

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

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

Support for SB900 SD1
February 25, 2021

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and Honorable Members,

The Hawai‘i State Commission on the Status of Women provides supports SB900 SD1, relating to maternal health.

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

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

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

In comparative perspective to other developed/First World countries, the United States “ranks poorly in maternal health outcomes, underuse of non-invasive procedures, escalating health care costs, and racial disparities in maternal health.”¹ The United States does not formally recognize the rights of pregnant women and people, although the Commonwealth of Puerto Rico’s Rights of Pregnant Women 24 L.P.R.A. § 3692 affirms pregnant women’s rights during labor, childbirth, and post-partum. This lack of emphasis on the wellbeing of American mothers is not limited to health care. Strict testing and limits, rather than universal access, often define supports offered to new mothers in the United States, including Hawai‘i (e.g., the lack of paid family leave).

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

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

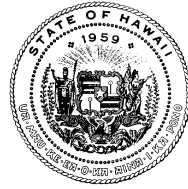
The Commission is cognizant that there may be dueling testimony as to whether this bill is duplicative or necessary in the first place. We choose to support the community organizations that called for this measure after identifying gaps in the current data collection structure and in maternal care provision.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

Accordingly, the Commission asks that the Committee pass SB900 SD1.

Sincerely,

Khara Jabola-Carolus

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



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

Testimony COMMENTING on S.B. 900 S.D. 1
RELATING TO MATERNAL HEALTH

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: 2/26/2021

Room Number: Via Videoconference

1 **Fiscal Implications:** The Department of Health does not have the resources to implement the
2 recommendations outlined in the bill and defers to the Governor's Budget Request for
3 appropriations priorities. The Department of Health (DOH) would require 1.0 FTE
4 Epidemiologist and approximately \$350,000 in operational funding to start and maintain a
5 maternal morbidity population-based health data surveillance system.

6 **Department Testimony:** The DOH offers comments on the amended S.B. 900 S.D. 1. Hawaii
7 Revised Statutes §321-322 assigns the DOH the authority to administer programs to reduce
8 infant and maternal mortality and morbidity and otherwise promote the health of women of
9 childbearing age, mothers, families, infants, children, youths, and adolescents. The types of
10 services to be provided may include but need not be limited to perinatal care, prenatal education
11 including individual risk reduction, maternal care, baby and childcare, adolescent health care,
12 and family planning.

13 The DOH believes that the bill proposes to establish new data requirements on reports of
14 maternal morbidity. Although there is a lot of public interest in this area, maternal morbidity
15 surveillance is not supported through a Federal Surveillance System and currently, there is no
16 systematic data collection for population-based maternal morbidity in the United States to serve
17 as a model. To meet the terms of the reporting requirements in this measure; a sophisticated
18 health data surveillance system needs to be in place. This surveillance system would be

1 developed in consultation with national agencies—such as the Centers for Disease Control and
2 Prevention—that conduct research on trends in maternal morbidity in the United States.

3 Additionally, the DOH and Department of Human Services (DHS) do not have direct access to
4 medical records and/or health insurance claims data from private health plans or providers.

5 As of December 2020, the DOH Maternal Mortality Review Committee—comprised of multi-
6 disciplinary agencies including the DHS—reviewed over 40 maternal deaths. These reviews
7 include in-depth medical record reviews of maternal deaths and include maternal morbidity data
8 disaggregated by race and ethnicity.

9 The DOH will continue working collaboratively with the DHS and other community partners to
10 facilitate, collect, analyze, and report severe maternal morbidity data disaggregated by race and
11 ethnic background. Additionally, the DOH—through our contracted perinatal support services
12 and family planning providers—can disaggregate data by race and ethnic background for over
13 13,000 (almost 5%) of the 267,203 women of reproductive age in Hawaii.

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

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

SB-900-SD-1

Submitted on: 2/24/2021 11:37:29 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran and members,

Strong support for this bill that will allow for the collection of data on maternal mortality in a more focused, detailed and unbiased way.

The Hawaii Women's Coalition has long supported funding for the collection of data on maternal and infant mortality as a vital basis of policy making for the health and welfare of women and families in Hawaii.

Looking at categories of ethnicity from the point of view of the actual demographics of our unique Island State only makes common sense.

Please pass,

Mahalo, Ann S. Freed, Co-Chair Emeritus, Hawaii, Women's Coalition

Friday, February 26, 2021 at 9:30 AM
Via Video Conference

Senate Committee on Ways and Means

To: Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

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

Re: **Comments with Concerns**
SB 900, SD1
Relating to Maternal Health

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

HPH provides comments on SB 900, SD1 which requires the Department of Human Services (DHS) to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity. The bill also establishes a maternal disparity and health equality task force to make recommendations on reducing maternal morbidity and improving maternal health outcomes for women, particularly women of color, and requires implicit bias training for health care professionals in perinatal facilities. These functions duplicate work that is already ongoing in cooperation with the hospitals throughout the State, including HPH.

First, while HPH believes maternal health is an important issue in the health care system, we have already taken steps to ensure healthy outcomes for mothers and their babies. SB 900, SB1 duplicates efforts that are already underway.

In 2016 pursuant to Act 203, the Maternal Morbidity Review Committee was established by the DOH which has been engaged in the process of collecting the type of data described in SB 900. Since that time, HPH together with many other hospital systems and subject matter experts have participated in the committee to identify preventable deaths, examine factors that contribute to their occurrence and implement best practices for their elimination. We believe the concerns and efforts suggested in SB 900, SD1 may be integrated into the pre-existing efforts within the DOH under Act 203. Doing so would avoid the duplicative tasks of creating an additional committee and data collection effort

for a separate state department, and would also prevent confusion among health care providers on policy recommendations from the State. A separate database established at DHS to collect the same data would not be a good use of resources.

Our recommendation is to have the efforts and recommendations of SB 900 be addressed and integrated into the ongoing Department of Health Maternal Mortality Review initiatives that was enacted under Act 203 in 2016.

Second, we appreciate the intent of requiring implicit bias training for health care professionals in perinatal facilities. We acknowledge that implicit bias exists in all levels in society. HPH along with many other employers acknowledge that the implicit biases that currently exist in our community will, therefore, also exist in employer settings, including ours as a health care provider. To address that issue, HPH is embarking on an enterprise wide – not limited to our direct care providers in perinatal setting – on an implicit bias training module for our employees.

HPH has the infrastructure and personnel to deliver targeted trainings to our employees. As an example, HPH currently provides an evidence based training on gender bias entitled “Creating a Welcoming Environment Sexual Orientation and Gender Identity (SOGI) Education for Fairness and Inclusivity” which has been conducted since 2010 and which we have provided to more than 7,000 of employees and all new hires. Training in implicit bias is conducted when an employee is newly hired as well as annually. This training includes culturally competent care delivered in live sessions and during corporate orientations.

We have already begun initial conversations with community partners such as University of Hawai’i and the John A. Burns School of Medicine both of which have in place an exemplary program that is evidence based. We will be incorporating our implicit bias training into our required employee training modules by Summer 2021.

Our recommendation is to allow employers to develop their own interventions and utilize content that is appropriate and tailored to meet their own workforce needs rather than mandating the adoption of a Department of Human Services created training.

Thank you for the opportunity to testify.



SB900 SD1
RELATING TO MATERNAL HEALTH
Ke Kōmike ‘Aha Kenekoa o ke Ki‘ina Hana a me nā Kumuwaiwai

Pepeluali 26, 2021

9:30 a.m.

Lumi 211

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB900 SD1, which would require the collection of data, including race and ethnicity data, on maternal morbidity, and require implicit bias training for health care professionals in perinatal facilities.

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

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

By collecting disaggregated race/ethnicity data and requiring implicit bias training for health care professionals employed at perinatal facilities, this measure will facilitate the

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

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

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

implementation of OHA's recommendations to improve Native Hawaiian maternal health and address Native Hawaiian maternal health disparities.

Accordingly, OHA urges the Committees to **PASS** SB900 SD1. Mahalo nui for the opportunity to testify.

SB-900-SD-1

Submitted on: 2/24/2021 10:53:39 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Angelina Mercado	Individual	Support	No

Comments:

The Hawaii State Coalition Against Domestic Violence supports the SB900 and respectfully requests that the Committee not wait until 2029 to commence this work. Experiencing domestic violence around the time of pregnancy has been shown to be associated with substance abuse, mental health problems, attempt suicide, and other risk behaviors that are associated with poor pregnancy outcomes. Additionally, women with a controlling or threatening partner are five times more likely to experience persistent symptoms of postpartum maternal depression.

Domestic violence is a public health crisis rooted in systems of oppression and racism and the intersections between domestic violence and maternal morbidity are clear. The data collections proposed in this measure allow us to better understand the gaps and failings of our systems and identify solutions, especially as it relates to social determinants of health. Implicit bias training can help narrow the gap on critical health disparities.

Thank you for the opportunity to submit testimony on this issue.

Angelina Mercado



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

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

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

Re: **SB 900 SD1- Relating to maternal health**
9:30AM, February 26, 2021

Chair Dela Cruz, Vice Chair Keith-Agaran, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of Senate bill 900 SD1**, which aims to promote equity in maternal health. We also ask that the original bill language to establish a maternal disparity and health equity task force to review existing policies and provide recommendations on improving maternal health outcomes, particularly health outcomes for women of color be included again.

Data collections allows us to better understand the gaps and failings of our systems and identify solutions. Data collection on race and ethnicity and disaggregating the data are vital to closing the gaps in outcomes for patients. The lack of disaggregated data by race has become a focal point for community organizations, coalescing around the state's COVID-19 recovery efforts. We cannot create a system of caring and healing for all if we do not understand where inequities occur.

Healthcare inequality is real. Countless studies¹ support what Black, Indigenous, and other moms of colors have been saying for decades, that their concerns and health was treated less seriously. A well-known example of this is the tennis champion, Serena Williams, who almost died after giving birth because the medical professionals did not believe her when voiced her concerns about a possible blood clot. While the doctors and nurses involved in Ms. Williams care would probably not identify their own attitudes and beliefs about Black women as part of their decision-making process, their implicit bias impacted their reactions to her voicing her concern. Implicit bias, or unconscious bias, are beliefs or attitudes towards people without conscious knowledge. Implicit bias is the result of exposure to stereotypes in our society and it shapes how a person receives and then acts on information. Implicit bias has been recognized as why patients with similar conditions may be offered varying treatments². To help rectify the problem of implicit bias in healthcare, in 2019 California passed a law requiring implicit bias training for all healthcare professionals working in perinatal services³. Hawai'i should do the same to protect the lives of our moms and babies.

Having a baby should be a joyous time. Expecting parents should be focused solely on caring for their new baby and the birthing parent, they should not have to worry about the type of care they will receive

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

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

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



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

because of their race. By enacting the proposals outlined in SB 900 SD1, we can begin to move towards a system of better outcomes for all.

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

Kathleen Algire
Director of Early Learning and Health Policy



ACOG
The American College of
Obstetricians and Gynecologists

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

TO: Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S. C. Keith-Agaran, Vice Chair

DATE: Friday, February 26, 2021

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

**Re: SB 900 – Relating to Maternal Health
PROVIDING COMMENTS**

While the Hawai'i Section of the American College of Obstetricians and Gynecologists (ACOG HI) strongly supports the overall intent of this bill, we are very concerned that the bill will not accomplish its intended outcome. We agree that a reduction in maternal morbidity in the U.S. is critically needed. We agree that multiple inequities exist throughout health care and that maternal health is no exception. We agree that adverse maternal health outcomes are disparately affecting communities of color, and that this needs to change.

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

For the Department of Human Services to also do this work seems duplicative and would likely require rather extensive manpower and funding.

While we also support implicit bias training, perinatal facilities are not the only places that a pregnant person would seek health care during their pregnancy. Pregnant people seek care from cardiologists, behavioral health specialists, social workers, etc – all of whom can have a significant impact on the quality of healthcare received by that pregnant person. Implicit bias training should be required of all workers in the healthcare field. To require it of only perinatal facilities reflects a narrow understanding of the myriad issues faced by pregnant folks.

The scope of this problem is broad and complex, and requires an understanding of how social determinants of health are driving the disparities in outcomes as well. Adequately addressing this complicated problem requires input from those currently working in maternal health - such as hospitals, physician and nursing groups, midwifery groups, community health centers – as well as social service community organizations. We suggest a task force be convened with stakeholders, including ACOG HI, HAH, Healthy Mothers Healthy Babies Coalition of Hawai'i, DOH, DHS, Hawai'i

Maternal and Infant Health Collaborative, We Are Oceania, Papa Ola Lokahi, Midwives Alliance of Hawai'i, the University of Hawaii Department of Native Hawaiian Health and others (this is not a complete list). With key stakeholders present from the outset, this task force could build on what is currently being done, rather than duplicate any efforts, and identify gaps. In all of health care it is apparent that implicit bias training is critical. Part of the work of the proposed task force would be to identify community experts who could develop an implicit bias training program for all health care workers applicable to Hawai'i's multiethnic population.

An implicit bias training program should be carefully selected, tested, and individualized to Hawaii's population prior to large scale implementation. Many implicit bias training programs exist, few have been evaluated and to our knowledge, none have been shown to result in long term changes in an individual's behavior. Racism is structural, organizational and institutional. We believe that an intervention to reduce implicit bias must take place on these levels as well as an individual level.

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

Mahalo for this opportunity to testify



February 26, 2021 at 9:30 am
Via Videoconference

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

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

Re: **Submitting Comments**
SB 900 SD 1, Relating to Maternal Health

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

Thank you for the opportunity to provide testimony offering **comments** on this bill. We appreciate the intent of this measure to improve maternal care in the state. For the past five years we have engaged with the Department of Health (DOH) on improving quality and outcomes for both mothers and children and are encouraged by the increasing national focus on this issue. As members of the American Hospital Association (AHA), we support efforts in Congress and at various federal agencies to address maternal health, disparities in care and improving outcomes.

We would note that our birthing hospitals are currently engaged in a quality improvement program in partnership with MedQUEST, community and practice groups, and the Alliance for Innovation on Maternal Health to improve on measures such as maternal hemorrhage. Further, we are engaged with DOH to carry out Act 203 (passed in 2016), which requires child and maternal mortality reviews through multidisciplinary and multiagency teams. In carrying out the purposes of this act, HAH and many of its members have helped to identify and review preventable deaths, examine the factors that contributed to their occurrence, and implement best practices for their elimination.

There is more that can be done to improve care for mothers and our member hospitals have expressed not only willingness to address disparities in maternal care but a desire to move the

needle forward and improve outcomes as part of a collaborative effort involving providers, state agencies, and community groups. We are still at the beginning stages of many of these efforts and suggest that duplicative efforts could take away resources and hamper improvement.

For example—while data collection on maternal morbidity could be helpful, there are existing entities and groups that could provide these services. A concern members have expressed is that setting up a new data repository will be very costly for whatever entity must house it—costs would include acquiring software, meeting stringent privacy and security requirements, having staff to receive and clean up the data, and having analysts to provide appropriate and accurate reports of what the data is saying and what it means. This would likely require an appropriation, grant, or other source of funding.

Further, we would request that the implicit bias training not be required through a program created by a state agency. There are multiple programs that exist currently that provide evidence-based, clinically-appropriate training for healthcare providers that have been endorsed by organizations such as the AHA and the Association of American Medical Colleges. For example, the AHA recommends an implicit bias training course specifically on maternal care developed by the March of Dimes titled “Breaking Through Bias in Maternity Care.”ⁱ

Most importantly on implicit bias training—many of our members have expressed that they are currently engaged in establishing broader implicit bias training for their staff to improve care for **all** patients and to address bias relating to race, gender, sexual orientation, immigration status, and other areas. The AHA also has resources for this type of training which can be used, thus questioning the need for a state-developed program that may not be as clinically-oriented and will require funding and labor resources to develop.ⁱⁱ

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

ⁱ <https://www.aha.org/march-dimes-implicit-bias-training-breaking-through-bias-maternity-care>

ⁱⁱ <https://www.aha.org/guidesreports/2019-04-18-4-ways-health-care-organizations-can-utilize-implicit-association-test-iat>



healthy mothers
healthy babies
COALITION OF HAWAII

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

9:30 AM, Friday, February 26, 2021

Testimony in Strong Support of Senate Bill 900

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

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

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

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

The Maternal Health Equity Bill will:

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

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

Thank you,

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



Hawaii Women's Coalition

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

9:00am , February 26, 2021

Testimony in Strong Support of Senate Bill 900

Dear Chair Dela Cruz, Vice Chair Keith-Agaran and committee members,

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

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

The Maternal Health Equity Bill will:

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2. Require Implicit Bias Training for all healthcare professionals employed at a perinatal facility and in direct patient care.
3. Collect data on the near misses/severe maternal morbidity and the causes and disaggregate/separate by race/ethnicity

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

Thank you,
Hawaii Women's Coalition



Planned Parenthood Votes Northwest and Hawai'i

To: Hawai'i State Senate Committee on Ways and Means
Hearing Date/Time: Fri, Feb. 26, 2021, 9:30 am
Place: Hawai'i State Capitol, Room 225
Re: Testimony of Planned Parenthood Votes Northwest and Hawai'i in support of SB 900 relating to maternal health

Dear Chair Dela Cruz and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in support of SB 900 SD1, which will help ensure all people in Hawai'i get the maternal health care and supports they need to have healthy pregnancies, births, and postpartum periods. At the height of three public health crises – the COVID-19 pandemic, structural racism, and maternal mortality – this legislation would help Hawai'i understand the root causes underlying maternal health disparities and take steps towards improving maternal health.

Economic inequality, structural racism, and public health failures have all collided and resulted in dire maternal health outcomes for Black, Native Hawaiian, and other Pacific Islander people in Hawai'i. Our state currently has a D+ on its maternal health report card, in part because of large racial disparities in maternal health outcomes. Black people in Hawai'i have the highest rate of preterm birth, with a rate 24 percent higher than the rate among all other women. Twenty-three percent of maternal deaths occur in Pacific Islander and Native Hawaiian communities even though they make up a significantly smaller portion of the population of the state. It is clear that the status quo is harming and killing our BIPOC (Black, Indigenous, people of color) birthing people and causing unacceptable maternal and infant health outcomes – the state needs to start collecting data and disaggregating it based on race and ethnicity so we can get the true picture of what is happening to those most impacted and address the disparities.

Hawai'i currently does not collect maternal morbidity data and only just started to collect maternal mortality data, but this data are insufficient because it is not separated out by race and ethnicity. Maternal mortality is just the tip of the iceberg – for every maternal death, there are 100 life-threatening medical conditions that occur related to pregnancy, which we can't unpack in Hawai'i due to a lack of data. SB 900 would address these gaps in knowledge and require adequate collection of data, including collection of maternal morbidity data and data disaggregated by race and ethnicity. Additionally, SB 900 would establish a Maternal Disparity and Health Equity Task Force to diversify the voices giving input on maternal health issues and make recommendations on policy. Planned Parenthood is especially happy to see the Task Force's prioritization of BIPOC birthing people and their focus on social determinants of health as they relate to maternal health.

SB 900 requires implicit bias training for all health care professionals employed at a perinatal facility and in direct patient care, which takes a crucial step towards dismantling the systemic racism and bias that permeates our health care system. We know implicit bias in health care providers is a top contributor to worsened health outcomes and disparities for Black, Native Hawaiian, and other Pacific Islander birthing people – it is critical to implement implicit bias training to counteract negative attitudes and perceptions that contribute to these negative maternal health outcomes. Planned Parenthood believes all people in Hawai'i deserve to have healthy pregnancies, births, and postpartum periods, and we are glad to see SB 900 taking steps towards understanding and addressing maternal health outcomes and disparities. Thank you for this opportunity to testify in support of this important legislation.

Sincerely,

Laurie Field
Hawai'i State Director
Planned Parenthood Votes Northwest & Hawai'i



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Senate Committee on Ways and Means

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

Date: February 26, 2021

Re: Comments and support for the intent on SB900, SD1: Relating to Maternal Health

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

Queen's appreciates the opportunity to provide comment and support the intent on SB900, SD1 which would require the Department of Human Services (DHS) collect and report maternal data, establish a maternal disparity and health equity task force, and require implicit bias training for health care professionals in prenatal facilities. Queen's appreciates and supports the intent of this measure, however, we would note the ongoing efforts of the Healthcare Association of Hawai'i and the American College of Obstetricians and Gynecologists has been engaged on to improve quality and outcomes of mothers and children in the state.

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

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

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

SB-900-SD-1

Submitted on: 2/24/2021 10:45:58 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Harley Broyles	Individual	Support	No

Comments:

I am writing this in support of SB900. It is important to recognize and acknowledge disparities among indigenous women and women of color in pre and post-natal health, and birth. SB900 must be implemented to ensure all women are guaranteed equal health treatment in birth and the best birthing outcomes, no matter how they choose to birth. We must take care of mothers in order to have thriving keiki. Mahalo.

SB-900-SD-1

Submitted on: 2/24/2021 11:38:49 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

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

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

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

Alani Bagcal

alani.bagcal@ppvnh.org

96815

SB-900-SD-1

Submitted on: 2/24/2021 5:01:08 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

Aloha WAM Committee:

As a public health professional and concerned community member, I support this measure to collect and report severe maternal morbidity data, disaggregated by race and ethnic background, and which would establish a statewide training program.

Mahalo,

Thaddeus Pham (he/him)

SB-900-SD-1

Submitted on: 2/24/2021 7:32:05 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

I support SB900

SB-900-SD-1

Submitted on: 2/24/2021 8:08:24 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa M Robertson	Individual	Support	No

Comments:

Dear Chair Dela Cruz , Vice-Chair Keith-Agaran and esteemed members of the committee. My name is Teresa Robertson and I am writing in strong support of SB900.

I am a doula specializing in perinatal loss support. This means in the last 5 years, I have cared for, tended to, and held over 60 infants that have died. The fact that there is no task force or proper oversight to these losses or acknowledge the injustice of Native Hawaiian, Black, Asian, and additional indigenous women of color - recognized by the CDC and AGOC - is literally costing lives.

If you are not concerned for the lives that are lost, or understand the discrepancy that is the common thread in these deaths, I welcome you to shadow me for another 5 years. â—•

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

Teresa Robertson

teresa@hawaiibirthdoula.com

SB-900-SD-1

Submitted on: 2/24/2021 8:09:08 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Robertson	Individual	Support	No

Comments:

Women across the nation, and specifically in Hawaii, are suffering from astounding complications associated with their pregnancies. A growing body of evidence points to women of color suffering these complications disproportionately, likely due to the level of care received. This bill, while not perfect, helps to address some of that growing body of evidence and tries to approach it through additional data and research along with training to improve these conditions that all women go through during birth.

SB-900-SD-1

Submitted on: 2/24/2021 9:53:06 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

I am a licensed midwife and have been supporting birthing families since 2012. I understand the dangers in the state not collecting maternal morbidity data as well as having maternal mortality data not properly separated by race and ethnicity. Although there is great strength in the diversity of our communities in Hawai'i, there are many disparities in healthcare. Aggregated data can mask patterns that have the potential to reveal deprivations and inequalities in maternal mortality and morbidity. It is our duty to work harder in order to save the lives and livelihoods of all birthing families, but in particular, noting the implicit bias and inequitable treatment in healthcare for Black, Native Hawaiian or other Pacific Islanders. SB900 and the strides forward in protecting our birthing families while improving health outcomes for communities of color cannot wait until 2029. The years we would lose by creating this gap in action further draws out the inequities in healthcare and creates an unfortunate emphasis where birthing people of color are not part of the conversation. I write in strong support of SB900 and urge us to work together in putting and protecting birthing people of color back on the immediate agenda.

SB-900-SD-1

Submitted on: 2/24/2021 10:49:42 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

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

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

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

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

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

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

Please support SB 900.

Thank you for your time,

Catherine Ritti

SB-900-SD-1

Submitted on: 2/24/2021 11:17:20 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

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

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

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

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

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

Sincerely,

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

February 26, 2021

To: Ways and Means Committee

FROM: Kari Wheeling

Date: Friday 26, 2021, 9:30 a.m., CR 211

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

Dear Chair Dela Cruz and Members of the Committee:

I am a Family Nurse Practitioner writing in strong support of SB 900 SD1 and provide comments.

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

I can appreciate similar efforts outlined in this legislation by ACOG HI and Healthcare Association of Hawaii to obtain statewide maternal health data, and become a part of ACOG's Alliance for Innovation on Maternal Health (AIM), however. There is no entity holding them accountable moving forward and pushing them to stay on track.

Taking the task force out of the bill will limit community involvement. The purpose of a task force is to bring community and community partners to the table with other stakeholders to make recommendations in regards to improving maternal health particularly for communities of color. Having a task force will hold the state accountable and continue to move forward in a timely fashion. Inserting an effective date of May 1, 2029, to encourage further discussion is much too late to address this important maternal epidemic.

Funding for this initiative does not need to be costly. Hawaii is currently collecting data on incidents of severe maternal morbidity, but the data is not disaggregated by race or ethnic background, making it difficult for the State to assess and meet the specific needs of women who are Black, Native Hawaiian, Samoan, and other women of color. There are other States currently collecting mortality and morbidity data that Hawaii can look to on how to maximize our efforts in collecting data. One such State is Texas's Maternal Mortality and Morbidity Review Committee. Hawaii's resources should not be used to duplicate efforts but rather maximize our current systems in place that are addressing maternal child health data needs.

Thank you for the opportunity to testify.

Kari Wheeling

Family Nurse Practitioner- BC

SB-900-SD-1

Submitted on: 2/25/2021 6:36:36 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

TO: Senator Dela Cruz and Members of the Senate Ways and Means Committee

RE: SB 900 SD1 Maternal Health

Date: February 26, 2021 9:30am

Good Morning. I am Patricia Bilyk, an advanced practice registered nurse, practicing in the State of Hawaii for the last 49 years and specializing in Maternal Infant health.

I stand in **STRONG SUPPORT** of SB 900 SD 1 respectfully suggesting the following additions to this draft.

First, I suggest your reinstate the Maternal Health Equity Task Force to allow community individuals of various racial and ethnic groups to be involved with the identification of problems and solutions regarding their own health.

Second, implementation of this bill and hopefully law, needs to occur in 2021. The specific collection of the data on pregnant women of color needs to be collected now!

Third, reinstate the implicit bias training to be conducted by the Commission on the Status of Women specifically offering it to perinatal health professionals in our State. The cost for this training does not even come close to the costs of an early delivery for a mother or NICU charges for her infant!

Hawaii has a D+ rating by national maternal health metrics specifically for the maternal health of Black, Hawaiian and Indigenous women during pregnancy. You need to help change this situation by collecting more specific data on these population groups. With quality data, we health professionals will be better able to work with the community to improve maternal and infant health outcomes in our State!

I urge you to reinstate the points identified into the next draft of this bill and pass it out of your Committee.

Thank you.

Patricia L. Bilyk, APRN, MPH, MSN

SB-900-SD-1

Submitted on: 2/25/2021 6:48:54 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

To: Senator Dela Cruz, Chair, Ways and Means Committee

Senator Keith-Agaran, Vice- Chair, Ways and Means Committee

From : DECEMBER GROSS

Hearing: Friday , February 26, 2021 9:30am

RE: SB900 Hawaii Mothers Matter Maternal Health Equity Bill

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

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

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

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

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

December Gross

SB-900-SD-1

Submitted on: 2/25/2021 7:49:08 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Caranguian	Individual	Support	No

Comments:

My name is Courtney Caranguian and I am Native Hawaiian, a community Doula and a birthing person with morbidity. I have experienced and seen the disparities that exist in my community.

On a personal level, after birth, I was left with pelvic floor and mental health issues, as well as chronic back pain that were ignored and diminished. Things like “oh you’re fine” were said when I asked for referrals. I was not heard. Today I continue to live with morbidity from birth. Morbidities exist and they are not fun to live with.

On a professional level I have served many birthing families and have seen the difference of care between my BIPOC clients and their white and Asian counterparts. You may think systemic racism does not exist here but we are not immune to this issue in Hawai'i. The state of Hawai'i is founded on racism so it is easy to perpetuate this kind of culture and ignore issues that truly face our community. Think about the bigger picture and not just the people within your circle.

It is not okay to keep ignoring our pregnant and birthing people and it is not okay to be implicitly biased. We cannot afford to not pass this bill. This will save lives and money. SB900 should be passed in its full capacity to bring these issues to the table and everyone have accountability.

SB-900-SD-1

Submitted on: 2/25/2021 8:42:34 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Donavan Albano	Individual	Support	No

Comments:

Aloha Chair Dela-Cruz, Vice-Chair Keith-Agaran, and Members of the Senate Ways and Means Committee,

Mahalo for the opportunity to submit testimony on SB900: Relating to Maternal Health, also known as the Hawai'i Mothers Matter Health Equity Bill. My name is Donovan Kamakani Albano, a resident of Kalihi, O'ahu, and I **strongly support this measure and urge you to pass SB900**, which would establish a maternal disparity and health equity task force, require implicit bias training for all healthcare professionals employed at a perinatal facility and in direct patient care, and require the Department of Human Services to collect and report data on maternal morbidity disaggregated by county, race, and ethnicity. I stand in solidarity with and amplify and center the words and voices of BIPOC birthing folks, Healthy Mothers Healthy Babies, AF3IRM Hawai'i, and the Hawai'i State Commission on the Status of Women below.

It is imperative that the voices of Native Hawaiian, Pasifika, and Black birthing people are centered and prioritized. Black women make up 3% of the state's population, but have the worst birth disparities experiencing 24% higher preterm births than any other group in Hawai'i. In terms of maternal health care, Hawai'i received a D+ grade, a failing grade. Hawai'i state report recommends the need to understand the causes and impacts of severe morbidity for those most affected and impacted by it, especially racial and ethnic disparities, and those most impacted are Black, Native Hawaiian, and Pasifika birthing folks.

By establishing a maternal disparity and health equity task force, diverse and inclusive voices can be given on maternal health issues and disparities, which will be important in informing policy recommendations. It is important that we listen to the community and have a particular lens and sensitivity to the needs of Black, Native Hawaiian, and Pasifika birthing people in order to provide recommendations on how to address maternal health disparities. Additionally, implicit bias training enables learning the effects of historical oppression and exclusion on marginalized communities of color, discusses barriers to inclusion that range from interpersonal to systemic, and identifies participants' implicit prejudices, stereotypes, and biases. Finally, it is integral that data be collected in order to see who is being harmed and why, which can inform actions that can be taken to decrease the number of near misses that are preventable with proper

attention and care, as well as separate out the Asian/Pacific Islander group into specific racial and ethnic groups that comprise Hawai'i.

The settler state must take actions towards maternal health equity, which is long overdue, and I strongly urge the Committee on Ways and Means to support SB900, Maternal Health Equity Bill. Mahalo for the opportunity to submit testimony.

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

9:30 AM, Friday, February 26, 2021

Testimony in Strong Support of Senate Bill 900

Dear Chair Dela Cruz , Vice-Chair Keith-Agaran and esteemed members of the committee,

My name is Vivian Choy, CCM and thank you for the opportunity to testify in **strong support of Senate Bill 900**, which aims to promote equity in maternal health.

I am a case manager who has earned the Certified Case Manager (CCM®) credential and have the expertise, knowledge, and professional experience to provide the right services to patients across the continuum of care and be committed to uphold the highest professional and ethical standards. In today's health care environment, patients/clients need an advocate on their side. We act in an individual's best interest in a complex and fragmented health care system to provide optimum value and desirable outcomes for all involved.

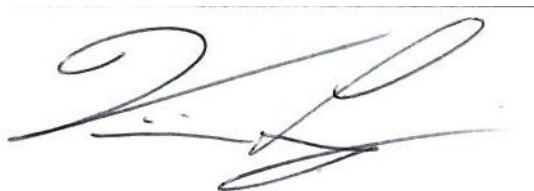
A Black, Native or Indigenous woman is 5x more likely to die during pregnancy than her white counterpart and for every 1 death 100 more women will have near misses and severe morbidity or complications. If we want to reverse this trend, we need to implement policies that enable us to identify inequities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

Maternal mortality is just the tip of the iceberg; maternal morbidity is the part we can't see, especially here in Hawai'i. This is why we need to start collecting this data and separate/disaggregate it based and race/ethnicity groups specific to our community so we get the true picture of what is happening to those most impacted. The collection and analysis of disaggregated (separated out) maternal morbidity data by race/ethnic will allow us to understand the scope of our maternal health crisis and take actions to do better.

The task force will bring community and community partners to the table with other stakeholders to make recommendations in regards to improving maternal health particularly for communities of color. The community needs to be heard and listened to, they know first-hand, what is happening. All that is asked is to protect ALL of the mothers of Hawai'i. If mothers are saying something is wrong, the ones receiving the care, or lack of care, we can't only be listening to the providers that say they are doing their jobs. There's obviously something wrong.

I work with clients and hear their stories every day and we desperately need to support the birthing community in Hawai'i as there are too many barriers parents face. How many more deaths or close calls do we need until it's enough? I support Senate Bill 900 because we know that passing this legislation will allow us to understand the scope of our maternal health crisis and take actions to do better. I respectfully request your committee to vote favorably on Senate Bill 900.

Thank you,

A handwritten signature in black ink, appearing to read 'Vivian Choy', written over a horizontal line.

Vivian Choy, CCM

To: Senator Dela Cruz , Chair, Ways and Means Committee
Senator Keith-Agaran , Chair, Ways and Means Committee

From: Tanya Smith-Johnson, MS, CPM

Hearing : Friday , February 26, 2021 9:30am

RE: SB900 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran and esteemed committee members. My name is Tanya Smith-Johnson. I am writing in strong support of SB900 Hawaii Mothers Matter Maternal Health Equity Bill. I am a midwife, midwifery educator and faculty at 2 midwifery institutions, Navy veteran and reproductive health advocate. I am the policy director at Healthy Mothers Healthy Babies Coalition of Hawaii. I work on the national level as the Director of Outreach, Advocacy and Education for the Big Push for Midwives. I am a Co-Founder and the Vice President of the Birth Future Foundation. I am a part of the Global Perinatal Task Force on Quality Perinatal Care During COVID19, a collaborative effort by people from all over the globe, coming together to figure out what we do in this moment, particularly for Black, Native, Indigenous women of color. As you see, I wear many hats and this work is what I live and breathe. But most importantly, I am a mother of 6 and a Black woman. No matter how many degrees I have, no matter the titles I hold and no matter the amount of access to maternal care I have, I am still 3-4x more likely to die or have a complication than white women. No amount of education or access keeps me safe when implicit bias and racism are the cause. More and more studies show that it is **racism**, internalized and implicit biases, and **not race**, that are the root causes of the gaps we see in healthcare. In the richest and most resourceful nation in the world, that spends the amount of money we do on maternal health, we should have better outcomes and the best maternal health care.

With Hawaii being one of the few states that invests so heavily in making sure it's people and residents have health care and insurance, spending millions of dollars each year on maternal and infant health , we should want to make sure that money is well spent and we are getting the outcomes we pay for. The argument that this will cost money or that we don't have the money or that this can't be done is false. We have the money and spend lots of it, but we still fail Black, Native Hawaiian, Filipinx and other Pacific Islander communities daily. Every preterm birth, every stay in the NICU, every additional night stay in the hospital, every intervention that could have been prevented costs money and that money is getting poured into a system and infrastructure with cracks and we are hemorrhaging money just to still fail. We have a D+, a failing grade,

based on the March of Dimes most recent report. This alone should be enough to make you angry or atleast question what we are doing and why we aren't doing a better job. With on average 15,000-17,000 births a year, and most of those covered by the state, we should want to make an investment in doing better. And in order for us to do better, we have to address institutional and structural racism . We must look at implicit bias and how it affects care and outcomes of our Black, Native Hawaiian, Micronesian and Pacific Islander birthing people. We must look at the intersections of identity that play roles in how we are seen and treated. We must start to look at the huge birth disparities that have become more blatant during this COVID19 pandemic.

Hawaii has over 100 health facilities, 28 hospitals and 12 birthing facilities across the state. We have 3 pediatric hospitals with NICUs, all of which are on Oahu, so what does this mean for rural and outer island birthing people? There are about 480 family and general practitioners, close to 130 obstetricians and gynecologists, and about the same number of pediatricians in the State of Hawaii. Based on the 2017 population estimate (1,427,538), there are 9.1 obstetricians and gynecologists, and 9.8 pediatricians per 100,000 population, which are similar or slightly higher compared to the estimates in the U.S. population while the rate for family and general practitioners in Hawaii (33.6 per 100,000 population) is below the national rate (38.8). Hawaii's Medicaid eligibility levels for children are much higher than the national average and about average for pregnant women and parents. Hawaii's Medicaid eligibility levels for children are much higher than the national average and about average for pregnant women and parents. So we as a state pay for and care for a larger population of pregnant and birthing people, babies and children per capita than other states. All of which are affected by what we do. Don't we want to get this right..now and not 10 years down the line? What is the human and financial cost of waiting?

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

We don't know the scale of maternal morbidity by race/ethnicity that is specific to communities in Hawaii because we don't collect it. Black women and their babies are experiencing the same birth outcomes that we hear about on the mainland. Hawaii isn't the exception. The huge disparities here in Hawaii requires better data collection that is

disaggregated by race and ethnicity so we can get the full picture of what is happening to and within the communities of Hawaii. We just began collecting mortality data but it is just the tip of the iceberg. Black, Native Hawaiian, Micronesian and Filipinx birthing people have the worst maternal health disparities. Disparities are significant and require our immediate attention.

The March of Dimes 2020 report gives Hawaii a failing grade of a D+. We must begin to realize these disparities by starting to listen to the community . We must begin to listen to the community and what they are saying their needs are. Community must be part of the conversation about their care and lives. We can't keep doing the same things we have always done with the same actors, people that live and work in the same circles and who tell us that they are doing, it is already being done and there is no need. This is how we got in this position in the first place. We can't expect different results with the same people at the table. We have been failing for decades now and we are still failing. We are still talking about it. So when people say this is duplicative or its already being done, I ask "why are we still failing then? When will there be different results and outcomes? How much longer will we tell Black and Native Hawaiian people to wait? How many preterm births will it take before there is some urgency? How many Black babies have to die before it is worth stopping everything to fix it? Black women are experiencing the same birth disparities, suffering from the same implicit bias and racism, that we hear about on the mainland. National legislation was just introduced to take a look at these issues on a national scale. SB900 is right in line with national efforts. Hawaii could finally be in the lead or at least aligned with the rest of the country.

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

Tanya Smith-Johnson, MS, CPM
tanyasj@hmhb-hawaii.org

LATE

SB-900-SD-1

Submitted on: 2/25/2021 9:32:42 AM

Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

Hello,

My name is Nanea Lo. I'm a Kanaka Maoli (Native Hawaiian) and have been living in my ancestral homelands all my life. I'm writing in support of SB900 SD1.

The needs of Native Hawaiian, Pacific Islander and Black birthing people be centered and prioritized. Black women make up 3% of the state's population but have the worst birth disparities experiencing 24% higher pre-term births than any other group in Hawaii. Hawaii received a D+ , A failing grade, for maternal health care. Our own state report from the March of Dimes recommends the need to understand the cause of and impacts of severe morbidity for those most affected and impacted by it, especially racial and ethnic disparities. Those most impacted ar BLACK, NATIVE HAWAIIAN and other PACIFIC ISLANDER birthing people. The state is failing and it's time the state do something about it.

Support this bill.

me ke aloha 'Ä• ina,

Nanea Lo

February 25th, 2021

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

LATE

Date: 9:30 AM, February 26th, 2021
Re: Testimony in Strong Support of Senate Bill 900

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and esteemed committee members,

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

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

SB 900 does exactly that; asks for a comprehensive response; to bring together state agencies, hospitals and community. COVID-19 further exacerbated inequities that exist here; solving complex data issues requires all parties to contribute. The task force will be able to work to make recommendations on the best way our state can collect data- we cannot keep lumping significant racial data that would have repercussions to how the community responds to needs and fill gaps. In the cases of maternal mortality and Severe Maternal Morbidity (SMM), measures reducing barriers to quality care access and confronting structural factors that wear on the day-to-day lives of Black and Brown women are essential.

Though we least expect racial inequities to be exacerbated in health systems and clinical settings, they exist and Hawaii is no exception. Our community is crying for help. Accurate data will help drive our collective work together to improve maternal outcomes; it will tell us specifically where to stretch our dollars for maternal health in our state. According to reports and analysis from the Premier Healthcare Database, the cost of a vaginal delivery with SMM is

88% more than the cost of a vaginal delivery without SMM factors. The cost of a cesarean delivery with SMM is 155% more than the cost of a vaginal delivery without SMM factors. Now consider that more than 1/3 of the SMM cases are preventable. That is a huge savings for healthcare costs

We need to make women's health a priority, take concrete steps to face racism and bias in health care and provide community with accurate information. This will help us improve our understanding of the burden and impact of maternal morbidity. Supporting this measure tells community and the country that we are paying attention and Hawaii Mothers Matter. We have an opportunity to come together and truly move the needle in addressing the maternal health crisis and the community stands ready to help.

Sincerely,

Sunny Chen

SB-900-SD-1

Submitted on: 2/25/2021 9:41:21 AM

Testimony for WAM on 2/26/2021 9:30:00 AM



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

Comments:

Please pass SB900 SD1!

Mahalo,

Jen J.

LATE

SB-900-SD-1

Submitted on: 2/25/2021 12:59:06 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sorcha McCarrey	Individual	Support	No

Comments:

Hello, my name is Sorcha McCarrey. I grew up in LĀ• 'ie on the North Shore of O'ahu. I am the second of four girls; my mother always tells me the story of when my sister was born, how excited I was to see her when I visited Queens'. Then and now, birth is beautiful and deserves to be celebrated. However, it is deeply concerning that not all in our state have the opportunity to have the same experience as my mom when giving birth. For example, Black women have a rate of pre-term births 24% higher than any other group in Hawai'i. The World Health Organization states that pre-term babies are more likely to die or have a disability in early childhood.

Additionally, maternal morbidity is also a problem for oppressed racial and ethnic groups, with Black, Native Hawaiian, and Pacific Islander Groups being most affected. When my mother gave birth to me, she had to get a C-section. Were a mother from any of those groups listed above to get a C-section, she would be more likely to suffer health complications or even die as a result of this procedure. We must find out how to address this pressing problem for the health of Hawai'i's mothers and children.

Any approach to solving a problem must begin with those most directly affected. That is why it is essential to establish a task force made up of members from the community who will be able to communicate the needs of the mothers. It is important to pick people from within the community due to the history of medical racism in Hawai'i and on the mainland. For instance, Pacific Islanders are three times as likely as white people to die from COVID-19, making up 4% of the overall population but accounting for 30% of cases in Hawai'i according to Civil Beat. Due to this longstanding record of mistreatment, it's important the community members from the groups most affected are present and centered in order to give voice to the needs of their communities which may go otherwise unreported due to earned distrust and caution.

In order to combat medical racism, all healthcare professionals must go through implicit bias training, as the first step in changing behavior is recognizing the problem within oneself.

And lastly, data must be further collected on maternal morbidity. Currently, the data collection system groups Native Hawaiians and all other Pacific Islanders with Asian Americans. This is a faulty paradigm, as the needs of these communities are very different. In order to know what's really happening and work towards a solution, the

racial/ethnic categories must be disaggregated in order to provide a more accurate picture of the problem.

Thank you for considering this bill.

LATE

SB-900-SD-1

Submitted on: 2/25/2021 4:54:02 PM
Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Jane Bennett	Individual	Support	No

Comments:

Please pass this very important SB900 SD1.

It is way overdue in my humble opinion.

Mahalo nui loa

Mary Jane P. Bennett

IBCLC LCCE CD(DONA) ECE

Certified Birth Doula on Maui for 17 years

LATE

SB-900-SD-1

Submitted on: 2/25/2021 8:46:15 PM

Testimony for WAM on 2/26/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Princess Lei Ebbay	Individual	Support	No

Comments:

To: Senator Dela Cruz, Chair, Ways and Means Committee
Senator Keith-Agaran, Vice -Chair, Ways and Means

From: Princess Lei Ebbay

Hearing : Friday , February 26, 2021 9:30am

RE: SB900 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Dela Cruz , Vice-Chair Keith-Agaran and esteemed members of the committee. I am writing in strong support of SB900.

Studies suggest that Pacific Islander women have disparate rates of preterm birth, primary cesarean delivery, preeclampsia, gestational diabetes, and low birthweight infants. However, data is limited. In order to improve the health of Pacific Islanders, it is essential to better understand differences in obstetric outcomes in this diverse population. 23% of maternal deaths occur in Native Hawaiian and Pacific Islander communities even though they make up a smaller portion of the population of the state. In Hawaii, the preterm birth rate among Black women is 24% higher than the rate among all other women. (March of Dimes 2020 report). During 2016-2018 (average), the very preterm birth rate in Hawaii was highest for black infants (2.9%), followed by Asian/Pacific Islanders (1.7%), Hispanics (1.5%) and whites (1.1%).

Black infants (2.9%) were about 3 times as likely as white infants (1.1%) to be born very preterm during 2016-2018 (average). These birth disparities can not persist.

Additionally, for every 1 maternal death there are 100 more life-threatening that occur related to pregnancy . Maternal mortality is just the tip of the iceberg, maternal morbidity is the part we cant see especially here in Hawaii. This is why we need to start collecting this data and separate /disaggregate it based on race/ethnicity groups specific to our community so we get the true picture of what is happening to those most impacted. 2029 is too far out to address these maternal issues. In those 8 years, rates will continue to rise and women will continue to suffer. Mothers and babies cannot wait till 2029 to see change happen. Change needs to happen and it needs to happen now.

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

Princess Lei Ebbay

LATE

SB-900-SD-1

Submitted on: 2/25/2021 9:41:21 PM
Testimony for WAM on 2/26/2021 9:30:00 AM

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

Comments:

Hello,

The needs of Native Hawaiian, Pacific Islander and Black birthing people must be centered and prioritized. Black women make up 3% of the state’s population but have the worst birth disparities experiencing 24% higher pre-term births than any other group in Hawai’i. Hawai’i received a D+ , which is a failing grade, for maternal health care. Our own state report from the March of Dimes recommends the need to understand the cause of and impacts of severe morbidity for those most affected and impacted by it, especially racial and ethnic disparities. Those most impacted are BLACK, NATIVE HAWAIIAN and other PACIFIC ISLANDER birthing people. We, as a state, are failing. We have the data showing the disparity in service and we need to create ways to decrease this disparity. We are doing a disservice to our community if we do not act now.

I appreciate your time.

SB-900-SD-1

Submitted on: 2/25/2021 10:07:33 PM

Testimony for WAM on 2/26/2021 9:30:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
sofia scheuerman	Individual	Support	No

Comments:

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran and esteemed members of the committee. My name is Sofia Scheuerman and I am writing in strong support of SB900.

I want to see powerful improvements in maternal and infant health outcomes here in Hawaii. The best way to improve health outcomes is collecting accurate data by race and engaging community participation. Taking these first steps could save lives in the future. According to the March of Dimes Hawaii has a D+ on its maternal health report card. I know we can do better as a state.

Currently 23% of maternal deaths occur in Native Hawaiian and Pacific Islander communities even though they make up a smaller portion of the population of the state. During 2016-2018 (average), the preterm birth rate in Hawaii was highest for black infants (2.9%), followed by Asian/Pacific Islanders (1.7%), Hispanics (1.5%) and whites (1.1%). Systemic racism causes unnecessary medical complications and death. Many other states have grappled with how to address systemic racism and with the implementation of a maternal health task force, better data collection and implicit bias training mortality and morbidity was prevented. Hawaii must follow suit.

As a healthcare professional working directly with mothers and babies, I strongly urge you to support SB 900. Children of all colors across Hawaii deserve a healthy start to life.

I appreciate the opportunity to testify.

Sincerely,

Sofia Scheuerman

ssscheuerman@gmail.com

SB-900-SD-1

Submitted on: 2/26/2021 9:35:59 AM

Testimony for WAM on 2/26/2021 9:30:00 AM



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

Comments:

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran and members of the committee,

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

Women and babies are suffering and dying. 2029 is too long to wait to address this maternal health epidemic. A Black, Native or Indigenous woman is 5x more likely to die during pregnancy than her white counterpart and for every 1 death 100 more women will have near misses and severe morbidity or complications. SB 900 will ensure accurate collection and analysis of data by race and ethnicity to show what is happening specifically to Black, Native Hawaiian, Micronesian, Samoan, and other Pacific Islander pregnant, birthing, and postpartum people. This is the first step to understand the scope of our maternal health crisis and take action to improve the health of the most marginalized in Hawaii. There is beauty in Hawaii's diversity, so our systems need to reflect that in the ways systems care for people.

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

The implementation of a maternal health task force will be effective in responding to the needs of Black, Native Hawaiian, Micronesian, and other Pacific Islander

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

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

Thank you for your time,
Ashley Galacgac