DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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Testimony COMMENTING on S.B. 900 S.D. 2
RELATING TO MATERNAL HEALTH

REP. RYAN I. YAMANE, CHAIR
SENATE COMMITTEE ON WAYS HEALTH, HUMAN SERVICES & HOMELESSNESS

Hearing Date: 3/16/2021 Room Number: Via Videoconference

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

Department Testimony: The DOH offers comments on the amended S.B. 900 S.D. 2. Hawaii Revised Statutes §321-322 assigns the DOH the authority to administer programs to reduce infant and maternal mortality and morbidity and otherwise promote the health of women of childbearing age, mothers, families, infants, children, youths, and adolescents. The types of services to be provided may include but need not be limited to perinatal care, prenatal education including individual risk reduction, maternal care, baby and childcare, adolescent health care, and family planning.

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

Prevention—that conduct research on trends in maternal morbidity in the United States. Additionally, the DOH and Department of Human Services (DHS) do not have direct access to medical records and/or health insurance claims data from private health plans or providers.

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

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

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

Thank you for the opportunity to testify on this measure.

‘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 SD2 with Amendments
March 15, 2021

Aloha Chair Yamane, Vice Chair Tam, and Honorable Members,

The Hawai‘i State Commission on the Status of Women provides supports SB900 SD2, relating to maternal health.

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 and 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 livesaving 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.

Requested Amendment

The Commission believes that implicit bias training is critical to encourage equitable care but given the multiple bills advancing this Session that could add weighty tasks to our small office we are concerned about our ability to organize training for each health care professional on an individualized, regular basis. The Commission only has two staff: secretary and executive director. Accordingly, we request that the training mandate be amended to specify that the Commission shall offer only two trainings dates per fiscal year to health care professionals who need to attend.

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.

DAVID Y. IGE
GOVERNOR

CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 15, 2021

TO: The Honorable Representative Ryan Yamane, Chair
House Committee on Health, Human Services and Homelessness

FROM: Cathy Betts, Director

SUBJECT: **SB 900 SD2 – RELATING TO MATERNAL HEALTH.**

Hearing: Tuesday, March 16, 2021, 9:30 a.m.
Via Videoconference, State Capitol

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

The Senate Committee on Human Services amended the measure by:

(1) Removing the Maternal Disparity and Health Equity Task Force;
(2) Removing the requirement for the Hawaii State Commission on the Status of Women to issue a certificate upon completion of the implicit bias training;
(3) Amending section 1 to reflect its amended purpose;
(4) Inserting an effective date of May 1, 2029, to encourage further discussion; and
(5) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

The Senate Committee on Ways and Means amended the measure by:

(1) Clarifying the reference to the Health Insurance Portability and Accountability Act by including a reference to the appropriate public law; and
(2) Making technical nonsubstantive changes for purposes of clarity, consistency, and style.

PURPOSE: The purpose of this bill requires the department of human services to collect and report data on severe maternal morbidity incidents, disaggregated by county, race, and ethnicity. 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. Effective 5/1/2029. (SD2)

DHS affirms that maternal and child health are foundational to the overall health of our communities and that disaggregated data based on race and ethnic background is an important part of understanding where disparity in healthcare and health outcomes exist as a needed step toward ensuring equity across our healthcare systems and communities.

DHS Med-QUEST Division has partnered in the creation of a maternal and child health collaborative to address many of the issues that are identified in this bill. The workgroup consists of all hospitals with obstetrics (OB) departments as well as with the Department of Health (DOH). In 2021, the collaborative intends to partner with the American College of Obstetricians and Gynecologists (ACOG), DOH, the Alliance for Innovation on Maternal Health (AIM), and other key state-wide stakeholders to create the Hawaii AIM Collaborative. The collaborative will collect and submit data on two AIM Maternal Safety Bundles[1] identified using a consensus-based approach.

Currently, DHS also participates with the DOH Maternal Morbidity Review Committee (MMRC), which was established in 2016, and convened in 2017. Also, data is collected by various entities that partially addresses the identified data need, such as hospital claims data.

For DHS to collect or compile the data as outlined in the bill may be duplicative of the efforts already underway. Additionally, as DHS currently only has access to Medicaid-related claims data, DHS would need to be granted the authority to collect data from perinatal health care providers and health insurers regardless of insurance status. DHS would require an appropriation for at least one epidemiologist and a health analyst, the purchase of any already collected data, and the software tools to compile existing and to be collected data. The labor costs and the fee for annual data will be re-occurring costs, as well as any system maintenance and operations expenditures.

Similar to DOH, DHS estimates that the DHS operational start-up costs would be at least $350,000 in state funds. Given the State's experience in creating a public-payer claims data

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

warehouse and analytics capability, to be done well requires thoughtful and detailed planning over a couple of years. Therefore, it is unlikely that the collection, analyses and reporting of all the required data could occur by June 30, 2022; DHS respectfully requests the reporting date be extended.

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

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

TO: House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
DATE: Tuesday, March 16, 2021

FROM: AF3IRM Hawai‘i

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

Thank you for the opportunity to present testimony on SB 900, HD 2- Relating to Maternal Health, also known as the Maternal Health Equity Bill. AF3IRM - Hawai‘i **supports this measure in its original form** (SB 900) and provides the following comments to highlight the significant impact this bill will have on women and birthing people across Hawai‘i. SB900 is the necessary change we need to implement anti-racist protocols in the maternal and infant healthcare fields.

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

Today we testify in strong support of SB900 which will improve research and data collection of maternal mortality and morbidity by disaggregating data for race/ethnicity in order to understand where gaps exist, combat maternal mortality and morbidity and improve overall maternal health for the communities of color most affected. Currently, maternal morbidity isn't tracked or collected in the state of Hawai‘i. Maternal mortality is collected but it doesnt give an accurate picture of what is happening specifically to Black, Native Hawaiian, Samoan, Micronesian and other Pacific Islander groups. In order to take steps forward to address the rampant maternal health disparities for mothers of color in Hawai‘i, we need to understand the scope of the issue, which we cannot do if we do not have the data. We also ask that the taskforce be reinstated, as the community needs to be at the forefront of all decision making regarding recommendations surrounding maternal and infant health. The taskforce is the necessary collaborative opportunity to address racism in birthing facilities in a holistic community centric manner. For these reasons we support SB 900 and recognize its vitality in ensuring that we have a path forward for mothers and birthing people of color in Hawai‘i.

Mahalo for your time and consideration on this important issue.

OFFICE OF HAWAIIAN AFFAIRS
ʻŌlelo Hōʻike ʻAha Kau Kānāwai
Legislative Testimony

SB900 SD2
RELATING TO MATERNAL HEALTH
Ke Kōmike Hale o ke Olakino, ka Lawelawe Kānaka, a me ka Pilikia Hoʻokuewa
House Committee on Health, Human Services, & Homelessness

Malaki 16, 2021 9:30 a.m. Lumi 329

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB900 SD2, 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 Hawaiʻi. 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 Committee to **PASS** SB900 SD2. Mahalo nui for the opportunity to testify.

SB-900-SD-2
Submitted on: 3/15/2021 6:16:28 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sunny Chen	Healthy Mothers Healthy Babies	Support	No

Comments:

healthymothe
healthybabies
COALITION OF HAW

To: Representative Yamane , Chair, Health, Human Services, Homelessness

Representative Tam, Vice-Chair, Health, Human Services, Homelessness

From: Healthy Mothers Healthy Babies Coalition of Hawaii

Hearing : Tuesday , March 16, 2021 9:30am

RE: SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill

On behalf of Healthy Mothers Healthy Babies, thank you for the opportunity to provide testimony in strong support with additional amendments for SB900 SD2 Relating to Maternal Health Equity also known as the Hawaii Mothers Matter Maternal Health Equity Bill.

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

Studies show that a Black, Native or Indigenous woman is 3-5x more likely to die during pregnancy than her white counterpart however 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. As a state, we collect maternal mortality data through ACT 203. This act does not collect morbidity data. SB900 SD2 asks for the state to start doing so in a racially disaggregated way. Collecting this data will give us a clearer picture of where the gaps and cracks are in our system and how we can do better.

The â€‹Maternal Health Equity Bill â€‹will:

1. Establish a Maternal Disparity and Health Equity Task Force â€‹ 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. We ask to amend SB900SD2 to add the task force language from the original bill version back into the bill. Having a task force specifically focused on health equity, racial disparities and birth justice is critical if we are to improve as a state.

2. Require Implicit Bias Training for all healthcare professionals employed at a perinatal facility and in direct patient care. â€‹We ask that Section 346-C be amendment to state that “the Hawaii Commission on the Status of Women will offer training biannually or more frequently if deemed necessary”

3. Collect data on the near misses/severe maternal morbidity and the causes and disaggregate/separate by race/ethnicity. We ask the collaboration be made across Departments and current efforts include and implement the collection of morbidity data with a racial lens and context. We ask to amend Section 1 to include DOH to work in collaboration and support of DHS.

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 committee vote favorably and pass Senate Bill 900 SD2 with recommended amendments.

Thank you,

Sunny Chen, Executive Director , Healthy Mothers Healthy Babies Coalition of Hawaii

sunnyc@hmhb-hawaii.org

Hawaii Women's Coalition

To: Representative Yamane, Chair, Health, Human Services, Homelessness Committee
Representative Tam , Vice Chair, Health, Human Services, Homelessness Committee

From: Hawaii Women's Coalition
Hearing: Tuesday, March 16, 2021 9:30am

Testimony in Strong Support of Senate Bill 900

Dear Chair Yamane, Vice Chair Tam 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 SD2,** which aims to promote equity in maternal health.

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

The Maternal Health Equity Bill will:

1. Establish a Maternal Disparity and Health Equity Task Force to diversify the voices giving input on maternal health issues and disparities in order to make recommendations on policy. Including the voices that are non-clinical in order to honor the lived experiences and all the ways of knowing that community possess. Community knows what it wants and needs.
2. Require Implicit Bias Training for all healthcare 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 SD2 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 committee votes favorably on Senate Bill 900.

Thank you,
Hawaii Women's Coalition

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: Representative Yamane, Chair
Representative Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: **SB 900 SD2- Relating to maternal health**
9:30AM, March 16, 2021

Chair Yamane, Vice Chair Tam, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of Senate bill 900 SD2,** 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 studies[1] 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 treatments[2]. 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 services[3.] 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

because of their race. By enacting the proposals outlined in SB 900 SD2, 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

SB-900-SD-2
Submitted on: 3/15/2021 7:36:44 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki-Ann Yee	Ma'i Movement Hawai'i	Support	No

Comments:

Aloha Chair Yamane and Honorable Members,

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. Please amend to bring back and include the task force from the original Bill version. These are important areas to study because of the adverse impacts in healthcare that sexual and gender minorities in Hawai'i face.

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 a 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 Native Hawaiian, black and Other Pacific Islander birthing people. We, as a state, are failing and it's time we did something about it.

Mahalo,

Ma'i Movement Hawai'i

SB-900-SD-2
Submitted on: 3/15/2021 7:45:02 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Angelina Mercado	Hawaii State Coalition Against Domestic Violence	Support	No

Comments:

The Hawai'i State Coalition Against Domestic Violence supports SB900.

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.

It's clear that the needs of Native Hawaiian, Pacific Islander, and Black birthing people should be centered and prioritized. Black women account for 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. Furthermore, Hawai'i received a D+, (failing grade), for maternal health care in the 2020 March of Dimes report. The report 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.

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

Angelina Mercado, Executive Director

Planned Parenthood Votes Northwest and Hawai'i

To:	Hawai'i State House Health, Human Services, & Homelessness Committee
Hearing Date/Time:	Tuesday, March 16th, 2021, 9:30 am
Place:	Hawai'i State Capitol, Room 329
Re:	Testimony of Planned Parenthood Votes Northwest and Hawai'i in support of SB 900 relating to maternal health

Dear Chairs Yamane and Tam and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in support of SB 900, with amendments, 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.

We 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.

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.

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. Planned Parenthood is especially happy to see the 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 Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
Members, House Committee on Health, Human Services, & Homelessness

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

Date: March 16, 2021

Re: Opposition on SB900, SD2: 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 and supports the intent of this measure, however, we respectfully oppose SB900, SD2 as written since certain requirements could duplicate ongoing work efforts. We note the current work of the Healthcare Association of Hawai'i and the Hawai'i Section of the American College of Obstetricians and Gynecologists on the Alliance for Innovation on Maternal Health (AIM) and Perinatal Quality Collaborative to analyze data on maternal morbidity, and implement safety and quality initiatives based on best practices. Additionally, there are existing coordinated efforts addressing maternal health through the Department of Health that could integrate the efforts of the measure, avoid duplication, and preserve resources.

Second, 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 to perinatal facilities since Queen's is actively working on a comprehensive and system-wide diversity, equity, and inclusion strategy for our organization. Furthermore, Queen's currently offers "Unconscious Bias" training through our Queen's University program; a training which was developed to address biases across our hospital system.

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

March 16, 2021 at 9:30 am
Via Videoconference

House Committee on Health, Human Services, and Homelessness

To: Chair Ryan I. Yamane
Vice Chair Adrian K. Tam

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

Re: Testimony in Opposition
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 in opposition on this bill. Our members agree with and support the intent of this measure, which is to improve maternal care in the state. However, we cannot support the bill as written because it may take away key resources from current efforts, some of which were funded by the legislature in 2016 with support from this organization and our members. We believe that the goals of this legislation can be achieved without this measure through more collaborative community work and by expanding current data access and training efforts that hospitals are engaged in.

Our members agree that 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 sincere 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, we are currently using a federal grant from the Alliance for Innovation on Maternal Health (AIM) that will help us to achieve better outcomes for mothers in the state, that will help us to boost the coalition's efforts.

As background—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. Hospitals and HAH are participating in this because of 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. On the federal level, 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.

Further, birthing hospitals in the state are currently engaged in a quality improvement program in partnership with MedQUEST, community and practice groups, and AIM to improve on measures such as maternal hemorrhage. This is a collaborative group that includes HAH, all of our hospitals, independent providers, agency partners, and community members that has been meeting and carrying out the requirements of a grant to start the necessary work of improving outcomes for mothers in the state. HAH and other hospitals are also members of the Hawaii Maternal and Infant Health Collaborative, which meets to discuss ways to improve care and address disparities for mothers and babies.

The goals of this measure—data and training for staff—are admirable. However, we have deep concerns that this bill would essentially require state agencies to start data collection shops and to develop bias training, which will likely be costly and duplicative. We think that both of these goals are reasonable in the context of improving maternal care—however, we are concerned that in a difficult budget situation that current efforts underway with broad community buy-in could be compromise.

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. A previous testifier noted that the cost of implementing this data center would be $350,000.

Further, we would request that the implicit bias training not be required through a program created by a state agency which will likely require a clinician on staff to develop and maintain. 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]

The concerns being raised by this bill should be heard and be considered—however, in its current form, our members have concerns. Instead, we would suggest that the issues of data, training, and broader community engagement be encouraged through existing groups, such as DOH's maternal mortality review board or the Maternal and Infant Health Collaborative. A requirement for the group to meet and consider ways to improve our response might be a reasonable compromise, with the goal of stakeholders coming back in a future legislative session with a consensus position.

Thank you for your time and consideration of our testimony. 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.

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[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

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Tuesday, March 16, 2021 at 9:30 AM
Via Video Conference

House Committee on Health, Human Services & Homelessness

To: Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

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

Re: Testimony in Opposition to SB 900, SD2
Relating to Maternal Health

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

SB 900 SD2 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.

While HPH acknowledges the issue that this bill attempts to address, HPH **opposes** SB 900, SD2 as written.

First, perinatal and maternal health is core to our health care system with both Kapiʻolani Medical Center and Wilcox Medical Center serving as birthing centers for families across our state and we naturally appreciate the issues raise in this measure. However, we believe the aims of SB 900, SB2 can be better achieved through integration of ongoing efforts being conducted by the Perinatal Quality Collaborative, Health care Association of Hawaiʻi, and the State Department of Health.

In 2016 Act 203 was enacted authorizing comprehensive multidisciplinary reviews of child deaths and maternal *mortality*. The stated purpose of these reviews is to understand risk factors and prevent future child and maternal deaths in Hawaii. Out of these activities, the Perinatal Quality Collaborative (PQC) was developed with the Healthcare Association of Hawaiʻi to engage perinatal centers statewide to identify and review preventable deaths, examine the factors that contributed to their occurrence, and implement best practices for their elimination. Through those efforts the PQC has also identified maternal *morbidity* as an additional area of focus with the PQC

and recently been awarded funding through the ACOG Alliance for Innovation on Maternal Health (AIM) to analyze hospital discharge data to begin this significantly more complex analysis.

We therefore believe the efforts proposed in SB 900, SD2 would be better achieved through integration into existing efforts and activities of the Perinatal Quality Collaborative that has been underway. Doing so would avoid duplicative work and data collection efforts to support a separate initiative and would also prevent confusion among health care providers on clinical policy recommendations resulting from these activities.

Our recommendation is to have the efforts and recommendations of SB 900 be integrated into the work plan and activities of the Perinatal Quality Collaborative organized in 2016 under Act 203 through the Department of Health.

Second, we appreciate the intent of requiring implicit bias training for health care professionals in perinatal facilities. We also acknowledge that manifestations of implicit bias by employees can be most effectively addressed by the employer. 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 and are committing to taking on this responsibility. To address that issue, HPH will be embarking on an enterprise wide on an implicit bias training module for our employees that is not limited to our direct care providers in perinatal setting.

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.

There already are implicit bias training curriculum that are recognized as evidenced based and adopted by institutions. As an example, HPH has already begun initial conversations with the University of Hawai‘i and the John A. Burns School of Medicine (JABSOM) who has developed an exemplary program that is evidence based and has been provided to its employees. We will be incorporating our implicit bias training and co-developed by JABSOM into our required employee training modules by Summer 2021.

Our recommendation is to allow employers to continue 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 program.

Therefore these reasons we cannot support SB 900 SD2 as written and must oppose.

Thank you for the opportunity to testify.

SB-900-SD-2
Submitted on: 3/15/2021 9:43:00 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amber Granite	Hawaii Indigenous Breastfeeding Collaborative	Support	No

Comments:

Aloha mai kÄ• kou, my name is Amber Kapuamakamaeokalani Estelle Granite. I am a Native Hawaiian wife and mother of 4. I am a co-coordinator of the Hawaii Indigenous Breastfeeding Collaborative, a newer hui created to support indigenous breastfeeding counselors and other indigenous breastfeeding workers across the state of Hawaii. I also work at the WaimÄ• nalo Heath Center in the WIC clinic and in the health center itself as a prenatal care coordinator. I am also a childbirth educator and birth doula. I am writing in support of the original bill that was written for SB 900 which included a Maternal Health Equity Task Force, among other things. This task force should be, must be, will be built of strong, knowledgeable, community-minded, disaggregated-data-driven individuals who will begin the necessary job of dismantling implicit bias against Black, Indigenous, Native Hawaiian, Pacific Islander and people of color. It will bring equity (the ability for different communities to thrive and their needs be met where they are) more so than equality (everyone is treated the same which does NOT meet people where they are) to the table for birthing people across the state. As you read this, please quickly search on the definition of implicit bias and read what it truly is. Please then ask yourself what your biases are. If you think you have none, I'll tell you right now, we all do and we all need to work on ourselves. Any race of Birthing people do not deserve to be treated differently, poorly and that they don't count. Race and ethnicity are only part of it. I have seen many times and heard many stories of families who were judged because they are WIC or SNAP recipients. And a bias includes thinking those that apply and accept those benefits are "milking the system." Being a WIC staff in WaimÄ• nalo, we serve the second largest Native Hawaiian population in THE WORLD. Yet our Native Hawaiian birthing families still report forceful tactics in labor and delivery rooms, assumptions about not breastfeeding therefore not offered lactation support, inadequate prenatal care because of implicit bias and again, assumptions that they won't follow through or especially, "they don't understand what the doctor means" so when they have concerns, they are told "everything is fine" or "it will work itself out." Families then have these worries burdening them mentally and go into the birth with a mental block which can turn into a physical block for giving birth.

i ask, you, our legislators to think of this, "What if it was you and your ohana?" Would you as your partner's only advocate during the birth, stand for such mistreatment? Would you as the pregnant person think it is right for these things to happen?

Please return SB900 to its original form and pass this bill.

Mahalo,

Amber Kapuamakamaeokalani Estelle Granite, IBC, GPCE

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

To the Committee;

Aloha, my name is Amy Feeley-Austin and I am the President of the Board of Directors of Healthy Mothers Healthy Babies of Hawaii. As a woman and a mother, I am deeply committed to health equity. As a public health professional, I have spent over a decade supporting and leading perinatal health projects in several U.S. states, and internationally. My involvement with HMHB Hawaii has given me the opportunity to stand up for an organization that boldly advocates for women across our state. I am deeply proud of this organization and its staff's strong work to that end.

First, I want to acknowledge that Hawaii has made strides toward addressing perinatal equity issues in recent years. Unfortunately, several of the major markers of maternal and infant outcomes look worse in 2021 than they did more than a decade ago. For example, data shows infant mortality at a higher rate today than it was in 2008. The State of Hawaii recently received a D+ letter grade from March of Dimes for maternal and infant health outcomes, making it one of the lower performing U.S. states.

In healthcare quality improvement, best practice is to ensure that we do not blame or shame people. Rather, system problems should be identified and changed. In order to ensure meaningful, measurable change in systems, we must try something different. There is no blame or shame, but we cannot and should not keep trying the same interventions and expecting different outcomes.

I am aware that there are some powerful community organizations and institutions that have offered their qualified support of this bill, so as not to directly oppose the unequivocal importance of its intent. I appreciate their support of the intent and spirit of SB 900. Still, a close reading of select testimony from prior hearings demonstrates that many have mistaken SB 900 as being anti-physician, or anti-hospital. Nothing could be further from the truth. This bill recognizes the importance of healthcare organizations and workers, including physicians, to the improvement of perinatal outcomes. It assumes positive intent of these systems and providers, and supports these institutions and providers through the provision of information, data, and perspective that will enrich their practice of medicine. This bill brings birthing people and BIPOC to the table, and places them where they belong…at the center of the conversation. I believe that hospital systems, physician organizations, and other groups that may have opposed certain elements of the bill related to provider and organization training, could view the leadership and involvement of members of these significantly impacted groups as additive, and desirable.

I am also aware that there are those who view the bill as legislating efforts that are redundant to existing work. This is incorrect, as most of the existing work done has been around perinatal and

infant mortality. It has not addressed “near misses,” morbidity or other data points that the community needs to track in order to better understand and serve our most vulnerable residents. Furthermore, having a community-based committee on Perinatal Health Equity involved in these efforts should be seen as additive and supportive of work being done elsewhere. It is demonstrably aligned to work being done on a national level, and brings attention to this critical issue which has historically been deprioritized and underfunded.

I would respectfully ask that any existing structures; healthcare organizations, associations, government entities and institutions listen to what’s being shared here by communities of color in Hawaii… “We still aren’t in the room. You aren’t hearing us. The actions you’ve taken don’t reflect out needs, and aren’t producing results fast enough.” I would suggest that when those in our community who are most impacted by disparities take action to lead as they have here, we listen to and respect their intentions and welcome them into a position of leadership. *This is theirs.*

I want to share a personal story in the hopes that folks reading this testimony will understand the gravity and severity of negative perinatal health outcomes. When I was still a young woman, 17 years ago, I became pregnant with my first child. I want to acknowledge that I am white-passing, and have been the recipient of white privilege and class privilege for most of my life. Prior to the birth, I decided that my son should be born in a local hospital using the midwife/Primary Care Physician dyad that I had chosen for my prenatal care. These individuals, both women, respected and supported my written, researched natural birth plan.

I went into labor in the late morning of July 1st, 2005. During my very short labor, I was interfered with repeatedly by a white male OB/GYN who was attending at the hospital where I labored. He repeatedly disregarded my requests to move, stand, and otherwise labor as I chose. He insisted that my child was “in fetal distress” based on some inconsistent readings on a fetal monitor which I had requested be intermittent, but which they would not remove from my body so that I could try free repositioning. Ultimately this OB/GYN told me that I would require a cesarean section, prior to my own provider being able to arrive at the hospital. This provider clearly understood that I wanted to wait for my provider to arrive, but stated that I might “kill my baby” if I didn’t take his advice right away. Within minutes, I was whisked off to an operating room and delivered of my first child by emergency cesarean.

I was an extraordinarily healthy 21-year-old woman with a straightforward, uncomplicated pregnancy. At birth, my son River had an Apgar score of 9 and was not in distress. My umbilical cord was lightly wrapped around his wrist, which had caused slightly abnormal fetal heartrate patterns on the monitor they kept strapped to my belly. It was determined the cord might just have moved if I had been allowed to reposition as I had repeatedly requested.

Testimony SB 900

My prevailing feeling at that time, and long after River's birth, was that I, as a birthing woman *wasn't being listened to*. I didn't know then, but listening to the patient and their caregiver(s) has been linked to better outcomes, fewer disparities and better overall patient experience. I did know this… in just minutes, a man who I did not know or trust, and who I did not want to deliver me had manipulated my fear and concern for my baby while I was in active labor. This resulted in an unwanted surgery and what I still feel was a traumatic birth experience.

But my story doesn't end there. In addition to producing significant external scarring on my body that will never go away, this first cesarean resulted in my having to deliver two more children via cesarean section. Each section came with higher risk of complication than the last. Still, this same local hospital had a policy that explicitly disallowed women wishing to deliver vaginally (VBAC) after a cesarean. Consequently, when I became pregnant with my second son, I had to choose whether I wanted to travel to another hospital over an hour away to try to deliver vaginally, or have another cesarean delivery at this hospital in our community. I knew that If I chose to go to "the city" to try to VBAC, my spouse and 1-year-old child would have to travel over two and a half hours every day to visit me and their new family member. So I had another "elective" cesarean that I did not want.

In my third pregnancy I became aware rather early that I had developed *placenta accreta*, an obstetric complication where the placenta develops an abnormal attachment to the uterine lining. This occurs more often in women who have had prior cesarean sections, at the site of the cesarean scar. This was how mine developed. This complication can cause hemorrhaging and death if not identified prior to delivery and carefully managed. Even when doctors know an accreta is present, these deliveries have high maternal mortality.

Gratefully this condition was identified early in my pregnancy, which allowed me to be transferred to Massachusetts General Hospital. My physician there *did* care what I thought, and we had significant conversations about the best course of action. I had to choose between preserving my fertility and maximizing the likelihood that I would remain alive to parent my existing children, then aged 3 and 5. With my Doctor's support, I chose the "safest" treatment option. This meant having a full hysterectomy at cesarean delivery, which resulted in me being completely infertile and also menopausal at the age of 26.

Even though I chose the "safest" option for my condition, the surgery remained very high risk, and I went into it knowing I had about a 10% chance of dying during our delivery. I wrote a letter to my sons, bought expensive life insurance and took other actions to prepare for the very real possibility of dying on my daughter's birthday. Walking into Mass General on the day of my delivery, I was sick and exhausted. My predominant thought was not of meeting the beautiful child I had lovingly carried for 9 months, but of dying. I prayed constantly that if I passed, it would feel like going to sleep. I hoped that my children would be cared for by my friends and family. This is something no mother should ever have to experience.

Testimony SB 900

There is more cost here than just my lost fertility. There is more damage done than my trauma. These C-sections cost a lot of money. The extended hospital stays cost money too. The fact that I ended up with an accreta as a direct result of my previous cesarean sections resulted in a high risk delivery that cost almost $300,000 and could have cost me my life. Further, until I reach a natural age for menopause, I will require multiple visits to a physician every year; a prescription for hormones to maintain balance appropriate to my chronological age, and annual bone density scans. I am now more prone to weight gain, and cardiovascular issues among other chronic conditions. This is all avoidable cost and utilization that likely could have been sidestepped if I had simply been *listened to* when I asked an OB that I didn't know to let me move, and to give me a few more minutes to labor and wait for my birth support team.

These are experiences that could happen to any birthing person, but which happen more often to young and/or BIPOC individuals. They represent life changing events, many of which can change a person's health status forever. The impact of such events cascade through their families and communities. They contribute to poverty, family instability, and other social issues that disproportionately impact BIPOC. Importantly, BIPOC encounter these kinds of experiences more frequently due to inherent, institutionalized racism. This can be present even when specific healthcare providers and staff are not racist, but rather hold implicit biases.

Right now, BIPOC experiences are hard to see because their stories are hidden in aggregated, unpublished datasets, and because they aren't being asked to tell their stories or contribute to the development of trainings, programs or policies that impact them directly. Passing SB 900 gives BIPOC women and birthing people a voice. I ask that we pass this legislation and seek to truly amplify that voice.

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

SB-900-SD-2
Submitted on: 3/12/2021 11:14:44 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Max Castanera	Individual	Support	No

Comments:

Aloha mai kakou,

As a fourth year medical student at JABSOM, **I strongly support SB 900**. Disaggregated data in other states have shown disproportionate maternal perinatal morbidity/mortality in women of color. Hawaii will benefit from disaggregating our data by race by allowing the health care community to provide targeted interventions such as (but not limited to) implicit bias training. Decreasing maternal morbidity and mortality for higher risk populations will benefit everyone as we spend less on health care complications, increase our workforce productivity and improve the ability for families to care for their children. Knowledge is power and more data will help us to take steps in the right direction to decrease the medical disparities found in our communities. Mahalo for the the opportunity to give testimony.

SB-900-SD-2
Submitted on: 3/12/2021 12:05:23 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

I write in strong support of bill SB900 for the following reasons:

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

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

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

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

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

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

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

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

Thank you for taking the time to consider this important piece of legislation.

Representative Ryan Yamane
Health, Human Services, and Homelessness Committee.

Nicole Kahielani Peltzer
99-146 Holo Pl.
Aiea, HI 96701

Tuesday, March 16th, 2021, 9:30AM
Re: SB900 SD2 Relating to Maternal Health

My name is Nicole Kahielani Peltzer and I am currently pursuing my MPH in Health Policy & Management at UH Manoa and am from Aiea. As a student passionate about preventing public health inequities and addressing the impacts of social determinants and racism on health outcomes in our state, I am writing in **STRONG SUPPORT** of passing SB900 Relating to Maternal Health with no amendments. I believe this proposed bill will have a strong, positive impact on disparities in maternal deaths in our state.

Q: Why does Hawai‘i need access to disaggregated data on maternal morbidity, a maternal disparity and equity taskforce, and implicit bias training for healthcare professionals?

Importance of Disaggregated Data:

- Data can help assess associations between race, maternal health, and neonatal morbidity, and is critical to identifying how to improve birth outcomes for minority populations (Ju et al., 2018).
- Collection and analysis of data is the first step toward understanding and reducing maternal morbidity and mortality in Hawai‘i (Maykin & Tsai, 2020).

Native Hawaiian/Pacific Islander/Black Maternal Health Disparities:

- A black or indigenous woman is **5X** more likely to die in pregnancy or up to a year after pregnancy compared to whites (Peterson et al., 2019).
- **23%** of maternal deaths in Hawai‘i occurred in NHOPI women, even though they make up a smaller proportion of women in the state (Maykin & Tsai, 2020).
- NHOPI have high rates of pre-pregnancy obesity, increased risk of both preterm delivery and low birth weight compared to Whites (Ju et al., 2018).

Implicit Bias Training:

- Healthcare professional’s biases influence diagnosis and treatment decisions and levels of care (Fitzgerald & Hurst, 2017).
- Implicit bias training among healthcare professionals has evidence to suggest that mild reductions in implicit racial bias but even small changes in attitudes can translate to larger changes in practice over time (Ryn et al., 2015).

The passage of this legislation would be just the beginning of building our capacity to offer equitable maternal health services to the populations who need them. Failure to consider this bill will not only significantly restrict access to quality care, continue to perpetuate health inequities in out state, and prevent access to crucial maternal health services to vulnerable

populations, but will allow preventable rates of maternal morbidity and mortality to continue to rise unchecked, especially in Native Hawaiian and Other Pacific Islander, and Black birthing people, increasing cost both in emotional terms and healthcare dollars. The preventable causes of many cases of maternal mortality in our state demand our immediate attention.

As one of your constituents, I urge you to pass SB 900.

Thank you for your consideration.

Mahalo nui loa,
Nicole Kahielani Peltzer

SB-900-SD-2
Submitted on: 3/14/2021 1:48:42 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Mackey	Individual	Support	No

Comments:

Dear legislators-

My name is Anna Mackey, I am a resident of Hawaii island and a reproductive healthcare advocate. I am submitted testimony in support of SB900. As a woman who suffers from my own reproductive chronic illness and has struggled to conceive, ever dollar spent on women's health care and maternal health is a step in the right direction. On the big island, access to maternal health care providers is limited and the need for all types of support for women and babies is critical. A reduction in spending would greatly affect women throughout the state who already face hardship through high cost of living and access to safe housing. We require support for all health care providers from doulas to OBGYNs in order to revive property care for moms and babies. Please vote to support this measure and show you are there for all of Hawaii's wahine.

SB-900-SD-2
Submitted on: 3/14/2021 4:03:34 PM
Testimony for HHH on 3/16/2021 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, and the task force should be put back in, to bring these issues to the table and everyone have accountability.

SB-900-SD-2
Submitted on: 3/14/2021 5:17:34 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Breanna Zoey	Individual	Support	No

Comments:

Hi there. I support SB900 and the intent to (1) better disaggregate data to allow for more thorough and comprehensive analysis, and (2) implement an implicit bias training for health care professionals. This proposed legislation just makes common sense!

I've read the testimony from the prior hearings and hear others who have said that the state may not have the money for an additional epidemiologist, that there may be some MedQUEST division efforts that overlap with this legislation's intent, and that some private hospitals are also working on their own initiatives to do better. You know what, I can't validate or invalidate any of those arguments or claims because I'm just a layperson community advocate who cares about the health and well-being of everyone in the state. But I can tell you that I am confident that we have a serious problem here in Hawaii when it comes to maternal morbidity, especially for underrepresented groups. Despite all of the efforts people have shared that they're trying, the problems still exist. There is absolutely no reason why someone should have worse outcomes because of their race, ethnicity,

origin color of their skin, or for being part of any gender or sexual minority group. We are all human and we all deserve to be treated equally.

Regardless of other efforts that may be going on in this realm, they aren't doing a good enough job. Please support and pass SB900 to keep the conversation going, we owe it to our community to ensure everyone is afforded with reasonable and equitable health outcomes.

-Breanna Zoey (she/her)

SB-900-SD-2
Submitted on: 3/14/2021 6:48:03 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

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

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

Sincerely,

Monique DeSimone

SB-900-SD-2
Submitted on: 3/14/2021 7:23:10 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

I strongly SUPPORT SB900 SD2 and respectfully urge the Committee to amend the bill to include the birth equity task force from the original version. It is inappropriate to say that any of the measures included in this bill or the birth equity task force are not needed while Hawai‘i has a failing grade for maternal and infant health and while Black, Native, and immigrant mothers are dying at disproportionate rates. We need the missing data, we need to center the voices of those who are dying, and we need medical professionals to be accountable to these vulnerable communities -- and we need it now.

Thank you for your time and consideration,

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

SB-900-SD-2
Submitted on: 3/14/2021 7:30:55 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Aloha,

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

Please pass SB 900!

Kaleigh DeSimone

SB-900-SD-2
Submitted on: 3/14/2021 7:30:57 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Aloha Chair Yamane and HHH Committee Members,

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

Mahalo,

Thaddeus Pham (he/him)

SB-900-SD-2
Submitted on: 3/14/2021 8:30:16 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Chair Yamane, Vice Chair Tam, and esteemed members of the House Committee on Health, Human Services and Homelessness,

Aloha my name is Sarah Michal Hamid and I testify today in strong support of SB 900, otherwise known as the Maternal Health Equity Bill.

SB900 is not simply a bill, a piece of legislation that could potentially improve Hawai‘i, SB 900 is a necessary transformation of the healthcare system to prevent mothers, birthing people, and babies from dying. Our healthcare infrastructure for mothers and birthing people in Hawai‘i is abysmal and crumbling at best--we need to protect the most vulnerable in hospitals. SB 900 would do just this, and will improve research and data collection of maternal mortality and morbidity by disaggregating data for race/ethnicity in order to understand where gaps exist, combat maternal mortality and morbidity and improve overall maternal health for the communities of color most affected. Currently, maternal morbidity isn't tracked or collected in the state of Hawai‘i which makes addressing maternal morbidity in our communities that much more difficult. Maternal mortality is collected but it doesnt give an accurate picture of what is happening specifically to Black, Native Hawaiian, Samoan, Micronesian and other Pacific Islander groups.

As a state we have one of the worst health ratings in the area of maternal health, this is a crisis and it needs to stop. As a young woman of color who would like to be a mother one day, I fear that the hospitals and the health system more broadly in Hawai‘i fail us too often to feel comfortable going into a facility to give birth. Many people echo these same sentiments, especially during the COVID-19 pandemic where mothers and birthing people were forced to labor alone, with masks on, without their partners etc. These systemic issues facing mothers and birthing people have only become more exacerbated by the pandemic, especially in Black, Native Hawaiian, Micronesian, SÄ• moan, and other communities of color. It is urgent that we address maternal health

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

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

Sincerely,

Sarah Michal Hamid

SB-900-SD-2
Submitted on: 3/14/2021 10:30:21 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

I support SB900 relating to Maternal Health.

Mahalo, Mary Jane Bennett

SB-900-SD-2
Submitted on: 3/14/2021 11:07:25 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

My name is Maricaela Lobaton from Kalaheo High School and I am urging you to support the passing of SB900. Hawaii has a D+ on its maternal health report card from the March of Dimes. This isn't even a passing grade, this shows that we are failing the mothers of Hawaii. Native Hawaiian and Pacific Islander communities make up a smaller portion of the population in the state, but 23% of maternal deaths occur in these communities. On top of that, black mothers have the most preterm births out of any group in the state, and they only make up 3% of the population. This shows that there is a huge disparity in care and outcomes for Black women in Hawaii. A maternal disparity and health equity task force is essential because it would allow the community to make recommendations in regards to improving maternal health. In addition, many other states were in similar situations as Hawaii, but with use of a task force, they were able to switch gears. This further shows that with the implementation of a maternal health task force, better date collection, and implicit bias training, Hawaii could do so much more for its mothers and improve maternal incidents.

March 14, 2021

To: Representative Yamane, Chair, Health, Human Services, Homelessness Representative Tam, Vice-Chair, Health, Human Services, Homelessness
FR: Kari Wheeling
Date: Tuesday, March 16, 2021 9:30am
Re: SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill: Support

Dear Chair Yamane, Vice-Chair Tam and esteemed committee members. My name is Kari Wheeling, and I am the Clinical Services Director for Healthy Mothers Healthy Babies Coalition of Hawaii. I am writing in strong support of SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill with comments for consideration.

The original language in SB900 was to develop a task force, and that part of the language has now been removed in SB900 SD2. 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. The task force or panel needs to be created to have a specific health equity lens and include community in the solutions. Having a task force will hold the state accountable and continue to move forward in a timely fashion.

Requiring implicit bias training for all healthcare professional employed at a perinatal facility and in direct patient care is timely and the right thing to do. Some will say that this type of training is not necessary because we are already "thinking" about doing it or "may" do it in the future. Implicit bias training is necessary. Thinking about doing it and may do it in the future does mean facilities or individuals WILL do it. Again, this Bill will hold our health care system accountable for combatting medical racism, bias and stereotypes. Healthcare professionals who are inflicting harm will not see the importance of implicit bias training, and never make it a priority unless someone holds them accountable.

Finally, collection of maternal morbidity data, disaggregating it by race and ethnicity is needed in Hawaii. Many will get this confused with ACT 203, which requires the State Department of Health in collaboration with the Centers for Disease Control to collect maternal MORTALITY data. Mortality and morbidity are two terms that often get confused. Morbidity refers to disease states, while mortality refers to death and the State is NOT collecting MORBIDITY data. 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. The States Maternal Mortality Review does collect data on those women who die related to childbirth, but not data on those women who may have chronic and age/conditions related to diseases. This work does not need to be duplicative. 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). The intent of AIM is to reduce preventable maternal mortality and severe morbidity across the US. Hawaii has resources in place to begin to collect the data, and should be held accountable to do so.

Thank you for the opportunity to testify.

Kari Wheeling
Family Nurse Practitioner- BC

SB-900-SD-2
Submitted on: 3/15/2021 3:01:31 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Dear Chair Yamane, Vice-Chair Tam, and Members of the House Committee for Health, Human Services, & Homelessness,

I strongly support SB 900, SD 2 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. Maternal morbidity data is currently not being collected systemically to inform the necessary systemic change.

Women and babies are suffering and dying and these huge birth disparities have become more blatant during this pandemic. 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.

Please amend the current version to include the maternal health/birth equity taskforce back into the bill. 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. The organizations named to be on the task force are trusted in the community. It will provide 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 to get the care they deserve.

I urge you to **pass SB 900, SD 2** to codify the commitment to maternal health equity FOR ALL in Hawaii.

Thank you for your time,
Ashley Galacgac

SB-900-SD-2
Submitted on: 3/15/2021 4:14:23 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

To: Representative Yamane , Chair, Health, Human Services, Homelessness

Representative Tam, Vice-Chair, Health, Human Services, Homelessness

From: Tanya Smith-Johnson, MS, CPM

Hearing : Tuesday , March 16, 2021 9:30am

RE: SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Yamane, Vice-Chair Tam and esteemed committee members. My name is Tanya Smith-Johnson. I am writing in strong support of SB900 SD2 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 Pacifc 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.

You will be told this work is already being done and that it is duplicative. You will be told that ACT 203 legislates this work and is being done. This is not true. ACT 203 collects mortality data/maternal deaths , it DOES NOT call for the collection of morbidity data which is defined as the near misses . Maternal morbidity is defined as "any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing". Hawaii is not doing this but we need to.

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 Filpinx 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 SD2 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 SD2 and amend it to add back in the birth equity task from the original version so that we can center the communities that go unseen, unheard and lost in the margins. We can do better in Hawaii. We must! Pass SB 900. Thank you for your time.

Tanya Smith-Johnson, MS, CPM

tanyasj@hmhb-hawaii.org

SB-900-SD-2
Submitted on: 3/15/2021 6:25:34 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

To: Representative Yamane, Chair , Health, Human Services, Homelessness Committee

Representative Tam, Vice Chair, Health, Human Services, Homelessness Committee

From : DECEMBER GROSS

Hearing: Tuesday , March 16, 2021 9:30am

RE: SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Yamane , Vice Chair Tam 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 at 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 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

March 15, 2021

To: Representative Yamane, Chair
Representative Tam, Vice Chair
Health, Human Services, Homelessness

Date: 9:30am, March 16, 2021
Re: Testimony in Strong Support of Senate Bill 900 SD2

Dear Representative Yamane, Tam and committee members,

Thank you for the opportunity to testify in **strong support of Senate Bill 900 SD2**, 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' heath 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.

We made huge progress recently, where ACOG and HAH have worked together to become an AIM (Alliance for Innovation on Maternal Health) which will help fulfill the need for better data. We celebrate this one step because 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. But we cannot stop here.

The bill asks for a comprehensive response; an all hands-on-deck approach to bring together state agencies, hospitals and community. COVID-19 further exacerbated inequities that exist here; solving complex data issues requires all parties to contribute. I would like to respectfully request that the task force be reinstated. We cannot do the work without the voices of the community of women the data impacts. The task force will be able to work to make recommendations on the best way to improve care for our mothers and babies based on the data that the AIM committee is able to provide. They may also be able to help make recommendations on how to tackle the best way Hawaii can disaggregate data- we cannot keep lumping significant racial data that would have repercussions to how the community responds to the needs.

Currently our community organizations are struggling while trying to find the best to help our mothers and babies. Better information will help us focus our efforts instead of throwing darts at all efforts without a proper target. 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-2
Submitted on: 3/15/2021 8:16:50 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tami Whitney	Individual	Support	No

Comments:

Aloha Chair Yamane and Honorable Members,

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

Thank you,

Tami Whitney

SB-900-SD-2
Submitted on: 3/15/2021 8:56:04 AM
Testimony for HHH on 3/16/2021 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.

I request the reconsideration of the Maternal Disparity and Health Equity Task Force. As a community birth worker, I recognize the strong voices of birthing people and consumers and feel their feedback should be honored as non-clinical perspectives that give us, as healthcare providers, incredible insight as to how we can all do better. This is particularly important from birthing people of color and I encourage our state leadership to include them back in the conversation. We need to establish an inclusive platform and come together on finding solutions so that protecting our most vulnerable populations does not continue to be an afterthought. I write in strong support of SB900 SD2 and urge us to work together in putting and protecting birthing people of color back on the immediate agenda.

SB-900-SD-2
Submitted on: 3/15/2021 9:24:30 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marissa Abadir	Individual	Support	No

Comments:

Writing in support.

SB-900-SD-2
Submitted on: 3/15/2021 9:26:38 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rochelle Sugawa	Individual	Support	No

Comments:

Dear Chair Yamane, Vice-Chair Tam and esteemed committee members:

I am writing in strong support of SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill and to urge you to include the provisions for a birth equity taskforce that were removed from the original version of the bill.

With Hawaii being one of the few states that invests so heavily in making sure its 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 Pacifc 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.

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. 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 require 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. Black, Native Hawaiian, Micronesian and Filpinx birthing people have the worst maternal health disparities according to the little data that is available. These disparities are significant and require our immediate attention. We can address all of these concerns with a birth equity task force.

Thank you for your time.

SB-900-SD-2
Submitted on: 3/15/2021 9:28:15 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
?Ihilani Lasconia	Individual	Support	No

Comments:

Chair Yamane, Vice Chair Tam, and esteemed members of the House Committee on Health, Human Services and Homelessness,

Aloha my name is ‘Ihilani Lasconia and I testify today in strong support of SB 900, otherwise known as the Maternal Health Equity Bill.

SB900 is not simply a bill, a piece of legislation that could potentially improve Hawai‘i, SB 900 is a necessary transformation of the healthcare system to prevent mothers, birthing people, and babies from dying. Our healthcare infrastructure for mothers and birthing people in Hawai‘i is abysmal and crumbling at best--we need to protect the most vulnerable in hospitals. SB 900 would do just this, and will improve research and data collection of maternal mortality and morbidity by disaggregating data for race/ethnicity in order to understand where gaps exist, combat maternal mortality and morbidity and improve overall maternal health for the communities of color most affected. Currently, maternal morbidity isn't tracked or collected in the state of Hawai‘i which makes addressing maternal morbidity in our communities that much more difficult. Maternal mortality is collected but it doesnt give an accurate picture of what is happening specifically to Black, Native Hawaiian, Samoan, Micronesian and other Pacific Islander groups.

In February of this year my sister who is KÄ• naka Maoli and Filipina gave birth to her first daughter. Although we are overjoyed that her baby and now her are healthy and home the complications that my sister faced and the danger that the healthcare system but her and her baby in have been devastating. Throughout my sister‘s pregnancy she had immense pain, nausea, and a rash that covered her whole body. Instead of taking her pain seriously, medical doctors refused to see her and chalked her sympotms up to having scabies. The result of this negligence and malpractice was my sister having pancreatitis, a failing liver, the removal of her gallbladder, and my niece being born premature. Although these events were terrifying, it is unfortunate to say that my sister and her niece were one of the lucky ones to have survived this type of harm. This pain and medical trauma could have been prevented if SB900 were already in place.

As a state we have one of the worst health ratings in the area of maternal health, this is a crisis and it needs to stop. As a young woman of color who would like to be a mother one day, I fear that the hospitals and the health system more broadly in Hawai‘i fail us

too often to feel comfortable going into a facility to give birth. Many people echo these same sentiments, especially during the COVID-19 pandemic where mothers and birthing people were forced to labor alone, with masks on, without their partners etc. These systemic issues facing mothers and birthing people have only become more exacerbated by the pandemic, especially in Black, Native Hawaiian, Micronesian, SÄ• moan, and other communities of color. It is urgent that we address maternal health equity head on and with the inclusion of community members, not just healthcare stakeholders. The exclusion of community members from public health matters has led to the current crisis that we see today where emphasis is not placed on involving the actual community. We need our communities to be included in all processes and task forces where our own lives are the ones at stake, especially when their voices are the only data points we have. This element of addressing maternal health equity is key, and community involvement cannot be divorced from the pressing issue at hand. For these reasons, I strongly support SB 900 and urge you to as well.

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

Sincerely,

‘Ihilani Lasconia

SB-900-SD-2
Submitted on: 3/15/2021 9:32:04 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

If you are reading this testimony, think about why. Why is it important that the legislature offer the opportunity to share personal experiences and opinions to any member of the community impacted by its decision-making? Why is “citizen engagement” a necessary and valued aspect of governance in our unique society?

We have recently seen the danger of leadership by an administration that unilaterally refused to listen to the needs of the people it purported to serve, unless those people looked and talked like those in power. When an entity imbued with authority that is supposed to represent the collective voice of the citizenry only listens to the most privileged portion of society and acts to maintain structural institutions of racism and oppression by alienating the most marginalized and vulnerable members from the democratic process, this approaches fascism. There are countless examples throughout U.S. history of how structural racism has facilitated the positioning of a select few to make decisions for all. White, male lawmakers have long excluded intersectional minorities from the decision-making process and forced opinions and judgments upon people whose experiences they will never understand. Slavery existed and persisted because only enslavers wrote the laws that granted them the ability to subjugate fellow human beings based on skin color. Women’s suffrage took as long as it did because men wrote the rules on who was deemed intelligent and worthy enough to vote, and at the intersection of these two historical failings we find Black women, who have done the absolute most to contribute to, hold, and make possible a functioning society, yet have been denied the most basic rights and acknowledgments.

In Hawai'i, we experience the additional nuance of post-colonialism; we are surviving on stolen land and attempting to recover from a devastating history of white supremacy weaponized against Indigenous people. Colonizers refused to listen to or respect the voices of the communities they forced their rules upon because they believed that they were inherently superior. At another crossroads of historical failings, we find Black and Indigenous people in this state who are still being ignored, whose voices are still

excluded from the democratic process, and whose lives are literally at stake in the decision-making that goes on without their input.

SB900 Relating to Maternal Health is a measure that seeks to correct this heinous imbalance in citizen engagement and equal participation in decision-making by establishing a task force that will bring a wide array of community voices to the table in discussing how to best serve the medical interests of vulnerable birthing people. To deny this task force is to uphold the same failings that has allowed for the oppression of Black and Native communities for centuries. Black and Indigenous people who give birth in Hawai'i are far more likely than white people to experience horrific complications when giving birth, including the death of both parent and child. This is not only unacceptable, it is sickening. The Maternal Disparity and Health Equity Task Force will finally allow for the most marginalized people receiving treatment at the hands of the state to have some modicum of control over what happens to their bodies, and this is a desperately needed and long-overdue addition to the decision-making process.

The medical industry is similar to the legislature in that it comprises a select few who have been granted the powerful ability to make decisions for the many based on access to education, language, social privilege, and socioeconomic status. Doctors do not represent the makeup of their patient population, but still hold the authority to assert their own viewpoints and opinions onto the care options made available to communities who experience issues that their doctors will never have to face. The disparity in the health of birthing people in Hawai'i is a prime example of this. This bill is demanding the bare minimum of the legislature in asking that the medical industry make its decisions with a broader set of data and information to work from. The best way to accomplish this is to include the voices of all members of the community, not just those with the privilege to become doctors or lawmakers, and this most importantly means that the communities who suffer the most at the hands of medical racism need and deserve a seat at the table. If this task force is not established, the legislature is sending a message to the community at large that Black and Brown citizens can pay taxes and provide labor in this state but are not worthy of deciding what their best interests are when it comes to their own bodies and lives. This task force must be established to combat the devastating effects of both medical racism in the form of disparate mortality and systemic racism in the form of disparate citizen engagement.

Jasmine Pontillas Davé, Esq.

SB-900-SD-2
Submitted on: 3/15/2021 9:41:20 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

I'm writing in support of Senate Bill 900 SD2 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. This must be added back to the bill. 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-2
Submitted on: 3/15/2021 9:51:54 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

To Representative Yamane and Members of the House Human Services and Homelessness Committee

RE: Maternal Health

March 16, 2021 9:30 am

I STRONGLY SUPPORT SB 900 SD2 and the excellent testimony already provided by Healthy Mothers Healthy Babies underlining 2 amendments to add back into this bill:

1. A Birth Equity Task Force to provide more at risk women in the community input on their maternal and postpartum care needs and

2. The gathering of specific morbidity data(not presently collected in our State) for those at risk racial groups in our State . This data will further help health professionals improve maternity care and decrease diseases and deaths in these populations.

Thank you for helping the women of our State by improving our data collection system and providing a vehicle for women to have a voice in improving their health care when pregnant.

Patricia L Bilyk, RN, MPH, MSN

SB-900-SD-2
Submitted on: 3/15/2021 9:56:27 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Testimony in Support of SB 900 - Relating to Maternal Health

Chair Yamane, Vice Chair Tam, and esteemed members of the committee,

Thank you for the opportunity to present testimony on SB 900 - relating to maternal health. My name is Alexandra Balgos, and I strongly support this measure. It is refreshing and relieving to see a piece of legislation that represents the needs of the Black, Indigenous, and immigrant women of color-- a largely underserved demographic in the state in general but especially so in relation to maternal health. However, I do take issue with the amendments made to this measure that erases the task force and mandatory implicit bias training. I would like to request that these facets of the original bill be reinstated.

I would hope that this committee sees the value of prioritizing the community and actually listening to their needs. Considering the fact that Hawaii has a mere D+ when it comes to maternal health, this is an essential bill that serves as a much-needed entry point toward actual justice for Black, Indigenous, and immigrant mothers and birthing people of color in our community. It is unacceptable and shameful that despite making up only 3% of the population, Black women have a recorded pre-term birth rate that is 24% higher than the rate among all other women. To ignore this measure or to move it forward without either the community task force and implicit bias training would be to deny the existence of medical racism and refuse the community a seat at the decision-making table when the decisions being made are about their health, their bodies, and the health of their loved ones.

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

Alexandra Balgos

SB-900-SD-2
Submitted on: 3/15/2021 10:47:27 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

House Committee on Health, Human Services and Homelessness:

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-2
Submitted on: 3/15/2021 11:21:35 AM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Makanalani Gomes	Individual	Support	No

Comments:

Aloha e Chair Yamane, Vice-Chair Tam and esteemed committee members.

My name is Makanalani Gomes. I am writing in strong support of SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill. I am of native Hawaiian and Filipina descent. I was born and raised here in Hawai‘i, in Waipi‘o, O‘ahu and in Puna, Hawai‘i island. I am also a graduate student at the University of Hawai‘i at MÄ• noa at the Center for Hawaiian Studies, KamakakÅ«okalani. As a native Hawaiian and Filipina womxn I have experienced through my communities the first hand inequities of our health care systems when it comes to birthing folx and maternal health/wellbeing. As a young girl, I witnessed these traumas and the lack of support first hand when my mom experienced an Ectopic miscarriage. Now, as a young woman I witness my friends and those that I am in community face so many inequities due to the lack of support for birthing folx especially from Native, Indigenous, Black, Filipinox, and Pacific Island communities. When will it end?!

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 Pacifc 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.

You will be told this work is already being done and that it is duplicative. You will be told that ACT 203 legislates this work and is being done. **This is not true.** ACT 203 collects mortality data/maternal deaths, it DOES NOT call for the collection of morbidity data which is defined as the near misses. Maternal morbidity is defined as “any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing”. Hawaii is **not** doing this but we need to.

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 Filpinx 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 SD2 is right in line with national efforts. Hawaii could finally be in the lead or at least aligned with the rest of the country.

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 SD2 and amend it to add back in the birth equity task from the original version so that 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 and when you do think of the birthing folx in your life, think of your own mother that birthed you and what would have happened had they not had the proper support, data collection, etc. to support their safe and healthy delivery of YOU.

We must! Pass SB 900.

Mahalo Nui,

Makanalani Gomes

To: Representative Yamane, Chair, Health, Human Services, Homelessness Representative Tam, Vice-Chair, Health, Human Services, Homelessness

From: Princess Lei Ebbay

Hearing : Tuesday , March 16, 2021 9:30am

RE: SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill

Dear Chair Yamane, Vice-Chair Tam and esteemed committee members. My name is Princess Lei Ebbay. I am writing in strong support of SB900 SD2 Hawaii Mothers Matter Maternal Health Equity Bill.

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 at least question what we are doing and why we aren't doing a better job.

You will be told this work is already being done and that it is duplicative. You will be told that ACT 203 legislates this work and is being done. **This is not true.** ACT 203 collects mortality data/maternal deaths, it DOES NOT call for the collection of morbidity data which is defined as the near misses. Maternal morbidity is defined as "any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing". Hawaii is **not** doing this but we need to.

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 Filpinx birthing people have the worst maternal health disparities. Disparities are significant and require our immediate attention.

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 SD2 and amend it to include the birth equity task

force from the original version so that 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,
Princess Lei Ebbay

SB-900-SD-2
Submitted on: 3/15/2021 1:33:35 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathryn Benjamin	Individual	Support	No

Comments:

SB900 SD2 Testimony - Support

To: Representative Yamane, Chair, Health, Human Services, Homelessness
Representative Tam, Vice-Chair, Health Human Services Homelessness

From: Kathryn Benjamin C-IAYT

Hearing: Tuesday, March 16, 2021 9:30am

RE: SB900 Hawaii Mothers Matter Maternal Healthy Equity Bill

Dear esteemed committee members, my name is Kathryn Benjamin, and I am a birth educator and birth worker/doula in Hilo, HI. I am writing today **in support** of SB 900 because I have seen first hand the way that power structures as a whole, as well as implicit bias of individual medical personnel influence the outcomes and health of birthing people and their babies. People hold implicit bias, this has been shown over and over through scientific means. Yet, there is still so little training and recognition that systemic and individual bias are an issue that must be dealt with for the safety and equity of Black, Native Hawaiian, Micronesian and Filipinx women. Women in these communities are 3-4X more like to die from complications in childbirth than white women. And black women, who only account for 3% of the population in Hawaii, yet account for the most preterm births of any group in Hawaii. This rate is 24% higher than any other group. There are parallels in the Kanaka Maoli (Native Hawaiian) communities, but more data is needed for these women as well as more complete data for other Pacific Island communities.

What is critical about this bill is that we do not know the full ramifications of mortality and morbidity by race/ethnicity in communities because we do not collect it. We have to rise about the complacent structures of the past that would want us to believe we are in a post-racial society. We are not, we have never been. Racism is the root of these complications, not the race of the woman who is birthing.

There are those who would cite that this work is being done already through ACT 203, this is not correct. ACT 203 collects mortality data/maternal deaths, however it DOES NOT call for the collection of morbidity dat which is defined as near misses. Maternal morbidity is defined as, “any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman’s wellbeing.” Hawaii is currently not collecting this data, but if we wish to be tracking with the progresses being made at the Federal level, and to say earnestly that we are working to make birth more safe and equitable for BIPOC women, we must pass SB 900.

Thank you for your time. As always, let your vote be rooted in the needs of our future generations. We can only ensure this world is more just and equitable for those generations by protecting the women who birth them into existence.

Submitted in complete support of SB 900.

Kathryn Benjamin

SB-900-SD-2
Submitted on: 3/15/2021 1:57:15 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Aloha e Chair Yamane and Vice Chair Tam,

I am writing in full SUPPORT of senate bill 900 in its original form; where the bill demands disaggregated data, a community takforce as well as requiring implicit bias training for healthcare professionals. Our states preterm labor rates shows me and community that our stakeholders, healthcare professionals and department heads who are supposed to be addressing maternal health, morbidity and near misses have not been fierce enough at doing their jobs. I've heard them say they'd rather not have implicit bias training be legislated and rather incentivized. The optomistic community organizer in me believes we can do both; we can legislate it so implicit bias training is required and since the hospitals want the training to be incentivised it is clear they can make this happen with their own funding. Requiring a community taskforce under the Hawai'i State Commission on the Status of women can help to ensure that these people are being held accountable to their roles and functions in addressing maternal health equity and morbidity/ near misses, as well as having a hand in approving or even providing said implicit bias training. I believe the only part of this bill the previous committees, department heads, health care professionals and stakeholders aprrove of is the demand for disagreggated data because they say there is work being done on that already and that's amazing but again this is all long overdue. I appreciate that this bill, which was authored by a Black Midwife, is now lighting the fire from under everyone to turn the discussions they've been having into action. Please help the birhting people and birthworkers hold the systems who silenceand harm us accountable.

I want to end this by saying that these processes and spaces are not really accessible to the general public even though these are "public" testimonies. Our moms and birthing people do not have the time to hop on another zoom or submit testimony. So when community orgs come out and say all the things we need you all to hear we are often not heard; this is another reason that a community task force is imperative to addressing maternal health inequities, morbidity and near misses. Because it is possibly the one place actual birthing people are able to voice their needs and concerns outside of the hospitals and organizations, and to make demands of those who were supposed to be working to improve the sacred event that birthing is.

Mahalo for your time and kokua.

Yvonne Mahelona

SB-900-SD-2
Submitted on: 3/15/2021 4:09:35 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Dear Chair Yamane, Vice Chair Tam and members of the Committee:

I strongly support SB900, SD2, the Maternal Health Equity bill, and request that it be passed with amendments to include a Maternal Disparity and Health Equity Task Force. A Task Force is critical to resolving the issues of maternal morbidity, pre-term births, and other birth-related complications, which disparately impact birthing people in our Black, Native Hawaiian, and Pacific Islander communities. We cannot implement sound, responsible policies to address these issues without critical input from the communities most impacted by these inequities in maternal healthcare.

Specifically, the Task Force should be required to:

- Provide recommendations on addressing maternal health disparities based on race and economic status with a special emphasis on improving health outcomes for communities of color most affected by this issue;
- Evaluate the ways in which data on maternal health disparaities is collected;
- Identify the barriers keeping Hawai'i from correlating data on outcomes and race/ethnicity;
- Evaluate current practices in maternal health care and identify improvements;
- Look at social determinants of health as they relate to maternal health; and
- Identify and review models of maternal health care from other states and countries, which have low maternal mortality and other birthing related complications across all demographics.

The Task Force should undertake this directive with a specific lens and sensitivity to the needs of Black, Native Hawaiian, Micronesian and other Pacific Islander pregnant and birthing people. The Task Force's findings and recommendations should also be informed by the direct accounts of pregnant and postpartum women and their families.

Thank you for the opportunity to testify on this measure.

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

SB-900-SD-2
Submitted on: 3/15/2021 9:43:48 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

Please pass SB900 SD2