension of the maternal health care system in Hawaii. Collecting maternal morbidity data will allow Hawaii to:

1. Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.
2. Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.

3. Comprehensively study the unique maternal health risks facing pregnant and postpartum women and support maternity care coordination programs.
4. Grow and diversify the perinatal workforce to ensure that every mom in Hawaii receives culturally congruent maternity care and support.
5. Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in Hawaii and inform solutions to address it.

Thank you for the opportunity to testify.

Kari Wheeling
Family Nurse Practitioner- BC

SB-900

Submitted on: 2/8/2021 2:24:58 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Smith-Johnson	Individual	Support	No

Comments:

To: Senator Buenaventura, Chair, Human Services Committee

Senator Keohokaloe, Chair, Health Committee

From: Tanya Smith-Johnson, MS, CPM

Hearing : Tuesday , February 9, 2021 3pm

Via Videoconference/Conference Room 225

RE: SB900 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Buenaventura, Chair Keohokaloe and esteemed committee members. My name is Tanya Smith-Johnson. I am writing in strong support of SB900 Hawaii Mothers Matter Maternal Health Equity Bill. I am a midwife, midwifery educator and core faculty at 2 midwifery institutions, Navy veteran and reproductive health advocate. I am the policy director at Healthy Mothers Healthy Babies Coalition of Hawaii. I work on the national level as the Director of Outreach, Advocacy and Education for the Big Push for Midwives. I am a Co-Founder and the Vice President of the Birth Future Foundation. I am a part of the Global Perinatal Task Force on Quality Perinatal Care During COVID19, a collaborative effort by people from all over the globe, coming together to figure out what we do in this moment, particularly for Black, Native, Indigenous women of color. As you see, I wear many hats and this work is what I live and breathe. But most importantly, I am a mother of 6 and a Black woman. No matter how many degrees I have, no matter the titles I hold and no matter the amount of access to maternal care I have, I am still 3-4x more likely to die or have a complication than white women. No amount

of education or access keeps me safe when implicit bias and racism are the cause. In the richest and most resourceful nation in the world, that spends the amount of money we do on maternal health, we should have better outcomes and the best maternal health care.

The CDC reports that severe maternal morbidity or life threatening complications related to pregnancy, affects 50,000 women a year. Black, Native and Indigenous women have 3-4x the morbidity rate of their white peers , but for every 1 mortality there are 100 morbidities. In Hawaii, Black women only make up 3% of the population, yet account for the most preterm births and premature babies out of any group in Hawaii. In fact, in Hawaii, the preterm birth rate for Black women is 24% higher than any other group. Native Hawaiian women have parallel birth outcomes, but more data is needed... better data is needed on other Pacific Islander communities.

We don't know the scale of maternal morbidity by race/ethnicity that is specific to communities in Hawaii because we don't collect it. Black women and their babies are experiencing the same birth outcomes that we hear about on the mainland. Hawaii isn't the exception. The huge disparities here in Hawaii requires better data collection that is disaggregated by race and ethnicity so we can get the full picture of what is happening to and within the communities of Hawaii. We just began collecting mortality data but it is just the tip of the iceberg. Black, Native Hawaiian, Micronesian and Filipinx birthing people have the worst maternal health disparities. Disparities are significant and require our immediate attention. The March of Dimes 2020 report gives Hawaii a failing grade of a D+. We must begin to realize these disparities by starting to listen to the community . We must begin to listen to the community and what they are saying their needs are. Community must be part of the conversation about their care and lives. We can't keep doing the same things we have always done with the same actors, people that live and work in the same circles and who tell us that they are doing, it is already being done and there is no need. This is how we got in this position in the first place. We can't expect different results with the same people at the table. We have been failing for decades now and we are still failing. We are still talking about it. So when people say this is duplicative or its already being done, I ask "why are we still failing then? When will there be different results and outcomes? How much longer will we tell Black and Native Hawaiian people to wait? How many preterm births will it take before there is some urgency? How many Black babies have to die before it is worth stopping everything to fix it? Black women are experiencing the same birth disparities, suffering from the same implicit bias and racism, that we hear about on the mainland. National legislation was just introduced to take a look at these issues on a national scale. SB900 is right in line with national

efforts. Hawaii could finally be in the lead or at least aligned with the rest of the country.

When Black mothers are 24% more likely to have preterm birth, we have to think about what we are doing. When Native Hawaiian women and their babies experience excessive preterm birth, when will too many be too much? When will we feel a sense of urgency and immediacy? We must break down power dynamics and structures that have gotten us in this position we are in and we must elevate the lived experiences and concerns of the communities experiencing the most disparities in order to begin to deliver equitable care. I urge you to pass SB900 so we can center the communities that go unseen, unheard and lost in the margins. We can do better in Hawaii. We must! Pass SB 900. Thank you for your time.

Tanya Smith-Johnson, MS, CPM

tanyasj@hmhb-hawaii.org

SB-900

Submitted on: 2/8/2021 2:31:18 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anamalia Su'esu'e	Individual	Support	No

Comments:

As a Samoan mother in Hawai'i, I support SB900. The state's current understanding of Pacific Islander mothers and our experiences with maternal healthcare is in great need of assistance. SB900 offers clear and effective steps in supporting Hawai'i's most vulnerable mothers, namely by involving our community throughout maternal healthcare processes. With this representation, our concerns with and desires for maternal healthcare may be adequately addressed. Currently, I feel wary of having another child partly due to how my healthcare will be managed. How holistic will it be? Will it be mostly informed by stereotypes or other biases? Will there be room for my concerns to be addressed? It is disappointing to say the least that these are factors I must consider if I want to continue my family, but this can be changed. SB900 can grant mothers in Hawai'i the support and peace of mind that is critical in maternal healthcare. For myself, I would feel much safer with SB900 in place.

February 8, 2021

To: Senator San Buenaventura, Chair
Senator Ihara, Vice Chair
Senate Committee on Human Services

Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

Date: 3:00PM, February 9, 2021

Re: Testimony in Strong Support of Senate Bill 900

Dear Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker and committee members,

Thank you for the opportunity to testify in **strong support of Senate Bill 900**, which aims to address the maternal health crisis, face the racial disparities in maternal health outcomes, with policy solutions to intentionally focus on black and indigenous mothers of color.

We know that these health disparities cannot be attributed only to social determinants such as social status or access to health care. The Commission on the Status of Women and Healthy Mothers Healthy Babies' qualitative research highlighted personal stories of pregnant women and their experiences during their care resulted in many poor maternal health outcomes. We learn daily in our new parent support groups, education classes, mental health support programs that implicit bias has severe negative repercussions on women's' health and plays a huge part in exacerbating existing disparities in healthcare. Boots on the ground, women are coming to us daily with personal stories that brings to light the urgency of this matter; women come to us with near death experiences, scared and traumatized, telling us that they are not receiving the care that they deserve. We need implicit bias training for anyone who interacts with pregnant and birthing people.

SB 900 asks for a comprehensive response; an all hands-on-deck approach to bring together state agencies, hospitals and community. COVID-19 further exacerbated inequities that exist here; solving complex data issues requires all parties to contribute. The task force will be able to work to make recommendations on the best way our state can collect data- we cannot keep lumping significant racial data that would have repercussions to how the community responds to needs and fill gaps.

Accurate data will help drive our collective work together to improve maternal outcomes; it will tell us specifically where to stretch our dollars for maternal health in our state. Currently our community organizations are struggling while trying to help our mothers and families- we need information to help us focus our efforts- whether that may be social supports in nutrition,

housing, transportation or education in childbirth, birth/support, mothers who are incarcerated or in all of these areas. We have an opportunity to come together and truly move the needle in addressing the maternal health crisis and the community stands ready to help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sunny Chen', written in a cursive style.

Sunny Chen

SB-900

Submitted on: 2/8/2021 2:48:00 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
December Gross	Individual	Support	No

Comments:

To: Senator Buenaventura, Chair, Human Services Committee

Senator Keohokaloe, Chair, Health Committee

From : DECEMBER GROSS

Hearing: Tuesday , February 9, 2021 3pm

Via Video conference/Conference Room 225

RE: SB900 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Buenaventura , Chair Keohokaloe and esteemed members of the committees. My name is December Gross and I am writing in strong support of SB900. When I first became pregnant with my oldest child , I never dreamt that anything could possibly go wrong. Such a beautiful and momentous occasion and being given the gift of life just seems like it should be smooth sailing. I was fortunate enough to have very easy pregnancies. The third time around was no different, we packed up the car and went to deliver the final member of our tribe. Just a few days after being released from the hospital with a perfectly healthy baby boy and quickly recovering from what felt like my easiest birthing process thus far, I started to feel ill. A horrible headache that persisted , blurry vision and malaise. Internally, I panicked. Thoughts raced through my mind. Morbid and terrifying thoughts. Externally, I nursed our son ands knew I could not leave my babies or my husband-my instincts pushed me to make a phone call, which saved my life. I was able to get the proper verbiage and knew exactly what to say when I arrived to the hospital. Grateful eternally yet uncomfortable that I had to very specifically phrase what was going on in order to be seen expeditiously. My blood pressure was 160/110 when I arrived and had I not been rushed back and started receiving treatment- the outcome would have been much worse.

Many times its expected that we should ignore micro-aggressions since they aren't blatant displays of racism and yet they affect us just the same. It is difficult to express your pain or discomfort when people do not even see you to begin

with. I'm grateful to have advocacy and loved ones who help to amplify my voice. Many Black women do not. The mere fact that I was even able to assess my situation was because I auspiciously came across a social media page dedicated to Mothers, Black Mothers to be precise. My interest was piqued, but I was horrified. It is important that bills such as this get passed in an effort to bring not only more awareness, but more action.

Overlooked and undervalued-because how can you feel our pain if you don't even see us? Black women are 3 to 4 times more likely to die giving birth than white women. We aren't magically wired differently, we don't have any egregious things that make us more prone to maternal mortality. We are simply disregarded, tossed to the side and told to go back home and rest. It's medical negligence. These deaths are not limited to labor, lack of postpartum care or resources cause just as many deaths. It is directly related to the warning signs that were missed or discounted and then ultimately, they fall by the wayside. As a nation, we are failing. We've got to start with listening to Black Women about the said experiences of Black Women and not negating them when you cannot relate. What's just as frightening as the rates, is the temerity of folks who don't experience something, denying that's it's even occurring. It is important that bills such as this get passed in an effort to bring not only more awareness, but more action. This bill will be the gateway to addressing our needs; it is a much needed jumpstart.

Thank you for the opportunity to testify in support of this bill.

December Gross

SB-900

Submitted on: 2/8/2021 4:22:57 PM

Testimony for HMS on 2/9/2021 3:00:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Balgos	Individual	Support	No

Comments:

Testimony in Support of SB 900 - Relating to Maternal Health

To ignore this measure would be to deny the existence of medical racism and refuse the community a seat at the decision-making table when the decisions being made are about their health, their bodies, and the health of their loved ones. I would hope that this committee sees the value of prioritizing the community and actually listening to their needs. Considering the fact that Hawaii has a mere D+ when it comes to maternal health, this is an essential bill that serves as a much-needed entry point toward actual justice for Black, Indigenous, and immigrant mothers and birthing people of color in our community. It is unacceptable and shameful that despite making up only 3% of the population, Black women have a recorded pre-term birth rate that is 24% higher than the rate among all other women. Surely, the implicit bias training featured in this measure would improve the health outcomes of mothers and birthing people of color throughout the state.

Thank you for the opportunity to testify in strong support for this bill.

Alexandra Balgos

LATE

SB-900

Submitted on: 2/8/2021 8:18:26 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona	Individual	Support	No

Comments:

Aloha Senators,

I am writing in strong support of SB900, the Hawai'i Mothers Matter Maternal Health Equity Bill.

Please support this important bill.

Mahalo,

Kaliko Amona

LATE

SB-900

Submitted on: 2/8/2021 9:31:45 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaleigh DeSimone	Individual	Support	No

Comments:

Aloha,

I am writing in support of SB 900. Racial and ethnic disparities in pregnancy-related deaths continue to devastate some of our most vulnerable communities. At minimum we can begin to assess how such disparities impact our diverse communities here in Hawai'i. Without proper assessment, we cannot truly understand and address the needs of our healthcare system and providers. SB 900 is a start on the path to making hospitals safe for everyone, not just those with light skin.

Please pass SB 900!

Kaleigh DeSimone

LATE

SB-900

Submitted on: 2/8/2021 9:34:54 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tamera Heine	Individual	Support	No

Comments:

I support this SB900 because Hawaii's mothers deserve better, especially our Black, Native Hawaiian, Micronesian, Samoan and other mothers of color.

SB-900

Submitted on: 2/9/2021 8:48:13 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nanea Lo	Individual	Support	No

Comments:

Hello,

My name is Nanea Lo and I'm full support of SB900. I believe that the established of maternal disparity and health equity task force, bias training, and collecting maternal morbidity data is necessity especially given the current times where women, their bodies, babies, and their bodies need to be uplifted and support.

Please support this bill too.

me ke aloha 'Ä• ina,

Nanea Lo

LATE

SB-900

Submitted on: 2/9/2021 9:06:25 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Monique DeSimone	Individual	Support	No

Comments:

SB900 is a critical measure to ensure that there is accountability with the lives and maternal outcomes of women of color. To state that implicit bias training, data and reporting collection, and a task force are unnecessary or redundant, is to minimize the lived experiences and deaths of women of color at the hands of medical racism. The birth workers of color who author this bill are at the frontlines, witnessing these outcomes in the community on the daily. They are the ones who are servicing the women who are too scared to birth at the hospital, because they know they won't be listened to when they say they are in pain or that their experiences won't be validated by healthcare workers. If they are lucky enough to survive in the hospital, they simply walk away with a traumatic experience and still have their lives. Others have not been so lucky.

The Department of Human Services has a duty to serve the community, and to acknowledge the role that systemic racism has on the lives of birthing people of color. Failure to pass this bill would be a signal to the community that their blood is on your hands, and you have chosen to do nothing. I sincerely hope that you listen to the women of color who are calling to course correct this path, and approve SB900.

Sincerely,

Monique DeSimone

LATE

SB-900

Submitted on: 2/9/2021 12:55:44 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Robinson	Testifying for Hawaii Pacific Health	Comments	No

Comments:

Support intent and providing comments.

LATE

Testimony for SB900

Aloha Committee on Human Services & Committee on Health,

My name is Racquel Raneses. I am a resident of Mililani, Oahu. I am writing to provide support of SB900. SB900 was introduced to improve the maternal health and wellbeing of our mothers, sisters, cousins, aunts, children and our overall community. As a social work student at UH Mānoa, I've had the privilege of working within healthcare settings as well as community health settings. Mothers and their families deserve to be treated with dignity, respect and right to access maternal health services free from stigma and bias. I've worked with expectant mothers who were reluctant of the current healthcare systems due to mistrust and poor treatment. Most clients preferred to seek out community-based doulas and non-traditional maternal support services.

Though I am not a mother myself, I plan to become a mother in the near future. I've heard the horror stories of sisters and friends who have given birth in Hawaii. The healthcare system failed my mother. My mother, a Filipino woman, experienced mistreatment by nurses and doctors during the delivery of my 2 older siblings which ultimately led her to do a home birth with me. During the home birth, my mom had a doula or midwife present during the delivery who was equipped to support and provide general care.

The US has the highest rates of maternal and infant mortality rates and survival rates of women of color and infants are even more dismal. Disparities in maternal and infant mortality are rooted in racism. Systemic racism in the health care system result in poorer quality care for women of color compared to white women. This means healthcare providers and professionals fail to treat patients with the dignity and respect they deserve which also takes place during a pivotal time of the developmental periods and weathering of overall health status. Thus, a need for better reporting and collection of disaggregated data, implementation of a maternal health equity and disparities task force and implicit bias training for providers. We must support our mothers, infants, families and communities. SB900 does exactly that!

Mahalo Committee on Human Services & Committee on Health for your time and consideration.

Mahalo nui,
Racquel Raneses

LATE

SB-900

Submitted on: 2/9/2021 3:55:03 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacquelyn Ingram	Individual	Support	No

Comments:

I support this bill, SB900, as it is as imperative for Hawaii as everywhere. Being specific with collecting data, including keeping track of maternal morbidity not just mortality matters, health care providers need anti racism training, and a taskforce of the community for the community is key, so that we can see where real gaps in care exist, and what can be done to improve outcomes and diminish disparities from pregnancy and beyond.

We must care about our mothers just as we do the land and sea. As midwife Katsi Cook (Mohawk nation elder) taught us, "the womb is our first enviroment."

Jacquelyn Ingram, mother, midwife, maternal child health advocate

LATE

SB-900

Submitted on: 2/9/2021 4:25:31 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ariel L. Ani-Anguy	Individual	Support	No

Comments:

My name is Ariel Ani- Anguay and I support SB900 Relating to Maternal Health. The current implicit bias training of healthcare providers and method of tracking maternal mortality data in Hawaii is insufficient to protect the rights and lives of the most vulnerable members of the community who give birth. People of color who give birth in Hawaii are significantly more likely than their white peers to suffer complications, misdiagnoses, and even death. A major cause of this disparity is implicit racial bias by healthcare providers. The birthworkers of color who created this bill are asking for better training than what currently exists, and they are the best judges of the impact of medical racism in Hawaii as they experience it both personally and professionally. I strongly urge the legislature to listen to the feedback being offered by the community, by requiring that said community have a place at the table along with healthcare professionals and stakeholders that are supposed to serve these communities.

Maternal mortality data is not presently disaggregated in a way that shines a light on the most vulnerable members of the community, and this must also change. It is not enough to simply know that there are gaps in the ways people of different races are treated when they receive natal healthcare. The community is asking for more transparency as to why this happens, and more nuanced implicit bias training coupled with more nuanced data tracking is a clear pathway to a better medical system for everyone. I support this bill because I believe that no person who gives birth should have to worry about whether or not they will be taken seriously and listened to on the basis of the color of their skin. We need new ways to disaggregate data because a problem is easier to solve with more information, not less. We need new ways to talk about how medical racism harms some more than most, and the first step in doing so is acknowledging the concerns of those who are harmed most.