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**STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Commerce and Consumer Protection  
Tuesday, February 22, 2022  
10:00 a.m.  
Via Videoconference**

**On the following measure:  
S.B. 2661, S. D. 1, RELATING TO MIDWIVES**

Chair Baker and Members of the Committee:

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

The purpose of this bill is to exempt establishes the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019.

The Department recognizes the inherent difficulty in establishing regulatory standards for the practice of midwifery in the context of a diverse profession that draws from many disciplines and cultural practices. As such, the Department is open to continuing its dialogue with stakeholders to investigate: (1) the accessibility of credentialing compliant with Act 32, Session Laws of Hawaii 2019, to midwives in the State; (2) the number of applicants who would qualify or apply for the exemption

Testimony of DCCA  
S.B. 2661, S. D. 1  
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proposed by Senate Bill No. 2661, Regular Session of 2022, as introduced; and (3) how the exemption proposed by Senate Bill No. 2661 would be enforced by the department of commerce and consumer affairs, Hawaii Home Birth Collective LLC, or other enforcing entity.

Thank you for the opportunity to testify on this bill.

February 20, 2022

SB 2261 SD1

RELATING TO MIDWIVES.

Establishes the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019. (SD1)

Testimony of Traditional Midwife Clare Loprinzi

Aloha Senators of HTH/CPN committees,

My name is Clare Loprinzi, I come from a long line of Black and Indigenous Traditional Midwives. I was born from Felipe Lo prissi , Beth Dinneen, Felipe was born from Rosa Formosa and Pasquale Lo prissi, who was born from Rosa Scalleta and Salvarore Formosa and Antonina Mannina and Narcaso Lo prissi. I am blessed to be able to trace my lineage as a Black and Indigenous Traditional Midwife back several generations, unlike many other BIWOC. This is my 50<sup>th</sup> year of working as a Traditional Indigenous Midwife, was taught by many Black and Indigenous midwives our ways of teaching. I have never used legend drugs or machines or practice medicine but rather continue to carry the same knowledge and skills as my ancestors had. I (we, since there are many who are also Hawaiians learning from me) are part MammaPrimitiva. MammaPrimitiva Traditional Community Birth Worker Council continues to carry this long line of knowledge and exercise our self-determination to protect our rites/rights.

We support a home birth task force under the Hawaii state commission on the status of women. We ask for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that “current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1) We want to remain legal and be able to work in our communities which have a great need for us.

Mahalo for your time.

Me ka haahaa,

A handwritten signature in black ink that reads "Clare Loprinzi". The signature is written in a cursive, flowing style.

Clare lo prissi Traditional Midwife, MCH



Hawaii Homebirth Collective  
1188 Bishop Street Suite 1509  
Honolulu, HI 96813

## Testimony of the Hawaii Home Birth Collective

Before the Senate Committee on Commerce and Consumer Protection

Tuesday February 22, 2022 10:00 a.m.

State Capitol, Via Video Conference SB 2661 SD1, Relating to Midwives

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

My name is Kristie Duarte, and I am the President of the Hawai'i Home Birth Collective (HiHBC). HiHBC appreciates the intent of and is in strong support of this bill in regards to the task force. HiHBC was very involved in the previous Homebirth Task Force instituted by 2019 Act 32, and I served as the Chair of the Task Force.

Regardless of how one may feel about either side of this issue, it is clear we need more dialogue so HiHBC is looking forward to having more discussion with the major stakeholders so we can propose legislation that everyone can support in the 2023 Legislative Session.

If 2019 Act 32 is not amended, this will be the last year before Traditional Midwives and their cultural practices become illegal. This would be highly detrimental - even dangerous - to the homebirth community, especially on rural areas of neighbor islands, who have depended on these same Traditional Midwives for decades. Traditional Midwives are trained, competent, invaluable, and improve quality of care and access to health care. We must continue to uplift and not criminalize culturally appropriate care for the communities. Several states who have implemented Midwife Licensing have provided exemptions for Traditional Midwives, like Utah, Minnesota, and Oregon.

Hawaii Home Birth Collective data on registered Traditional Midwives shows no maternal or infant deaths in the 5 years that data has been collected. **In the most recent two years of this data, HiHBC traditional midwives have had no infant transfers, therefore there has been no abnormal conditions of the newborn, no assisted ventilation necessary and no NICU admission.** If anyone is presenting data about homebirth transfers and bad outcomes, those are not Traditional Midwives who attended those births. Unfortunately the Department of Health data does not specify what type of midwife is present, which is one of the things we would like to collaborate with them to fix in future task force meetings. In reference to the journal study, we stand by our numbers and the excellent care of our Traditional Midwives. We would like to discuss this study further with ACOG and others in the task force meetings.

Thank you for acknowledging the importance of access to Traditional Midwives in our islands. We appreciate you initiating an opportunity for all major stakeholders to work together to create a pathway for Traditional Midwives, the diversity of all our cultural practices and the community it serves in our islands.

Respectfully,

Kristie Duarte  
President  
Hawaii Home Birth Collective

**SB-2661-SD-1**

Submitted on: 2/20/2022 12:11:10 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
pahnelopi mckenzie	Individual	Support	No

Comments:

Senate Committee members of Commerce and Consumer Protection

Senator Rosalyn H Baker, Chair

Senator Stanley Chang, Vice Chair

I write today in gratitude that SB 2661 continues to move forward in this legislative season. **I strongly support SB 2661** and have questions and comments about proposed SD1 that has been added to bill. SB 2661 is essential to the growing health of pregnant people, their children, and autonomous choices in care providers. I thank each and every one of you who honors the future well-being of our most vulnerable and cherished. I thank each of you that work for collaborative care and dismantling the harmful narrative of white supremacy. I thank you for working to protect Traditional Midwifery and traditional family structures. I have written each of you to express my thoughts on this matter and appreciate you taking the time to hear each of us and work for equitable systems. I will give this testimony in response to the proposed goals for the task force that have been set forth in SB 2661 SD1. As a non-professional community member I give testimony in highest regards to all the folks who work in the Maternal Health field and legislation. I honor your dedication to the current and future generations. Below, I have submitted questions and comments to SD1 as has been proposed for the task force and potential enforcement of SB 2661 to law.

*(1)The accessibility of credentialing compliant with Act 32, to midwives in the State;*

The accessibility of Midwifery credentialing is very difficult in Hawai'i and to be honest it's difficulties align with intersections of disparities in continental America. Historically the Midwifery laws were not set up to further the practice of Midwifery. They were predominately set up to create major barriers so that the practice of Obstetrics could flourish without Midwifery. Traditional Midwifery was outlawed which maintains the difficulty for traditional credentialing to be accessed! Colonized laws created a process of destruction upon Midwifery here in Hawai'i and America. To look for the accessibility without first unpacking the Anglo destructive criminalization of traditional Midwifery practices is unfair and unjust. Professional degrees (traditionally or current medical narrative) are great achievements and take much effort to accomplish, which are essential and valuable to honor. The continued difficulty for the small number of student Midwives in Hawai'i to get a certified preceptor for births, the current didactic education, and the financial costs are a few of the obstacles for certified midwifery education. Online education, in response of the COVID 19 pandemic has made certified Midwifery didactic education much more accessible than before which has been beneficial for some. I can only speak for Maui, but there is a handful of student midwives that are all struggling to get apprenticeships within the legal certification route and specifically culturally competent care.

Upon the colonized regulation of birthing practices, the lack of culturally appropriate preceptors are a reality most traditional Midwives and people of culture face. The fact that insurance doesn't cover Home birth Midwifery care upholds a large population of birthing people that can not financially choose this method of care even tho the overall cost is lower. Midwives of all forms create the most exceptional autonomous care for low risk birthing families. So before laws reinstate criminalization of Traditional Midwifery, the state should be looking at the barriers. We must investigate disparities of obstetrical service/outcomes data in maternal and infant health in comparisons to traditional Midwifery collaborative care systems. When students work towards a profession in health it is often tied to empathy, crucial services and the financial balance of the career. When people look toward the profession of Traditional Midwifery it is to answer a calling, save lives, give exceptional care and grow whole communities. The financial balance for traditional Midwives will never match the time put in. In a traditional system the education never stops, mastery never stops it is only a continuation of service and the passing down of knowledge of generational advancements.

*(2) The number of applicants who would qualify or apply for the exemption proposed by the original version of this measure;*

The number of applicants who would qualify and apply seems like very hard data to be able to fulfill. In the hopes of Traditional Midwifery revival and the normalization of community midwifery I hope the numbers return to the thousands. May thousands quality and apply for this exception and may it be equitable and safe for folks to do so. There is no way to predict or determine these numbers as of right now. I am wondering why this data would need to be determined in the bill for exemptions of Traditional Midwives. Is this kind of data established for any other alternative or health care profession and if so how is this info achieved? I would say let us look at pre-criminalization / pre-colonization of Midwifery, and what was the numbers at that time? Let us look at Kapi'olani Maternity House with the traditional progressive nature of birthing in Hawai'i. Let us look at the current complete lack of options outside of White supremacist model of hospitalization and anglo lead obstetrical regulations and education. I would hope that the DCCA, DOH, CHP, and legislators would see how impossible these numbers are to achieve without acknowledging the past and present colonization to show the future. Yet, we will work to find this measured data as this is the goal to grow and perpetuate Midwifery.

*(3) How the exemption proposed by the original version of this measure would be enforced by the Department of Commerce and Consumer Affairs, Hawaii Home Birth Collective LLC, or other enforcing entity.*

I can see the challenge of enforcing the exemptions as it seems that some kind of accountability and perimeters need to be achieved. I am curious to the DCCA and the level of investment in Traditional Midwifery and it's revitalization along with the current Maternal health crisis. I am wondering how are hospitals being enforced on the large scale by the DCCA for the 60% of unnecessary deaths happening in maternal health in America out side of malpractice insurance? The proposed enforcement measure I think would need larger input than just the DCCA and HiHBC. As a non professional community member I do not have working knowledge of the trials of exemptions that are set up by state administrations. What I do know is that we are in a Maternal Health crisis and I pray that enforcement of harmful practices start to be enforced within the dominate maternal health field. DCCA, HiHBC, DOH, CHP and all concerned with

the well being and harm of pregnant people and infants are coming together for solutions. The continued 'us against them' dynamic must end. The voice of Traditional practitioners in societies health have got to be heard and encouraged to proliferate wisdom in the large scale health of our society. I Thank you for allowing me to add my comments and testimony on the matter of SB 2661 SD1 and hope that I can support and uplift the normalization of Traditional Midwifery in Hawai'i. Ua mau ke Ea o ka 'āina i ka pono.

I will continue to stand in full support of Bill SB 2661. Thank you for your precious time today!  
Blessings, Pahnelopu McKenzie

**SB-2661-SD-1**

Submitted on: 2/20/2022 3:39:05 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
jade mcgaff	Individual	Support	No

Comments:

I am Dr Jade McGaff, living in Waimea, Big Island for over 20 years. AS an Ob GYN, I worked at North Hawaii Community Hospital. I have worked with Traditional Midwives and Home Birth Attendants for over 30 years. Please continue the TASK FORCE for 3 more years and help it meet. As a doctor, I have always been impressed with how well the Midwife knows her pregnant patients, having spent much more time with this woman. Thus the midwife is much more sensitive to subtle changes in the status of her patient. It is a successful and safe option. Especially now in the face of this bizarre 'pandemic', women need to manintain all their options. Please support the Task Force.



**SB-2661-SD-1**

Submitted on: 2/20/2022 4:36:42 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Stacey Moniz	Individual	Support	No

Comments:

Aloha and thank you for continuing to consider the traditional and cultural practices of midwives in Hawai`i. I am in **STRONG SUPPORT** of continuing the conversation through the Home Birth Task Force, however I will say that I am concerned that this is a stalling tactic that might put some midwives in danger of violating the law.

I cannot stress enough how much I believe and honor the practice of home birth which is safe for most women. As the daughter of a nurse, I also value the western medical system when it is necessary. Birth has happenend since the beginning of time and only in recent history have we medicalized such a natural process.

As a lifelong feminist and women's advocate, it saddens me that we are demonizing and punishing midwives who don't fit the western model of certification. Homebirth is part of the continuum of choice in my opinion, and must be protected as part of the pro-choice agenda.

Thank you for your consideration and I strongly request you pass this important legislation to allow the home birth community the opportunity to practice traditional and cultural midwifery.

Peace and love,  
Stacey

**SB-2661-SD-1**

Submitted on: 2/20/2022 8:11:11 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jessie Schieber	Individual	Support	No

Comments:

I have first hand worked with midwife Clare Loprinzi and strongly support traditional midwifery. She delivered my son and used no drugs and no ultrasound or modern technology. She was very attentive and connected in my birth journey and I think that this experience should have more support by our state as it really empowers women you can't get from western obstetrics.

**SB-2661-SD-1**

Submitted on: 2/20/2022 8:18:32 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Misha kassel	Individual	Support	No

Comments:

Aloha,

Regarding SB 2661 and SD1 regarding traditional midwives.

My name is Misha Kassel, I'm a board certified Emergency Medicine physician, son of a traditional midwife, son in law of an OB/GYN and father to 3 healthy girls born at home. It is important to form this task force to make sure we get this exemption for Traditional Midwives right.

There are many kinds of midwives; traditional (TM), certified nurse midwife (CNM), certified professional midwife (CPM), naturopathic physician obstetric (ND) and certified midwife (CM). Each provides different skills and ways of assisting families who choose to have services of a midwife and it is important we recognize as people will choose to have them. Just like in medicine, there is not one doctor but a variety of specialists and each provides different services. It is important for people to know that and also for midwives to let their clients know as some are better fits for what the expecting family are looking for.

This bill is a step in the right direction in helping keep everyone safe. Unique situations could end up happening at a birth whether people choose to have a home birth or in a hospital and when something goes awry it is critical to have a good line of communication between specialists to provide the best outcome for mother and baby. This bill assists in that. I am happy to provide assistance to the task force if they would like it given my different experiences and viewpoints with home birth, transports into the hospital as an Emergency Physician. We need to be sure there is adequate time for this task force to meet and finish.

Thanks for your time,

Misha Kassel, MD

**SB-2661-SD-1**

Submitted on: 2/20/2022 8:50:00 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Wai'ala Ahn	Individual	Support	No

Comments:

Aloha Senators of HTH/CPN committees,

My name is Wai‘ala, I am a mother who worked with a Traditional Midwife, who had a successful, healthy, safe and supported pregnancy, birth and postpartum care. Which is something I Support and advocate for all mothers, parents, keiki and families; should they also choose home birth and support from Traditional Midwives (TM).

My ‘ohana support a home birth task force under the Hawaii state commission on the status of women. We support TM's in their request for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that “current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1) TM want to remain legal and be able to work in our communities which desperately need them and value their care and aloha. Thank you for your time and consideration on this important matter for our communities, families and futures.

Sincerely,

Wai‘ala Ahn

**SB-2661-SD-1**

Submitted on: 2/20/2022 8:50:26 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jaymie Lewis	Individual	Support	No

Comments:

I support the continued conversation and collaboration regarding the support and protection of traditional midwifery in the state of Hawaii. We have the opportunity to lead the nation in true respect for the practices that modern midwifery care has grown from by giving lawful recognition of this important knowledge and skill set.

**SB-2661-SD-1**

Submitted on: 2/20/2022 10:17:24 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kilihea Inaba	Individual	Support	No

Comments:

Aloha kakou,

My name is Kilihea Inaba. I am a kanaka of Hawaiian, Japanese, and English ancestry. I am rooted of this Kona aina on Hawaii island where for centuries before me, people were birthed using traditional birth practices without the use of experimental medicine, drugs, and harmful machines. I understand and know it is beneficial at times, to use Western medicine. (I currently work as a paramedic with the Hawaii County Fire Department). Yet I know that a reintegration of indigenous midwifery knowledge, skill, and mana is necessary for the health and well-being of oiwi (native) women.

I am connected to Clare Loprinzi and the many generations of energy she holds space for in this battle for traditional midwifery recognition. It is because of her and others who have come before, that we are able to improve the outcomes of mother and child, especially in the native population.

This letter is in support of SB 2661 in the formation of a home birth task force under the Hawaii state commission on the status of women. In doing so we are asking for a 3-year moratorium that allows adequate time for a more succinct understanding of current midwifery education and practices and its history.

Mahalo for your time in this matter,

Kilihea Inaba

**SB-2661-SD-1**

Submitted on: 2/20/2022 10:27:46 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Marisa Pangilinan	Individual	Support	No

Comments:

Aloha, I support the perpetuation of traditional midwives in Hawaii because I believe it is important for the safest, and most fulfilling birth experience. A moment in time that a mother will never forget for as long as she lives. I gave birth twice, once in a hospital and sterile environment with doctors who wouldn't remember my name to this day. The second at home with a midwife in the safety of my home. My experiences were completely opposite and I am grateful for both. However I healed a lot of trauma from my first birth experience and felt whole as a mother after my midwife birthing. I believe it is every persons right to have the experience they choose. Thank you for your time.



**Testimony of Laulani Teale, MPH  
Ho‘opae Pono Peace Project**



**In SUPPORT of SB 2661 SD1**

February 20, 2022

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Stanley Chang, Vice Chair

**THE THIRTY-FIRST LEGISLATURE, REGULAR SESSION OF 2022**

Aloha Kākou,

Ho‘opae Pono Peace Project is a cultural peace resource focused on building cooperative solutions in the context of Aloha ‘Āina, human rights, and genuine perpetuation of Indigenous well-being and cultural continuity.

We support SB 2661 SD1. It is imperative that the risk to mothers and babies created by the looming termination of legal traditional practice on July 1, 2023 be addressed. A task force is a very reasonable way to do this.

If traditional midwives cannot be simply exempted outright, **we ask that the “grandmother” date for the current exemption of traditional midwives also be extended in order for the task force to do its work.** Due to the complexity of this matter and the unpredictability of COVID-19, an extension of at least three years would be reasonable, and prevent this issue from coming back to the legislature for constant revision.

Without an exemption for traditional midwifery, **many important and longstanding traditional birthing practices will soon be illegal.** As adherence to traditional out-of-hospital midwifery practices in many cultures is extremely strong, this would clearly force these practices underground. The ability of underground midwives to communicate with medical professionals in the event of an emergency is extremely compromised, creating real danger for those who rely upon these practices for safe, knowledgeable, culturally competent assistance during birth.

Without the exemptions in SB 2661, Kanaka Maoli families, and therefore the endangered Indigenous birthing practices of Hawai'i, are seriously impacted. There is much confusion over this, because Kanaka Maoli practitioners appeared to have been eligible for exemption under HRS §457J-6 via Act 32 (2019). While there is theoretical potential to eventually create protection of some Indigenous practices through a complex administrative process that has yet to be achieved by anyone, the realization of the requirements of this exemption (recognition by or convening of a Kupuna Council under Papa Ola Lokahi) have been thusfar entirely unrealistic for most traditional Kanaka Maoli traditional practitioners, despite great efforts by Papa Ola Lōkahi to make the process accessible — during a brutal pandemic that has taken a devastating toll on the Kanaka birth community. Another foundational problem is the traditional cultural prohibition, common amongst many lines of Indigenous practice, against external certification or sharing of kapu (sacred, culturally protected) knowledge; Kānaka healers believe that only Ke Akua can certify a healer, so cannot “apply” to any external body for certification, as it is simply not culturally appropriate to do so. Most importantly, it must be remembered that the central cultural practitioner in Kanaka hānau is the **mother**, not the midwife; as Kanaka birthing practices are being actively revitalized, protection of all traditional attendants (any of whom, from any cultural background, may be called to assist a Kanaka family with birth) is vital to health, safety and cultural rights of the Kanaka family.

Suffice it to say, there is much yet to be sorted out.

In practical terms, the impending state of illegality under Act 32 creates a dangerous block to information sharing in a hospital transport scenario. Indeed, before 1998, the illegality of midwifery meant that most hospital-transported mothers would often not disclose any details of labor at all, for fear of persecution of themselves and their traditional attendants. In some ways, this is very much akin to the “coat hanger” dark ages of illegal abortions, except that the underground practitioners in this case are undoubtably far more skilled and legitimately culturally grounded. If any lesson is to be learned from those dark days, it is that **a woman's right to choose what she does with her own body must not be interfered with by anyone, in any way**. If a woman feels that she needs a cultural birth with a traditional practitioner completely outside of the sphere of modern medicine, she will probably have one, as history has already clearly shown.

It is the job of lawmakers to ensure that the licensure of modern professional midwives does not interfere with that woman's access to modern medical care if she needs it, because the now-illegal status of her birth attendant caused her to resist transport to a hospital, and made it impossible for her traditional attendant to communicate with medical professionals without serious risk of persecution.

It needs to be remembered that while out-of-hospital births are statistically as safe as hospital births (and probably significantly safer during the current pandemic), accessibility of emergency hospital transport is still a critical part of that safety. Ideally, a transport should happen long before a situation becomes a true emergency, and transports are indeed often advised by the midwife long before they are accepted by the mother— a basic reality that is poorly understood on a systemic or medical level, where blame is generally placed on the practice of midwifery whenever a delayed transport results in an emergency. Previous traumatic hospital experiences and deep cultural or religious beliefs may be part of this maternal reluctance, along with a sense of loyalty to a potentially persecuted midwife, but the most significant variable is often tremendous fear of judgment or of being “in trouble” for birthing “out of the box” in the first place, possibly resulting in potentially discriminatory systemic repercussions - a very real threat to ethnicities who face known, ongoing and disproportionate parental persecution through the historically colonial Child Welfare and Criminal Justice systems. Clearly, this risk of dangerous transport delays is severely amplified if the traditional attendant is forced into practicing illegally.

In addition to Kanaka Maoli, birthing practices of all cultures in Hawai'i deserve protection. What about traditions from Hindu midwifery, the US African-American community, Indigenous Pacific Islanders, or Amish peoples? Every mother deserves the availability of skilled traditions of her own culture, wherever these are available, and the truth is that many very knowledgeable traditional birth practitioners simply cannot avail the extremely inaccessible, expensive, and very “Western” training requirements laid out in Act 32. Again, this logically leads to those practices being once again forced underground, as they were prior to 1998, into the shadows of illegality and birth under very real threat of persecution. This is discriminatory and dangerous, and it is just not right.

To put it simply, the State cannot effectively regulate something it does not understand. The complex cultural realm of traditional childbirth is a prime example of that.

In their essence, traditional birthing mothers are not mainstream “consumers” who need protection from quacks and charlatans. Traditional birthing mothers are themselves bona fide cultural practitioners keeping fragile ancient practices alive through their labor in the ancient styles of their ancestors. The responsibility and the right to choose the best birth team possible to support that revitalization is theirs alone, with the support of a thriving, diverse traditional birth community to assist them in making that selection. We ask the Committee on Commerce and Consumer Protection to protect those practices that are beyond the scope of mainstream consumer protection, and solidly in the realm of cultural and spiritual rights whose best protection is protection from interference by the State at all.

Birthing practices are one of the oldest women’s rights issues in history, all over the world. Excessive regulation of midwives has historically been linked to misogyny, racism, violent persecution, and Indigenous extermination. We need to turn this history around.

This is a serious situation. I request that you please mitigate it immediately. While it will not rectify all of the problematic aspects of Act 32, SB 2661 is a good place to start.

For these reasons and more, Ho‘opae Pono Peace Project asks that this measure be passed by this committee.

We are available as a peace resource for continued dialogue in the building of genuine understanding based on true respect, peace, and pono. Please contact me at any time.

Mahalo nui loa,

A handwritten signature in cursive script that reads "Laulani". The signature is fluid and elegant, with a long, sweeping tail on the final letter.

Laulani Teale, MPH  
Coordinator, Ho‘opae Pono Peace Project  
<https://www.eapono.org>

**SB-2661-SD-1**

Submitted on: 2/21/2022 8:16:09 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kimberly Mizuta	Individual	Support	No

Comments:

I am in support of SB2661. It is imperative to continue to allow historical, natural, & traditional practices of birth as well as allowing midwives to operate unencumbered by invasive and obtrusive legislation.

February 20, 2022

**SB 2261 SD1**

**RELATING TO MIDWIVES**

**Establishing the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019 (SD1)**

**Testimony of Community Birth Worker in Training Mercedes Gacayan**

**Aloha Senators of HTH/CPN committees,**

**My name is Mercedes Gacayan, I was born and raised on the Big Island of Hawaii. I am a mother and blessed to have a had 4 Traditional Home Births with a loving knowledgeable midwife, Clare Loprinzi. I am currently working and learning from Clare to become a community birth worker. Traditional midwives do not use drugs or ultra sounds that will harm baby and the mother. We use traditional ways, knowledge passed down from long lines of midwives, safe healing and strengthening medicines passed down by our ancestors. I am also part of MammaPrimitiva, a strong group of women engaged and learning from many Black and Indigenous midwives. We will forever continue this long line of knowledge and exercise our self-determination to protect our rights.**

**I support a home birth task force under the Hawaii state commission on the status of women. I ask for a 3 year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve the current midwifery education programs. I support all Traditional Midwives and want all to remain legal and be able to work in our communities which have a great need for them.**

**Me ke aloha nui,**

**Mercedes Gacayan**

**SB-2661-SD-1**

Submitted on: 2/21/2022 8:59:39 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Mieko Aoki	Testifying for Aoki Birthing Care	Support	No

Comments:

When we are at a point where we have the option to preserve or destroy traditions, we must stand to preserve traditions without a doubt. Traditional midwives exist to preserve knowledge, wisdom and life ways, especially how each human being is born through a woman's body! This complex yet natural life way is cared for by traditional midwives who see that each pregnant woman is filled with feelings, thoughts, spirit, herstory that influence her path to birth her child, every time. The woman must decide who she is drawn to to help navigate this path with her. Most women want to lead their own birth undisturbed, witnessed in raw form and traditional midwives create space for them and are present for what they need. We must stop disturbing birth and women's choices by preserving traditional midwives today!

**SB-2661-SD-1**

Submitted on: 2/21/2022 9:13:23 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jaymee Davis	Individual	Support	No

Comments:

Aloha mai Kakou,

I urge the comitte to please reinste the Home Birth Task Force to further investigate and continue discussing a viable way to support traditional midwives in assisting mothers in home birth. In 2019, I made the conscience decision to work with a traditional midwife and have a home birth. As an educated woman with a Doctorate in Education, researching and understanding my birthing options was of utmost importance. The ability to choose to have a home birth is a freedom that should not be taken away from mothers. As mothers and women, we need choices as to how we want to give birth.

Thank you for your time,

Jaymee Davis



**SB-2661-SD-1**

Submitted on: 2/21/2022 9:25:37 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Amanda Moore	Individual	Comments	No

Comments:

I believe in traditional midwives. I believe in licensed midwives. It is a woman's right to choose with whom and where she gives birth. She also needs to be FULLY aware of the choices she is making when hiring or accepting care from a practitioner.

Any practicing midwife should have a level of accountability when serving the community.

If there is a regulatory board for licensed midwives, who oversees traditional midwives?

I believe that ALL midwives should have to attend regular peer reviews within their county with **both** licensed and unlicensed traditional midwives for outcomes that effect every single woman, child and midwife. Poor outcomes from *any provider* can cause issues with access to clinical or medical services within our communities; which ultimately compromise optimal maternity care for the women and babies we serve.

I also believe that traditional midwives should continue with their education and should submit CEU's confirming their commitment to learning about advances or changes in the field of midwifery.

I practiced as a licensed midwife in a community where both traditional and licensed midwives coexist. It seems to be working fairly well: it is under **Oregon OAR: Rule 332-025-0125**

In Oregon, a traditional midwife has rules in order to legally practice and file birth certificates, these include: no advertising of practice, no accepting payment for any services provided, a signed required disclosure with patients, can not carry Legend Drugs and Devices. They must also give the patient a document of informed consent that has strict explanations and guidelines. A detailed and signed transport plan is also required for emergencies.

It is an opportunity to honor the traditional pathways of midwifery why also informing the birthing community about the choices they are making by the use of informed consent, continuing education and required midwife peer review requirements.

**SB-2661-SD-1**

Submitted on: 2/21/2022 9:38:41 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Corina Jacobs	Individual	Support	No

Comments:

I am IN SUPPORT

the care of receive from a traditional midwife during my first pregnancy is incredible and I would like the right as a mother to choose the type of care I receive. I was seeing an OBGYN for the first half of my pregnancy and switched to a traditional midwife due to my concern in not being heard and not having adequate care that I was looking for and since switching I have felt completely safe, heard and cared for and trust my health and the health of my baby in my midwife's care.

2/22/2022

**COMMENTS FOR SB2661SD1, RELATING TO MIDWIVES**

To: Senate Committee on Commerce and Consumer Protection  
Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair  
Hawaii State Capitol  
415 South Berentania Street  
Honolulu, HI 96813

From: Le‘a Minton, MSN, APRN, CNM, IBCLC

Time: Thirty-First Legislature Regular Session of 2022  
Tuesday, February 22, 2022 at 10:00AM

Dear Senator Rosalyn Baker, Senator Chang and committee members:

I would like to provide the following comments regarding SB2661SD1.

First, I support the Midwives Alliance of Hawai‘i testimony. The directives of the task force have known answers to the questions. Further, the request for a permanent exemption comes from people who repeatedly say they support voluntary licensure - those that want to be licensed should be licensed, and those that don’t want to be licensed shouldn’t have to be because they weren’t required to be for over 20 years. This begs the question: What is the purpose of the task force?

Second, I would like to redirect the Senate Committee on Commerce and Consumer Protection to a few passages from the State Auditor’s Report 17-01: “we found that the Hawai‘i Regulatory Licensing Reform Act’s criteria supports mandatory licensure of the *entire* midwifery profession.” And that midwives “typically provide such services as an alternative to a medical doctor such as an obstetrician. Their work directly impacts—and can endanger—the health and safety of both mothers and babies. Given the nature of the work performed by midwives, we recommend that the Legislature consider establishing a mandatory licensing framework for all midwives, not just Certified Professional Midwives, to protect the consumers of the services, i.e., the mothers and newborns.” My question is why is the Legislature unsure if 7 people should be exempt from the midwife

licensing law to a degree that it necessitates us creating a permanent exemption? So unsure that we need to have hearings about this, propose a task force, direct valuable time of people who are working to ensure quality care and safety of families, and investigate how a proposed exemption might work?

I would like to note for perspective that people who have been seeking permanent exemption from HRS 457-J, charge as much and more for their service to attend one (1) home birth than some of the annual tuition fees for MEAC accredited schools. I would also like to note that several people who opposed midwifery licensure went on to gain their certified professional midwife credential and become licensed, demonstrating that compliance with HRS 457-J is accessible.

I'd like to further point out that if instead of having January and today's hearings, and the meetings during intersession, and the last task force and all its meetings, - if we had all just donated our hourly salary rate for the time we spent toward a scholarship to help fund those who say they cannot afford to go to school, we could have paid for more than 1 of the 7 people requesting exemption to become licensed. The Hawai'i Home Birth Collective LLC exhibits an entitled perspective to use our time for them to justify why members of their organization cannot possibly meet minimum competencies and skills but should still be allowed to practice as an autonomous health care professional and use the same title as someone who is in compliance with HRS 457-J. Really their position is they shouldn't have to be licensed because they don't want to. I'm very curious as to why we are entertaining this? Why is there such clarity in this Senate Committee on Commerce and Consumer Protection decision making session regarding the need for regulation in compliance with national educational standards for another health profession but we're unsure if this is true for midwifery? Please let me quote my reference: "The legislature hereby finds and declares that [a health care profession] is an evidence-based medicine rooted in traditional and modern modalities and that the practice of [health care profession] includes examination, evaluation, diagnosis, and treatment of the patient, therefore requiring regulation and control for public health, safety, and welfare." I'm wondering if the issue is Legislators aren't clear yet that midwifery is a healthcare profession?

One thing to consider is that any one CAN attend someone's birth if the birthing parent is requesting it, they just can't be charging money for a business and saying they are a midwife and telling the birthing parent they are competent to provide them care. Anyone is allowed to be at a birth. The crux of the issue is people want to be recognized as a

professional, be called a midwife by our community and make an income on a business model without going through the entire process to be recognized as an autonomous healthcare professional. And some want to use a different title than the one they went to school for and are licensed for in our state, because it's part of the business model - home birth clients in general don't say "I want a naturopath", they say "I want a midwife", and so several naturopaths are also supporting a permanent exemption so that they can continue using the midwife title they have long used to mislead clients. The question is: Why is it no longer important for our community to know if what they are getting is really the profession they believe they are? I've literally had clients of naturopaths tell me I don't know what I'm talking about and tell me I'm a liar, that their provider IS A MIDWIFE, when I simply was responding to someone looking for a midwife and clarifying that the provider is not a midwife but is a licensed naturopath. It means so much to consumers that they have an emotional investment to prove that they know that their provider is a midwife, when in fact that provider has never been clear with them that they are not in fact a midwife. I have never understood why a naturopath wants people to call them by a title they are not, rather than proudly and clearly stating they are a naturopath, and that they are afforded privileges as a licensed naturopath. I don't tell people I'm a naturopath, or a physical therapist, or a psychologist, or a massage therapist, or a doctor because I am none of those things.

Between all the committee members of the Senate Committee on Commerce and Consumer Protection, there is one unifying title that you all hold: Senator. There is a state law that lists out the process for how to become a Senator, what the minimum requirements are including voter signatures, what the fees are (less than a midwife license), what the terms are, what the filing deadlines are, and what the voting rules are to be elected, including a designated date for people to participate to elect Senators. It seems understandable then, that I would not be allowed to start telling all of the constituents for all of the districts that this committee represents that I am their Senator, just because I want to, without going through the entire process including election as a Senator. As a certified nurse-midwife I have personally provided care to underserved persons in person or by telehealth to families in every single Senator's district represented in this Committee. Does that by default now make me a Senator of all of your districts? No. Even if the constituents in your communities that I have served think I'm a nice person? No. I still don't get to tell people I am their Senator working for them at the Capitol to represent them because I didn't adhere to the minimum requirements that are set forth for the role and its responsibilities.

Therefore, I have questions:

At what other time do we create task forces to specifically investigate how we might exempt autonomous health care providers from regulation within a recognized and regulated profession?

If the legislature is saying we should exempt people because they don't want to be licensed, then why do we have a State law that talks about mandatory licensure when harm can be done? Why is the department of commerce and consumer affairs not working with all of its boards and programs to move to voluntary licensure for all health professions? What about midwifery is not recognized by the department of commerce and consumer affairs and legislators as a health profession?

I'm wondering, if the legislature is so concerned about accessibility to education for certified professional midwives and birth attendants who in totality (licensed and unlicensed) serve less than 300 families a year, then why does the State still require dentists, anesthesiologists, certified registered nurse-anesthetists, and other professionals who have no schools and serve more families in Hawai'i to be licensed to practice? Why does Hawai'i require me as a certified nurse-midwife to be licensed when our only possibility of staying in Hawai'i to train as a midwife is through universities with remote programs? If this was acceptable for me as a certified nurse-midwife, and continues to be with no question for other student nurse-midwives, why is attending an online school not acceptable and instead considered inaccessible for certified professional midwives? Why are we not wondering if we should exempt all certified midwives from licensure in HRS 457-J when their only option to obtain education in Hawai'i is through universities with remote programs? A double standard is clearly being held by legislators in regards to HRS 457-J.

I'm wondering why legislators and the department of commerce and consumer affairs are spending so much time asking themselves if we should exempt 7 people from the law instead of asking how we could ensure that licensed midwives can practice to their fullest scope so that we can better meet the needs of our communities across the State?

Currently HRS 457-J restricts certified midwives from practicing to their fullest scope. Certified midwives are trained to practice the exact same as a certified nurse-midwife, but instead HRS 457-J restricts their practice down to that of a certified professional midwife. No certified midwives will move to Hawai'i to practice due to this restriction; and certified professional midwives who are interested in expanding their scope of practice

are not able to advance in their career as a certified midwife because HRS 457-J offers nothing different for them.

We seem so focused on undoing HRS 457-J for the sake of protecting my haole colonizing culture which is taking precedence over the wellbeing and function of our collective community. Is it any wonder that young professionals from Hawai'i are moving to the continent for better opportunities, where their education and skills are not being reduced to meaningless? We currently are saying we don't yet agree that health professionals are health professionals nor that they should meet minimum requirements to have people's lives in their hands. My observation is that we all might need that annual mental health screening after all (so please be sure to pass that bill).

Until then, I'm still wondering: what is this SB2661SD1 task force for?

Respectfully,

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

February 20, 2022

**SB 2261 SD1**

**RELATING TO MIDWIVES.**

**Establishes the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019. (SD1)**

**Testimony of Wendell Au**

**Aloha Senators of HTH/CPN committees,**

**My name is Wendell Au. I am a proud grandparent of a baby boy birthed through midwifery on 6/13/21. The skill and compassion of my daughter’s midwife is still on display today—he is immensely healthy, alert and strong.**

**I support a home birth task force under the Hawaii state commission on the status of women. I ask for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that “current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1).**

**Midwives need legal standing to work in Hawai’i communities. My family’s experience with midwifery attests to its efficacy.**

**Mahalo Piha,**

A handwritten signature in black ink, appearing to read "Wendell Au". The signature is fluid and cursive, with a large initial "W" and a distinct "Au" at the end.





2/22/2022

**COMMENTS FOR SB2661SD1, RELATING TO MIDWIVES**

To: Senate Committee on Commerce and Consumer Protection  
Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair  
Hawaii State Capitol  
415 South Berentania Street  
Honolulu, HI 96813

From: **Midwives Alliance of Hawai'i**  
Le'a Minton, MSN, APRN, CNM, IBCLC, President  
Richard Chong, Treasurer  
Destiny Warring, LM, CPM, Kaua'i Representative  
Melissa W. Chong, LM, CPM, Maui Representative  
Nina Millar, LM, RN, CPM, Hawai'i Island Representative

Time: Thirty-First Legislature Regular Session of 2022  
Tuesday, February 22, 2022 at 10:00AM

Dear Senator Rosalyn Baker, Senator Chang and committee members:

Midwives Alliance of Hawai'i (MAH) would like to provide the following comments regarding SB2661SD1.

Midwives Alliance of Hawai'i would like to ensure that this point is not lost within the transition of SB2661SD1 to a task force: there remain concerns of transparency to consumers who believe if one calls themselves a midwife that they have certain skill sets and have been trained to adequately assess, manage and provide treatment for conditions related to birth, immediate assessment and care of newborns, family planning and women's health. Allowing for continued exemption requires no training or license for an autonomous healthcare provider who is granted full practice authority by the State without oversight.

As the bill reads, it seeks to establish a task force to investigate the midwifery regulatory scheme which is HRS 457-J Midwives. It breaks down the investigation into 3 tasks which we would like to directly address.

- 1) Accessibility of credentialing compliant with HRS 457-J: **ACCESSIBLE**
  - a) **ANSWER: We currently have 24 midwives licensed in HI.** This demonstrates that credentialing compliant with HRS 457-J is accessible. Some of these licensed midwives previously testified there would be no possibility of them becoming licensed and they would be made illegal, including the first person to become a Licensed Midwife in Hawai‘i. This demonstrates that they were able to meet compliance within the time frame given.
  - b) **ANSWER: There are 10 certified professional midwife schools (CPM) in the nation.** This, along with the breakdown below, demonstrates that the credentialing compliant with HRS 457-J is accessible. It is accessible through teaching platforms, preceptors in State, reasonable tuition price and access to funding opportunities.
    - i) **Four (4) of the 10 schools are completely online for didactic courses, without any requirement to fly to the continent; and 1 school is completely online didactic learning if a person already has their CPM but does not have MEAC accredited schooling.**
    - ii) Four (4) of the 10 schools offer hybrid options of predominant online didactic learning with requirements to be on-campus on the continent a set number of times per year.
    - iii) [Annual Tuition](#) of MEAC accredited schools: **7 out of 10 schools annual tuition is less than \$10K**, ranging from \$3.6K a year to \$9K a year; **average of \$6800; median \$7982.**
    - iv) **Of the 4 MEAC accredited schools that are completely remote, and the 1 school that is completely remote if someone already has their CPM, ALL OF THESE SCHOOLS ARE UNDER \$7300 PER YEAR, AVERAGING \$5805 A YEAR FOR TUITION.** Length of programs average 3 years, except for someone who already has their CPM, in which case the length of program is 1 year. As a reference: Hawai‘i Community Colleges average \$3200 a year for in-state tuition and \$8300 for out-of-state. HI community colleges do not currently provide programs for

autonomous health care providers. Midwives are autonomous healthcare providers. **UH Manoa in-state tuition is \$12,186 and out-of-state tuition is \$34,218.** None of the MEAC accredited schools, including those awarding a Masters Degree cost more than \$27,300 a year.

- v) **Financial Aid: 5 out of 10 MEAC accredited schools are eligible for federal financial aid. 8 out of 10 MEAC accredited schools have Diversity Scholarships; 7 out of 10 MEAC accredited schools have Needs Based Scholarships;** 7 out of 10 MEAC accredited schools are eligible for GI Bill funds; 8 out of 10 MEAC accredited schools have Other Funding Sources; 6 out of 10 MEAC accredited schools have Work Study funding programs; and 5 out of 10 MEAC accredited schools are eligible for AmeriCorp funds.
- vi) Of the 5 completely remote programs at MEAC accredited schools (includes 1 program for those who have a CPM credential): **2 out of the 5 completely remote programs have all 7 financial aid funding opportunities;** the remaining 3 schools have between 2-4 funding opportunities).

c) **ANSWER: There are qualified preceptors on Kaua‘i, O‘ahu, Maui, and Hawai‘i Island.** This demonstrates that credentialing compliant with HRS 457-J is accessible.

2) Number of applicants who would qualify or apply for exemptions as proposed in SB2661, Regular Session of 2022, as introduced: **EVERYONE WOULD QUALIFY**

- a) **ANSWER:** Everyone in the state is eligible and can qualify under the exemption SB2661, Regular Session of 2022, as introduced. **SB2661 as introduced takes us back to having no regulation of the midwifery profession.**
- b) **ANSWER: The Hawai‘i Home Birth Collective testified that they have 7 persons who would apply.** Some of those who testified stated they did not choose a MEAC accredited route for education and/or didn't take their CPM exam prior to 12/31/2019 who had chosen the apprenticeship route. Those stating they are "traditional midwives" could have applied for the experienced midwife route and sat for their exam and been certified prior to 12/31/2019. **Those seeking exemption have opportunities to acquire**

**MEAC accredited education to become licensed, including if they already have their CPM.**

- c) **ANSWER:** It is moot to have any licensure for the profession of midwives if everyone in the state is eligible for an exemption; then **there would be no regulation.**
  - d) **ANSWER:** If there is an exemption that everyone is eligible for, anyone can call themselves a midwife, including non-licensed persons and other licensed professionals who are not midwives, and the consumer now does not know that the person providing them care has not specifically met minimum competencies of midwifery, been trained in midwifery, nor is there any complaint process for them. **Removal of the regulation of the profession of midwifery and of title protection directly harms consumer safety.**
- 3) How the exemption as proposed in SB2661, Regular Session of 2022, as introduced, would be enforced by the Department of Commerce and Consumer Affairs, Hawai'i Home Birth Collective LLC, or other enforcing entity: **THERE WOULD BE NO ENFORCEMENT.**
- a) **ANSWER:** The Regulated Industries Complaints Office (RICO) is who oversees complaints for practicing without a license. There would be no incentive to investigate when there is no requirement for licensure and there is no recourse for someone who is exempt.
  - b) **ANSWER:** People currently use titles of professions that they do not hold without recourse, including a naturopath orally testifying in the last hearing for SB2661 that she is a "physician." Other persons attending births who are not licensed as midwives, including birth attendants and naturopaths who are not trained in midwifery, use the term "midwife" with their clients. We currently turn a blind eye to this daily; Midwives Alliance of Hawai'i asks why are we looking at outside entities to "enforce" an exemption when we have not yet taken care of our own house first?

Midwives Alliance of Hawai'i would further like to share that the makeup of the task force is, in our opinion, inappropriate and misaligned towards the impetus of the overall directive. If the task force's directive is to investigate exempting autonomous healthcare professionals from regulation, minimum competencies and skills, and accountability to consumers, **what purpose would having the American College of Obstetricians and Gynecologists, Healthcare Association of Hawai'i, and the director of health or the**

**director's appointee on the task force serve?** The department of health does not oversee licensure or regulation of health professionals. The American College of Obstetricians and Gynecologists have made it clear they support licensure without exemptions. The Healthcare Association of Hawai'i membership is comprised of facilities predominantly; focuses on working with healthcare executives, which is not what this taskforce is comprised of; and their mission includes access to appropriate, affordable, high quality health care that healthcare providers are adequately reimbursed for - none of which is the focus on this task force. The focus is to examine exempting people from regulation.

Midwives Alliance of Hawai'i notes: Per HRS 457-J, the director of the department of commerce and consumer affairs may **"Appoint an advisory committee to assist with the implementation of this chapter and the rules adopted pursuant thereto."** We respectfully ask the Senate Committee on Commerce and Consumer Protection: **If anyone is to be tasked with the items listed in SB2661SD1, why wouldn't the midwife advisory committee be the people tasked with reviewing the exemption within the chapter?**

Last, we would like to leave the Senate Committee on Commerce and Consumer Protection with this comment: There are no administrative rules for licensed midwives. There has been no movement for the last 2 years toward creating administrative rules for the 24 licensed midwives, whose fees directly pay for the time of the staff of the department of commerce and consumer affairs. Yet the DCCA has testified that they are spending time working with people to look at how to continue exemptions. **This is a utilization of funds toward activities that undermine the licensed professionals who pay into a department solely funded by its licensees to ensure accountability and minimum competencies for the safety of consumers.** Our question is: **Why is the legislature directing the department of commerce and consumer affairs to spend time to determine further exemption from regulation (as in not protecting the consumer) when the department of commerce and consumer affairs has not yet spent time to develop administrative rules for those currently licensed as midwives (as in focused on protecting the consumer)?**

Midwives Alliance of Hawai'i offers these comments in hopes that the Senate Committee on Commerce and Consumer Protection ask themselves: What are we trying to accomplish with SB2661SD1? Who are we trying to protect - 7 people who don't want to be licensed? Why are we asking ourselves if midwives shouldn't have to be regulated

through licensure anymore when we have 2 state auditor reports, 21 years of discussion and a law that demonstrates we should? What is the commonality between the 7 people who allege an inability to be assessed and a lack of possibility to be compliant with HRS 457-J? What is left to be addressed within HRS 457-J that cannot be accomplished within administration rules? Couldn't the people being brought here today better spend their time on developing administrative rules for licensed midwives and developing scholarships to support those desiring to be accountable to our communities?

We thank you for your time and the opportunity to testify. Mahalo.

MIDWIVES ALLIANCE OF HAWAI'I  
P.O. BOX 241 HAU'ULA, HI 96717  
Midwiveshawaii@gmail.com  
[www.midwiveshawaii.org](http://www.midwiveshawaii.org)



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

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

DATE: Tuesday, February 22, 2022

FROM: ACOG Hawai'i Section  
Reni Soon, MD, MPH, FACOG, Chair

**Re: SB 2661\_SD1 – Relating to Midwives  
Position: COMMENTS**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) provides the following comments on SB2661\_SD1 which would create a task force to look into how to create an exemption to the midwife licensure law that was recently passed by this legislature (the second such task force).

**HI ACOG does not support exemptions to the midwife licensure law other than the current exemption that already exists for practitioners of Native Hawaiian birth practices.** Such exemptions would make the law moot. We agree with the testimony submitted by Midwives Alliance of Hawaii which details why this task force would seem to be unnecessary as the answers to the questions posed by this amended bill are known.

We would also ask the legislature that if it is concerned about those unable to meet licensure requirements, to consider ways to assist them (e.g. scholarships, collaborative agreements with MEAC-accredited schools) rather than lowering standards of care.

Thank you for the opportunity to testify.

**SB-2661-SD-1**

Submitted on: 2/21/2022 9:02:57 PM

Testimony for CPN on 2/22/2022 10:00:00 AM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
christy kahoohanohano	Testifying for nawahineakauhiakama, wahine Hoopaa, PBC, HIHBC, COSOW maui county	Support	No

Comments:

Aloha,

I am a traditional midwife in Hawai'i for 20 years. I have had nothing but positive outcomes, and minimal transfers. If we transfer, it is not in a train wreck or in emergency situations, rather for tired out mama or someone who had in the end a hard time and needs pain relief... I use traditional methods throughout pregnancy and labor/postpartum which build the ohana through Ai pono, and la'au lapa'au. They learn to prepare for ceremony of birth, and treat it as such. They are on high Kapu during pregnancy, and that is why our outcomes are so positive. It's a different approach than with other perspectives. We know who we are and recognize what has been taken as far as our traditions in birthing practices. This is why it is so important as we grow, heal, and remember our cultural connections, protocols and pathways. I have many haumana Hawaiian and non Hawaiian, but born and raised here for generations that have been on the path to learn and share this healing path to the assimilation and colonization of birthing peoples in Hawai'i. We must ensure that we are able to continue to practice especially in rural communities, which we often serve. We need to ensure that our daughters and sons have the grace and ease, we never were afforded to birth with cultural traditions and identity. It is imperative as BIPOC and indigenous peoples have the highest maternal and infant disparities in this Kingdom of Hawaii and America. Please support the recommendations for a task force to hear from true stake holders and ensure the best laws to support traditional midwives and ohana that choose them in Hawai'i. We need positive collaboration, communication and support between the overlapping worlds of tradition and contemporary, modern medicine. It needs to be understood, we are not practicing medicine. Birth is not a medical procedure until you create it to be such. We can all exist, and work together towards a better tomorrow, where there is aloha and humility from both perspectives, and realize we are all fighting for the same goal!!! Better health and safe, positive outcomes for our birthing families in Hawai'i!!!

mahalo for the opportunity to share my heart, in efforts to preserve this pathway of traditional midwifery for generations to come!

Me Ke Aloha,



Christy Ki'inaniokalani Kaho'ohanohano

[808-276-3365](tel:808-276-3365)

**SB-2661-SD-1**

Submitted on: 2/22/2022 3:57:30 AM

Testimony for CPN on 2/22/2022 10:00:00 AM



Submitted By	Organization	Testifier Position	Remote Testimony Requested
Rachel L. Curnel Struempf LM	Testifying for Gentle Beginnings Midwifery	Support	No

Comments:

Gentle Beginnings Midwifery

Rachel L. Curnel Struempf LM, CPM, CBE, LS

P.O. Box 456, Holualoa, HI 96725

(808) 990-8025

February 22, 2022

Esteemed Members of the Committee,

I am a Hawaii State Licensed Midwife, President of Hawai'i Midwifery Council and a member of the Hawai'i State Homebirth Taskforce and the Hawai'i Home Birth Collective. From my work in these arenas as well as my decades of experience serving a rural population on Hawai'i Island I can attest that reinstating the Hawai'i State Homebirth Taskforce would be the right thing to do. Covid put an early end to the very important work we were accomplishing to improve midwifery care in Hawai'i. I strongly support this bill, please pass it as written.

Sincerely,

Rachel Struempf LM, CPM, CBE, LS



21Feb2022

**LATE**

To: Senator Jarrett Keohokalole, Chair  
Senator Roslyn Baker, Vice-Chair  
Commerce and Consumer Protection Committee  
415 S. Beretania St.  
Hawaii State Capitol  
Honolulu, HI 96813

From: Hawaii Affiliate of ACNM  
Colleen Bass MSN, CNM- President  
Connie Connover MSN, CNM- Vice President  
Sharon Offley MSN, CNM - Treasurer  
Jennifer A Cook DNP, CNM, FNP-C- Secretary

**Re: SB2661 SD1  
Position Support**

Dear Senator Keohokaloe, Senator Baker and committee members,

On Behalf of the Hawaii Affiliate of ACNM (HAA) we oppose SB2661 as it was previously written, but we are in support of the amendment SB2661 SD1. Thank you for your Health Committee vote to amend SB 2661 charging the Home Birth Task Force to reconvene and consider the proposal to create an exemption for “traditional midwives”. We hope that you will uphold this recommendation in the Commerce and Consumer Protection Committee, as there are significant concerns with the original measure.

As leaders in Midwifery, the Hawaii Affiliate of ACNM asks for a dedicated spot on the proposed task force (in SD 1) and asks to be able to recommend a member of HAA for representation on behalf of Hawaii’s Certified Nurse Midwives.

The American College of Nurse-Midwives and its members support commonsense policy solutions that ensure patients have guaranteed health coverage and access to a full range of essential health services and providers under Medicare and Medicaid, as well as individual and family health insurance plans. As such, we proactively support state legislative and regulatory efforts that seek to expand access to Certified Midwives (CMs), Certified Nurse-Midwives (CNMs), and midwifery-led care models.

ACNM is the professional association that represents advanced practice midwives in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Our members are highly trained primary health care professionals who provide care for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care.

The United States is facing a maternal health crisis: high and rising levels of maternal mortality and morbidity, stark racial disparities, high cost of medical care, and a shortage of maternal health providers projected to worsen in coming years. Increasing access to safe, skilled, high-value maternal health care has a direct link to decreasing infant mortality rates and maternal morbidity rates, especially among low-income and minority women.

As a leading professional organization for American midwives with a commitment to reproductive justice and the awareness that we have in the past supported policies, laws and measures that have caused inequities in health care delivery and outcomes, we have taken action to right those wrongs. Our Truth and Reconciliation Statement of April 2021 was one of those action steps. In this statement we recognize our part in perpetuating and maintaining systemic racism in midwifery and healthcare. ACNM acknowledges that it can no longer continue to attribute the white washing of midwifery to a lack of qualifications or interest by Black and Indigenous people. This fails to acknowledge that white supremacy acted as suppressor, then law enforcer and “teacher”, then eliminator and replacer of Black and Indigenous traditional midwives with white midwives.

Having said this, the argument behind SB 2661 has co-opted our statement and used our words out of context to build a case for “traditional midwifery” to exist when there are three other pathways to safe, satisfying people-centered integrated midwifery practice already available to the people of Hawaii. There are federal efforts underway to fund midwifery education, particularly for those from disadvantaged backgrounds and local efforts to establish midwifery education in Hawaii. These are the kinds of solutions that will bring high-quality, safe, and satisfying midwifery care to every community.

We have grave concerns about midwifery being practiced without meaningful accountability and do not believe that SB 2661 will adequately protect the pregnant people and ohana of the state of Hawaii. Please contact Amy Kohl at [akohl@acnm.org](mailto:akohl@acnm.org) if you have any concerns or questions. I can also be contacted at [alohanursejenn@gmail.com](mailto:alohanursejenn@gmail.com) or [jennifer.a.cook65.civ@mail.mil](mailto:jennifer.a.cook65.civ@mail.mil).

Thank you for your leadership on this important matter.  
Very Respectfully,

Jennifer A Cook DNP, CNM, FNP-C  
HAA- Secretary



**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 3:40:45 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Rachel Curnel Struempf,MW	Testifying for Hawaii Midwifery Council	Support	No

Comments:

HAWAI'I MIDWIFERY COUNCIL

73-1001 Ahulani St, Kailua-Kona, HI 96740.

(808) 325-5333

‘A‘OHE HANA NUI KE ALU ‘IA

EST. 2015

February 22, 2022

Dear Esteemed Members of the Committee,

We submit this testimony in SUPPORT of SB2661 SD1 to reinstate the Hawai'i home birth task force. Birth in Hawaii is made safer for all, especially low income and BIPOC birthing people, by maintaining midwife diversity. Act 32 threatens to homogenize midwifery practices in our state. We at Hawai'i Midwifery Council are aware that the birthing population in our islands is widely diverse and that safety means access to an equally diverse pool of midwifery providers.

The amendment offered by SB2661 offers a way to continue the discussion on protecting midwifery diversity and therefore increase safety for mothers and babies in Hawai'i.

Sincerely,

Rachel Struempf LM and Tara Compehos LM

Co-Presidents, Hawai'i Midwifery Council



**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 10:29:17 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sara Harris	Individual	Oppose	No

Comments:

As an OBGYN, I oppose this bill. I believe that home birth providers should be licensed just as hospital birth providers are licensed.

While I do not perform home births, I acknowledge that many home births do go well. Those that do not often have catastrophic outcomes for both baby and mom. It is important to make sure home births are as safe as possible by ensuring competent providers are attending them. Public safety is the responsibility of the state.

Respectfully submitted,

Sara C. Harris, MD

**LATE**

February 21, 2022

SB 2261 SD1

RELATING TO MIDWIVES

Establishes the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019. (SD1)

Testimony of Midwife Tanya Walker, LM, CPM

My name is Tanya Walker. I am licensed by the Medical Board of California and Certified by the National Accreditation of Registered Midwives. I have been attending births for 20 years. I am currently attending births in CA. I have practiced Midwifery on the island of Maui and have been a long time visitor to the islands.

My training in Midwifery Education was by both traditional and certified Midwives. Clare Loprinzi, traditional midwife on the island of Hawaii, was one of my very first mentors. I am currently a student at MammaPrimitiva. Although I am a CPM I have value in learning Traditional Midwifery skills which have been passed on over many generations of women. I believe strongly that Traditional Midwives should be a legal option for women. Traditional Midwives carry a long line of knowledge and do not use Legends, Drugs, Devices or Practice Medicine. MammaPrimitiva Traditional Birth Worker Council continues to carry this long line of knowledge.

We support a home birth task force under the Hawaii state commission on the status of women. We ask for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that "current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1) We want to remain legal and be able to work in our communities which have a great need for us.

Mahalo for your time,



Tanya Walker, LM, CPM

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 12:08:56 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
michelle andrews	Individual	Support	No

Comments:

I believe that women should have the right to choose which ever support they want when birthing.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 1:01:49 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kristl Woo	Individual	Support	No

Comments:

Aloha Chair Baker and Vice Chair Chang,

I am in strong support of SB 2661 SD1.

My name is Kristl Woo and I've been a registered voter since the age of 18 and was born and raised in Hawaii. I currently work full-time in the healthcare services industry and I also own my own bookkeeping business.

I am in support of SB 2661 SD1 because it will allow a voice for the public through the Home Birth Task Force. It will also allow investigation to be done and see how the ways of the Hawaiian culture and traditional midwives can be preserved and still allow the people of Hawaii choice on how they would like to birth.

Mahalo for your time and service and for your support of SB 2661 SD1.

With gratitude,

Kristl Woo

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 1:49:00 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Lori kimata	Individual	Support	No

Comments:

Aloha,

I am in strong support and appreciate the willingness of our legislature to continue the conversation with another task force. However although this working group is a good concept I would suggest amending this amended version back to the original SB2661. Or, at least we need to amend SB2661 SD1 to extend the 2023 deadline for birth attendants to 2025 when the entire Act 32 comes up for review.

Mahalo for your time and consideration.

Dr Lori Kimata ND

**SB-2661-SD-1**

Submitted on: 2/21/2022 3:28:28 PM

Testimony for CPN on 2/22/2022 10:00:00 AM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Soleil Roache	Individual	Support	No

Comments:

I strongly support this bill. I am a mother of four. Three of my children were birthed with the assistance of several doulas and midwives. The guidance, support, and education they provide are an absolutely invaluable asset to our community! I personally know dozens of other women (and their husbands and children) who have benefitted greatly from the services of knowledgeable and experienced midwives here in Hawaii. With the help of midwives, we were able to have healthier pregnancies, make well-informed decisions about our health care and labor and delivery, and also have a better postpartum experience. Midwives offer services that hospitals simply do not provide.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 3:56:09 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Napua Rasay	Individual	Support	No

Comments:

Aloha, my name is Napua Rasay and I am a Kanaka Oihi (Native Hawaiian) woman who is learning about traditional midwifery and currently expecting my first child in the next coming week(s). I am writing testimony today to support SB 2661 SD1 and support the creation of a task force to exempt Traditional Midwives from Act 32. I support the rights of indigenous women in the state of Hawaii to continue the ancestral practice of traditional birthwork and bodily autonomy as they find fit. Birth to us is sacred, and how we choose to birth is sacred. It is the birthing person's physiological right to choose how and where they receive care for their pregnancies, births, and anything that relates to how they receive medical care, whether that be with a doctor in a hospital or with a traditional midwife in their home. Please consider this testimony as decisions are made regarding our human right to practice our traditional and cultural beliefs with our own bodies.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 6:04:20 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Harmoni Akao	Individual	Support	No

Comments:

In support.



**LATE**

To whom it may concern,

My name is Crystal Huihui. I am writing in support of SB2661 SD1. I made a choice to birth two and soon three of my children in the comfort and safe space of my home with a traditional midwife with 50 years of experience. In the beginning it was not a clear choice. I went to my hospital visits and simultaneously visited with my traditional midwife for 6 months before deciding that a home birth was what I wanted. The hours of conversation with my midwife, going over many scenarios with her gave me confidence in her ability. It kept me in the parasympathetic headspace. I tried to have the same conversations with the Doctors in the Hospital, but was limited to tests and the national averages and I didn't feel that their care was tailored specifically to me. So, I decided at 6 months to go with an unmedicated, natural home birth. After becoming a mother, I have taken an interest in community birth work. It has become very clear, after hearing dozens of birth stories, that the less intervention, the better the outcomes. The better the prenatal and postnatal care and information, the better the outcomes. The more continuity of care, the better the outcomes. My prenatal and postnatal care was tailored specifically to me and my nutritional and physical needs. The system is not one size fits all. I am so thankful that I had the choice. It is essential that we keep our rites/rights and options to birth traditionally. We need to protect our traditional midwives and make sure that more are coming for the future generations.

I support a home birth task force under the Hawaii state commission on the status of women. I ask for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that "current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and been denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1) We want to remain legal and be able to work in our communities which have a great need for us.

Mahalo

Crystal Leilani Dudoit Huihui

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 8:10:16 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Maire Cahoon	Individual	Support	No

Comments:

I support this bill.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/21/2022 8:21:12 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
daniela	Individual	Support	No

Comments:

Aloha,

I'm a traditional birth attendant (according to the current midwifery exemptions) in Hawai'i, I'm in support of this bill and ask that you please support this bill as well.

This bill will allow for important conversation to continue and for important questions to be clarified so we may clearly define and exempt traditional midwives and thus birthing options for the Hawaiian islands.

Mahalo for your time,

Daniela M.G

February 21, 2022

**LATE**

SB 2261 SD1

RELATING TO MIDWIVES.

Establishes the Home Birth Task Force to investigate outstanding issues relating to regulatory scheme created by Act 32, Session Laws of Hawaii 2019. (SD1)

Testimony of experience using traditional midwives in Hawai'i

Aloha Senators of HTH/CPN committees,

My name is Alicia M. 'Ilikea Kam and I have birthed 3 of my 4 children at home with the assistance and guidance of a traditional midwife.

I came to know Clare Loprinzi, Who comes from a long line of Black and Indigenous Traditional Midwives, from working in the gardens of Lono at Ke Kula 'o 'Ehunuikaimalino. I was hāpai with my hiapo, or oldest at the time and I was not about to consider homebirth just yet.

*“Current midwifery education and practice in America are rooted, and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters.[Excerpt from ACNM Truth & Reconciliation Resolution]*

If I knew what I now know about home birth when I was ready to have my first son, I would have chosen to have him at home also like I did for my 3 sons who came after him. *Hānau pō 'ele i ka pō he kāne, hānau o 'ele i ka pō he wahine. Hānau ka pō.* The *Kumulipo* is the oldest genealogy that we Hawaiians have that recounts the birth order or succession of people and the *ali'i* from the time the earth and heavens were created. Birth comes from darkness as a source. This thought is indigenous and cannot be experienced the same way in a hospital. Birth and delivery awakens the mother's body, soul and spirit like no other and a home birth takes this experience to an even deeper level. I will continue to choose home birth for my children especially since I have experienced both a hospital birth and a home birth. I will continue to choose a home birth for myself. It is safe. I always felt safe with my traditional midwife by my side as well as my husband and children present to assist. This cannot be done the same way in a hospital.

My family and I support a home birth task force under the Hawaii state commission on the status of women. We ask for a 3-year moratorium to be assured that there is adequate time for the Task Force to first recognize and resolve that “current midwifery education and practice in America are rooted and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters. (ACNM statement in Truth and Reconciliation Resolution) and promulgate under the United States Public Health Service Act the regulations, interpretations and guidelines of Act 32, Session Laws of Hawaii, 2019 (SD1) We want to remain legal and be able to work in our communities which have a great need for us.

In a world where mandates are becoming popular, I would hate to be forced to only birth in a hospital without the option to birth at home like my ancestors did. I understand that many people may have reservations about home birth. A woman should at least have the right to choose how and where she wants to bring her children into this world.

na'u nō me ka ha'aha'a - with utmost humility always,

*Alicia M. 'Ilikea Kam*

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 4:05:02 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Paolo Morgan	Individual	Support	No

Comments:

February 22, 2022

Aloha Esteemed Committee Members,

I am writing in strong support of SB2661 SD1. Please reinstate the Hawai'i Homebirth Taskforce and allow them to continue the work they were doing before Covid shut them down early. It would be a great service to the birthing ohana's in Hawai'i.

Mahalo,

Paolo Morgan

Kailua-Kona, Hawai'i

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 4:12:15 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Nicole Struempf	Individual	Support	No

Comments:

February 22, 2022

Dear Esteemed Committee Members,

I am writing in Strong Support of SB2661 SD1. Please reinstate the Hawai'i Homebirth Taskforce. They were doing important work before the Covid-19 pandemic stopped them prematurely.

Mahalo,

Nicole Struempf

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 4:09:12 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Ezekiel Kekoanuiokeakua Struempf	Individual	Support	No

Comments:

February 22, 2022

Aloha Esteemed Committee Members,

I am testifying in strong support of SB2661 SD1. Please reinstate the Hawai'i Homebirth Taskforce.

mahalo,

Ezekiel Struempf

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 5:58:14 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Ann S Freed	Individual	Comments	No

Comments:

Aloha Chair Baker, Vice Chair Chang and members,

I have misgivings about this bill. There have been several task forces established around the issue of Licensure for Midwives. Unfortunately there are those who oppose standardized licensure, and who appear unwilling to abide by internationally recognized standards of practice.

The make-up of the task force is therefore an issue in my mind. The task force if established should be composed of those who are willing to accept licensure in the best interest of the women who are the consumers of their services.

The safety and health of the women of Hawai`i should be the priority not the guarantee of someone's livelihood.

In addition, a valid line of pursuit for this task force, if established could be to explore ways to give financial aid to those seeking licensure and ways to overcome barriers to the requisite training.

Mahalo,

Ann S. Freed in Mililani



**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 8:58:46 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sierra Nasr	Individual	Support	No

Comments:

I strongly support this bill.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 9:22:16 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Alisa Mills	Individual	Support	No

Comments:

I am strongly IN SUPPORT of traditional midwives!

I gave birth a year ago. I know multiple other mothers who had a home birth with a traditional midwife, and it was a wonderful experience for them and the baby. I wanted to have a home birth, but the cost was not affordable to me, and my insurance would not cover a home birth.

I took an online course by experienced traditional midwives. When I went into labor, I labored at home for 36 hours. I felt adequately prepared for this after taking the online course. Then, I arrived at the hospital and gave birth to a healthy baby boy within two hours. Despite the hospital setting, I was thankful to Kaiser's midwife-driven team who was very supportive of my natural birth with no medication or anesthesia of any kind. It was a natural experience for me and the baby. It was the closest I could get to a home birth, but I still wish home birth with a traditional midwife was available and a legal for all women.

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 9:30:06 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
adaure ezinne dawson	Individual	Support	No

Comments:

Respected legislators,

I support this bill as it will reevaluate the restrictions that were created by previous legislation which prohibits CPM's who trained as an apprentice but passed the same National Certifying exam as MEAC trained CPM's from the ability of getting licensed if they wanted to do so. I fall in this category and thus must practice only as a traditional midwife. Thank you for your time.

A. Ezinne Dawson

**LATE**

**SB-2661-SD-1**

Submitted on: 2/22/2022 9:42:28 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jordan Hocker	Individual	Support	No

Comments:

I support the task force being reestablished.