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LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

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Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Health and Human Services
Friday, March 14, 2025
1:00 p.m.
Auditorium and Videoconference

On the following measure:
H.B. 1194, H.D.2, RELATING TO MIDWIVES

Chair San Buenaventura and Members of the Committee:

My name is Alexander Pang, and I am the Executive Officer of the Department of Commerce and Consumer Affairs' Midwives Program. The Department supports this bill.

The purposes of this bill are to: (1) make laws regulating midwives and the practice of midwifery permanent; (2) clarify the scope of practice of midwifery; (3) establish licensure requirements for certified midwives and certified professional midwives, including continuing education requirements; (4) grant global signature authority to midwives; (5) grant prescriptive authority to licensed midwives practicing as certified midwives and amend the list of approved legend drugs that may be administered by licensed midwives; (6) establish peer review and data submission requirements for midwives; (7) affirm that the practice of midwifery does not include traditional native Hawaiian healers performing traditional Hawaiian healing practices; (8) clarify exemptions from licensure and grounds for refusal to renew, reinstate, or restore

licenses and for the revocation, suspension, denial, or condition of licenses; and (10) clarify medical record availability and retention requirements for the purposes of medical torts.

The Office of the Auditor's February 2025 Sunset Analysis on the Regulation of Midwives recommends that a regulatory program for the midwifery profession be retained due to the inherent risk of harm that midwifery poses to mothers and their babies. In keeping with the Office of the Auditor's recommendations, the Department supports the intent of this bill to make midwifery regulatory laws permanent in the interest of public protection.

Thank you for the opportunity to testify on this bill.

COUNTY COUNCIL

Mel Rapozo, Chair
KipuKai Kualii, Vice Chair
Addison Bulosan
Bernard P. Carvalho, Jr.
Felicia Cowden
Fern Holland
Arryl Kaneshiro



OFFICE OF THE COUNTY CLERK

Jade K. Fountain-Tanigawa, County Clerk
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Council Services Division
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Lihue, Kauai, Hawaii 96766

March 12, 2025

**TESTIMONY OF ADDISON BULOSAN
COUNCILMEMBER, KAUAI COUNTY COUNCIL
ON
HB 1194, HD 2, RELATING TO MIDWIVES
House Committee on Health and Human Services
Friday, March 14, 2025
1:00 p.m.
Auditorium
Via Videoconference**


Dear Chair San Buenaventura and Members of the Committee:

Thank you for this opportunity to provide testimony in **OPPOSITION** of HB 1194, HD 2, Relating to Midwives. My testimony is submitted in my individual capacity as a member of the Kauai County Council.

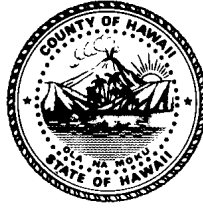
I wholeheartedly oppose the intent of HB 1194, HD 2, which would greatly affect the Kauai community.

Thank you again for this opportunity to provide testimony in support of HB 1194, HD 2. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188 or via email to cokcouncil@kauai.gov.

Sincerely,


ADDISON BULOSAN
Councilmember, Kauai County Council

AAO:mdt



HAWAI'I COUNTY COUNCIL - DISTRICT 2

25 Aupuni Street • Hilo, Hawai'i 96720

DATE: March 11, 2025
TO: Senate Committee on Health and Human Services
FROM: Jennifer Kagiwada, Council Member
Council District 2
SUBJECT: HB 1194 HD1

Aloha Chair San Buenaventura, Vice Chair Aquino, and members of the Committee,

Midwifery licensure is an accessibility issue for residents across our State and specifically for those residing in Hawai'i County. As the largest island with the most rural population we must have options for birthing support in ways that meet our people's unique needs. On December 18, 2024, the Hawai'i County Council passed Resolution 26-25, Urging the Hawai'i State Legislature to Amend Chapter 457J, Hawai'i Revised Statutes, Relating to Midwives, to Permanently Exempt Birth Attendants from State Licensure Requirements and to Expand the Eligibility Criteria for Midwifery Licensure (see attached).

I am writing to you with comments on HB 1194 HD2. As currently written this bill does not adequately address the issues raised in Resolution 26-25. Two areas in which this bill needs improvement are expanding licensure requirements for certified midwives and clarifying exemptions from licensure.

Based on the large amount of opposition testimony to this bill by those who are currently serving as birth workers in our primarily rural communities and those who receive care from licensed and unlicensed birth workers, it is imperative that your committee consider adopting the following amendments regarding licensure equity and additional exemptions before advancing this measure. Please consider adopting the following amendments:

LICENSURE EQUITY- by including the PEP/ Midwifery BRIDGE pathway to be accepted for those who obtain it after January 1, 2020 so that local student midwives have access:

- **Page 37 Lines 12-16 Application for license as a midwife**
(B) A midwifery bridge certificate issued by the North American Registry of Midwives, or successor organization. ~~[, for certified professional midwife applicants who obtained certification before January 1, 2020.]~~

- Page 28 "[§457J-6] Exemptions. (a) ~~[A person may practice midwifery without a license to practice midwifery if the]~~ This chapter shall not apply to a person who is:

(6) Administering care to [a] the person's spouse, domestic partner, parent, sibling, or child, immediate or extended family, including hanai family; or

(7) A person acting as a birth attendant who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

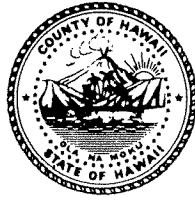
(8) A person engaged in birth-related practices in connection or accordance with the tenets and practices of any ethnic culture; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this chapter;”

Thank you for the opportunity to offer my comments on HB 1194 HD2.

Mahalo,

A handwritten signature in black ink, appearing to read "Jenn Kagiwada", with a stylized, flowing script.

Jenn Kagiwada

RESOLUTION NO. 26 25

A RESOLUTION URGING THE HAWAI‘I STATE LEGISLATURE TO AMEND CHAPTER 457J, HAWAI‘I REVISED STATUTES, RELATING TO MIDWIVES, TO PERMANENTLY EXEMPT BIRTH ATTENDANTS FROM STATE LICENSURE REQUIREMENTS AND TO EXPAND THE ELIGIBILITY CRITERIA FOR MIDWIFERY LICENSURE.

WHEREAS, midwifery is one of the oldest women’s rights issues in history, and a woman’s right to choose where to give birth and who they want as their preferred birth attendant are integral to providing safety, care, bodily autonomy, and comfort during birth; and

WHEREAS, Act 32 (Senate Bill No. 1033, SD2, HD2), relating to the licensure of midwives, was signed into law on April 30, 2019; and

WHEREAS, Section 457J-6, Hawai‘i Revised Statutes, established by Act 32, provides an exemption that allows birth attendants to practice midwifery without State licensure, however this exemption expired on July 1, 2023; and

WHEREAS, Act 32 specifically states that by the end of the three-year period, the Hawai‘i State Legislature intends to enact statutes that will incorporate all birth practitioners and allow them to practice to the fullest extent under the law; and

WHEREAS, if the Hawai‘i State Legislature fails to take action before this exemption expires, traditional and indigenous midwifery practices will be at risk of criminality or, worse, cultural erasure, and the traditional birthing practices of all cultures deserve protection; and

WHEREAS, additionally, Act 32 inadvertently omitted a category of Certified Professional Midwives, or CPMs, who have been trained and certified using the Portfolio Evaluation Process (PEP), which is one of two pathways to obtain a professional midwife certification through the nationally recognized North American Registry of Midwives; and

WHEREAS, the second pathway to become a CPM is to complete a course study at a Midwifery Education Accreditation Council school, but there are currently no accredited schools in Hawai‘i, therefore, the PEP pathway is the more accessible way for midwifery students in the State to obtain certification as a CPM; and

WHEREAS, expanding the eligibility criteria in Section 457J-8, Hawai‘i Revised Statutes, to allow CPMs certified through the PEP pathway to be licensed, will greatly benefit families throughout Hawai‘i County, especially in rural areas like Kohala, Puna, Ka‘ū, and South Kona, where families have limited access to birth facilities and have depended on traditionally-trained birth attendants for decades; and

WHEREAS, a proposed State bill attached as Exhibit "A" was approved as part of the Hawai'i County Council Legislative Proposals and Priorities to be considered for inclusion in the 2025 Hawai'i State Association of Counties Legislative Package in Resolution 630-24, Draft 2; now, therefore,

BE IT RESOLVED BY THE COUNCIL OF THE COUNTY OF HAWAI'I that the Hawai'i State Legislature is urged to amend Chapter 457J, Hawai'i Revised Statutes, to permanently exempt birth attendants from State licensure requirements and to expand the licensure eligibility criteria to include all Certified Professional Midwives, including those who have been certified via the Portfolio Evaluation Process pathway.

BE IT FINALLY RESOLVED that the County Clerk shall transmit a copy of this resolution to the Honorable Josh Green, M.D., Governor, State of Hawai'i; all members of the Hawai'i State Legislature; the Honorable C. Kimo Alameda, Mayor, County of Hawai'i; the Hawai'i State Commission on the Status of Women; and the Hawai'i County Committee on the Status of Women.

Dated at Hilo, Hawai'i, this 18th day of December, 2024.

INTRODUCED BY:


COUNCIL MEMBER, COUNTY OF HAWAI'I

COUNTY COUNCIL

County of Hawai'i
Hilo, Hawai'i

I hereby certify that the foregoing RESOLUTION was by the vote indicated to the right hereof adopted by the COUNCIL of the County of Hawai'i on December 18, 2024.

ATTEST:

ROLL CALL VOTE

| | AYES | NOES | ABS | EX |
|-----------------------|------|------|-----|----|
| GALIMBA | X | | | |
| HUSTACE | X | | | |
| INABA | X | | | |
| KAGIWADA | X | | | |
| KĀNEALI'I-KLEINFELDER | X | | | |
| KIERKIEWICZ | | | X | |
| KIMBALL | X | | | |
| ONISHI | X | | | |
| VILLEGAS | X | | | |
| | 8 | 0 | 1 | 0 |

Reference: C-16/Waived GOEAC

RESOLUTION NO. 26 25


COUNTY CLERK


CHAIRPERSON & PRESIDING OFFICER



03/12/25

To the Committee on Health and Human Service Chair San Buenaventura and Vice Chair Aquino
From the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

COMMENTS on HB 1194 HD2 with suggested amendments to move this bill forward

We appreciate all the work that has been done to develop legislation to expand regulation of non-nurse midwives. With the guidance of ACNM national and our members in Hawai'i, the HAA Board has also actively been working within the midwifery community in hopes of establishing a comprehensive bill. We are in support of regulation and seek to preserve licensure for Certified Midwives and Certified Professional Midwives. We also support protection of reproductive and constitutional rights. For three years we have been working with the DCCA in hopes of establishing interim rules for the Midwives Licensing Program. We have met with Med-Quest and DOH leadership to discuss how midwives can be better integrated into the healthcare system in all locations. We appreciate the relationships we are building and look forward to continued collective efforts to address the needs of the families of Hawai'i.

As a professional organization, HAA “promotes the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs).” We understand the value of midwifery care in public health concerns and support legislation that expands access to that care. As to the value of the CM credential for Hawai'i, we understand the potential in how fully establishing this credential in Hawai'i could contribute to ‘growing our own’ advanced midwifery practice providers. We are aware of how the CM functions as equivalent to the CNM in other states and seek legislation which will establish this credential to serve our families.

We proceed with a neutral stance toward this version of the bill to stress how important it is to get this right. Though many amendments have already been adopted to reflect the findings in the hearings and the more recently published Auditor's Sunset Analysis (2025), a few more crucial changes are still required to fully establish these credentials and effect regulation which acknowledges the importance of access to care. We urge legislators to carefully consider our expressed concerns and suggested amendments.

Our approach is simple and direct. We have referred to national standards and have utilized existing HRS and HAR which already regulates midwives (as CNMs). Without integration of our suggested amendments, we are concerned continued use of vague language will not adequately establish the CM in equivalence with the CNM. This will not serve the public interest. It will only restrict the public's access to licensed providers.

As we learned these past five years, it was not possible for the Director of the DCCA to amend a statute when it comes to definitions and scope. The implications of this were Medicaid could not begin the process of integration of licensed midwives and CMs could not approach institutions to consider this new credential to be added to their bylaws. These discussion points are not presented to benefit the provider, rather we suggest equitable access to care is in the interest of the public, especially in a region such as the Hawaiian islands which face serious provider shortages.

Now is the time to get it right! In January of 2024, CNMs finally were granted 100% reimbursement rates for the same services offered by MDs. This was a huge accomplishment which will benefit the public. More CNMs can now be hired and more CNMs can now serve Medicaid clientele. We want this to be true of licensed midwives, as well. Established in preventative care, midwives can be part of a cost-effective approach to addressing our maternal/infant health crisis.

Another pressing point as far as growing the healthcare workforce: licensing requirements and renewals are separated from eligibility for prescriptive authority and renewal of prescriptive authority in HRS 457. As this statute has remained with this structure without a need of amendment, that there has not been evidence of there being harm to the public by allowing a CNM to apply for prescriptive authority separate from their license application, we support establishing these two applications for the CM as it is in HRS 457. The 30 contact hours in pharmacology do not align with other license requirements. For working CMs who are more than three years out from a graduate program, this requirement may take extra time for them to accomplish. This extra time should not hinder an otherwise qualified provider from applying. This may be why legislators previously allowed these two privileges to exist separately. We believe the CM can be held to the same requirements as a CNM in the provision of midwifery without negatively impacting public health.

For these concerns and others laid out in more detail in our suggestion, we appreciate your careful consideration and express our gratitude for your time. We will be available at the Senate hearing for any further questions or please contact us via our email: acnmhawaiiaffiliate@gmail.com

Mahalo,

The HAA Board

The Hawai'i Affiliate of the American College of Nurse-Midwives

Annette Manant, PhD, ARPN, CNM President

Connie Conover, CNM, MSN Vice President & Treasurer

Margaret Ragen, CM, LM, MS Secretary & Affiliate Legislative Contact

hawaiiimidwives.org

References:

https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf

https://www.capitol.hawaii.gov/hrscurrent/Vol13_Ch0601-0676/HRS0624/HRS_0624-0025_0005.htm

<https://midwife.org/wp-content/uploads/2024/10/Definition-of-Midwifery-and-Scope-of-Practice-of-Certified-Nurse-Midwives-and-Certified-Midwives.pdf>

<https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf>

HAA SUGGESTED AMENDMENTS

SCOPE OF PRACTICE: LICENSED MIDWIVES; CERTIFIED PROFESSIONAL MIDWIVES

Clarify this statute is for licensed midwives who are eligible for licensure as certified midwives and certified professional midwives based on national practice standards and national credentialing bodies.

Pg. 4 Line 14 - 21 Scope of practice of midwifery. ; licensed midwives; certified midwives; certified professional midwives. a) The scope of practice of licensed midwifery means the full practice scope of midwifery, regardless of compensation or personal profit, as determined by the director, rules adopted by the director, and midwifery standards established or recognized by the director pursuant to this chapter. The scope of practice of licensed midwives midwifery shall be based on and be consistent with a midwife's education and national certification, including but not limited to:

- (a) The American College of Nurse-Midwives and the American Midwifery Certification Board or their successors for a licensed certified midwife, provided these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law; and
- (b) The National Association of Certified Professional Midwives and the North American Registry of Midwives or their successors for a licensed certified professional midwife, provided that these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.
- (c) Notwithstanding any law to the contrary, the scope of practice of a licensed midwife includes but is not limited to:
 - (1) Evaluating...

SCOPE OF PRACTICE OF MIDWIFERY AS A CERTIFIED MIDWIFE

Establish certified midwife scope as equivalent to the certified nurse-midwife (CNM) based on HRS 457

Page 8 Line 1- Page 9 Line 2.(b) The scope of practice of midwifery as a certified midwife includes but is not limited to:

- (1) Assessing and diagnosing clients and the prescription, selection, and administration of therapeutic measures, including over the counter drugs or legend drugs, or both, according to this chapter; the provision of expedited partner therapy pursuant to section 453-52; and controlled substances within the certified midwife's education, certification, and role and in accordance with this chapter;
- (2) Complying with the Standards for the Practice of Midwifery, or successor document, of the American College of Nurse-Midwives and American Midwifery Certification Board, or successor organizations; provided that the American College of Nurse-Midwives and American Midwifery Certification Board shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law;
- (3) Assisting in surgery; and
- (4) Admitting and discharging clients for inpatient care at facilities licensed in the State as hospitals.

(f) Notwithstanding any law to the contrary, a licensed certified midwife may, in addition to practicing within the scope of subsection (e):

- (1) Provide health promotion, disease prevention, risk assessment and management, individualized wellness education and counseling.
- (2) Provide services in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.
- (3) Obtain prescriptive privileges to independently prescribe medications, including controlled substances, medications for the treatment of a substance use disorder, and medications for expedited partner therapy pursuant to section 453-52;
- (4) Admit, manage, and discharge patients to or from a hospital or freestanding birthing facility;
- (5) Assist in surgery; and
- (6) Order medical devices, durable medical equipment, and home health services.

PRESCRIPTIVE AUTHORITY

Clarify prescriptive authority for the CM reflects what is established for the CNM in HRS 457.

Pg. 14 Line 14 - Pg. 16 Line 11 Prescriptive authority. (a) ~~Prescriptive authority shall be granted solely to midwives practicing as certified midwives and shall not be granted to midwives practicing as certified professional midwives. Only a certified midwife granted prescriptive authority by the department shall be able to practice as a certified midwife with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is a certified midwife who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6) §16-89-119 (a) Midwives practicing as certified midwives shall only prescribe those drugs appropriate to midwifery care as recognized by the director and in accordance with the current exclusionary formulary defined by the board of nursing for advanced practice registered nurses.~~
~~(b) Only a midwife practicing as a certified midwife may communicate, represent, or imply in any manner, including through the use of a sign, card, or device, that the person is a midwife who is authorized to prescribe.~~

PEER REVIEW FOR LICENSE RENEWAL

As established in HRS 624, proceedings and records of peer review committees and quality assurance committees are recommended. But, unless these license renewal requirements accommodate employed licensed midwives who work in hospitals, clinics, and freestanding birthing facilities, AND for licensed midwives in private practice to have protection from discovery when complying with these requirements, we recommend deleting this section to be established later by DCCA in administrative rules.

Furthermore, there is no 'accredited birth facility' established in any HRS. Therefore, if this section remains, replace this phrase with what is established as 'freestanding birthing facilities.'
<https://health.hawaii.gov/opppd/files/2015/06/11-93-2.pdf>

Pg. 17 Line 7 - Pg. 18 Line 17 DELETE Peer-review requirements; license renewal

DATA SUBMISSION REQUIREMENTS FOR LICENSE RENEWAL

Though there is a value for gestational parent and newborn data collection for licensed midwives, it may not be appropriate to establish this value with a requirement for license

renewal. Not all licensed midwives attend births and employed licensed midwives will not be able to provide data. Furthermore, the language of data requirements is vague and if it is not clarified, we recommend deleting this section to be established later by DCCA in administrative rules.

Pg. 18 Line 18- Pg. 19 Line 19 DELETE Data submission requirements; license renewal.

FINDINGS AND PURPOSE

In referencing the preamble of HB 1194 HD2, we suggest the findings & purpose of the statute reflect legislative findings beyond the need for regulation. And, the implied definition of midwifery in the purpose as ONLY being maternity care needs to be corrected.

Pg. 23 Line 7 - 20: Findings and purpose. The legislature finds that:

(1) Midwives offer primary, reproductive, ~~health care and~~ maternity and newborn care ~~{from the antepartum period through the intrapartum period to the postpartum period;}~~ to clients seeking midwifery services;

(2) The improper practice of midwifery poses a significant risk of harm to ~~{the mother or newborn;}~~ any client receiving midwifery services and may result in death; ~~and~~

(3) The regulation of the practice of midwifery is reasonably necessary to protect the health, safety, and welfare of ~~{mothers}~~ persons choosing midwifery services and their newborns;

ADD: (4) The scope of practice, prescriptive authority, and licensure requirements for licensed midwives, must be clarified

(5) The exemptions from licensure must be made clear.

ADDING NEW DEFINITIONS

Since birth facilities are mentioned in this bill, we recommend utilizing existing definitions under DOH, not insertion of a new category of facility.

Pg. 24 Line 5 - 8 DELETE "Accredited birth facility"

ADD: "Freestanding birthing facility" means a public or private facility whose only purpose is the reception of maternity patients and the providing of care during pregnancy, delivery, and the immediate postpartum period. The service is limited to the low risk maternity mother and her newborns. It shall not have direct financial or administrative connection with a broad service hospital."

Because there are two credentials regulated through this statute, distinctions of the practice of midwifery by these two credentials must be well established. The practice of the CM is defined by ACNM Standards. (The practice of the CPM would then be defined by NACPM &/or NARM standards)

Pg. 24 Line 19- Pg. 25 Line 14 DELETE: "Practice of midwifery"

ADD: "Practice of certified midwifery" means the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Certified midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Certified midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. Certified midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited

partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.

ICM does not have authority over Certified Midwives in the United States. ACNM and AMCB or their successors are recognized authorities in this bill.

Pg. 27 Lines 15 - 19. DELETE : ~~"International Confederation of Midwives"~~

Additionally, we need to clarify who is licensed under this chapter. Therefore we suggest to:
ADD: "Licensed midwife" means a person licensed under this chapter.

And, to substantiate inclusion of delegation of tasks of midwifery to unlicensed assistive person, based on HRS 457, we suggest to:

ADD: "Unlicensed assistive person" means an individual who is not licensed to practice licensed midwifery, but who provides tasks of licensed midwifery care delegated by a licensed midwife. [Eff 6/18/79; am and ren §16-89-2, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §457-5) (Imp: HRS §457-2)

REQUIREMENTS FOR LICENSE AS A CERTIFIED MIDWIFE

As it is established for APRN/CNMs in HRS 457, licensing requirements, including renewals can be made separate from prescriptive authority for the CM. This reflects equivalency with the CNM, including the exclusionary formulary.

Page 31 Line 1 - Pg 36 Line 17: (b) Evidence of qualifications for licensure as a certified midwife shall consist of the following:

- (1) Proof of current, unencumbered certification as a certified midwife by the American Midwifery Certification Board or a successor organization; and
- (2) Proof of successful completion of a graduate-level midwifery program accredited by the Accreditation Commission for Midwifery Education, or successor organization, leading to a master's degree or higher as a midwife; and

MOVE to new section: "Prescriptive authority eligibility requirements (5)" ~~(3) Proof of successful completion of at least thirty contact hours, as part of a master's degree program or higher from a college or university accredited by the Accreditation Commission for Midwifery Education, or successor organization, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within three years immediately preceding the date of application. If the advanced pharmacology education in a master's degree program was completed prior to the three-year time period immediately preceding the date of application, then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:~~

~~—— (A) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from a college or university accredited by the Accreditation Commission for Midwifery Education, or successor organization; or~~

~~—— (B) At least thirty contact hours of continuing education in advanced pharmacology, including advanced pharmacotherapeutics, approved by the Continuing Education Policy, or successor document, of the American Midwifery Certification Board, or successor organization; provided that the continuing education pharmacology contact hours shall be related to the applicant's scope of midwifery practice.~~

ADD SECTION: PRESCRIPTIVE AUTHORITY ELIGIBILITY REQUIREMENTS

The requirement of 30 pharmacology hours may prove to be a barrier for eligible license applicants, as it does not correspond to AMCB requirements for working CMs. We suggest this application be made separate and to add prescriptive authority renewal requirements to reflect HRS 457.

ADD: Prescriptive authority eligibility requirements. (a) The requirements for prescriptive authority are as follows:

(1) A completed application for prescriptive authority provided by the department and submitted with all appropriate documents and required fees;

(2) Proof of a current, unencumbered license as a certified midwife in this State and in all other states in which the certified midwife has a current and active license;

(3) Proof of a current, unencumbered certification as a certified midwife from a national certifying body recognized by the department;

(4) Proof of successful completion of an accredited graduate-level midwifery program with a significant educational and practical concentration on the direct care of patients, recognized by the department, leading to a graduate-level degree as a certified midwife;

(5) Proof of successful completion of at least thirty contact hours, as part of a graduate-level midwifery degree program from an accredited, board-recognized college or university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within the three-year time period immediately preceding the date of application. If completed more than the three-year time period, then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:

(A) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited, board-recognized college or university; or

(B) At least thirty contact hours of continuing education ("CE") approved by board-recognized national certifying bodies in advanced pharmacology, including advanced pharmacotherapeutics related to the applicant's scope of certified midwifery practice; and

(6) Payment of a non-refundable application fee.

ADD: Upon satisfying all requirements in chapter 457j, HRS, and this chapter, and payment of required fees, the department shall grant prescriptive authority to the certified midwife.

(7) Nothing in this section shall preclude a certified midwife from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapter 448, 453, or 463E, HRS, or the orders of a licensed APRN granted prescriptive authority in accordance with this chapter.

(8) Nothing in this chapter shall require a certified midwife to have prescriptive authority under this chapter in order to provide anesthesia care. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

ADD: Prescriptive authority renewal for certified midwife. (a) Prescriptive authority for each certified midwife shall expire on June 30 of every three years and shall be renewed triennially. At the time of renewal, each certified midwife seeking renewal of prescriptive authority shall certify

under oath that the licensee has completed the thirty hours of continuing education, of which twenty two hours shall be in the certified midwife practice specialty and eight hours in pharmacology, within the last three years preceding the certified midwife's renewal and has a current national certification in their practice specialty. The certified midwife shall also satisfy the renewal requirements for certified midwife license pursuant to section 457J-10. The department may conduct a random audit to determine compliance with the prescriptive authority renewal requirements. The department shall provide written notice of an audit to all licensees selected for audit. Within sixty days of notification, the licensee shall provide the department with the following documentation verifying compliance:

(1) Evidence of current national certification in the certified midwife practice specialty by a board-recognized national certifying body; and

(2) Documentation of successful completion, during the prior triennium, of thirty contact hours of appropriate continuing education as determined by the department in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the certified midwife's clinical practice specialty area, approved by board-recognized national certifying bodies, or accredited colleges or universities. Documentation of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal triennium, may be accepted in lieu of the thirty hours of continuing education required for renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized certified midwife on or before June 30 of each renewal year shall result in automatic forfeiture of prescriptive authority. Failure of the certified midwife to renew prescriptive authority shall cause the certified midwife prescriptive authority to forfeit on the day after the expiration date. The certified midwife shall not prescribe until prescriptive authority has been restored. Renewal application deadlines shall be as established by the department. Prescriptive authority may be restored within six months from the date of forfeiture, provided the restoration application is in compliance with subsection (a), and is submitted with an additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for prescriptive authority, the applicant shall meet the requirements of section —. (c) Any certified midwife subject to this chapter who fails to renew his or her prescriptive authority and continues to practice as a certified midwife with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties §16-89-123 89-50 provided for by law. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

RELIGIOUS EXEMPTION

In alignment with constitutional protections in HRS 457, we suggest to add:

Pg. 32 Line 11 ADD. This chapter does not prohibit the practice of midwifery in connection with healing by prayer or spiritual means alone in accordance with the tenants and practice of any well recognized church or religious denomination, provided that no person practicing such midwifery claims to practice as a licensed midwife. (HRS §457-13)

ADD SECTION: DELEGATION OF LICENSED MIDWIFERY CARE TASKS TO UNLICENSED ASSISTIVE PERSONNEL

As unlicensed assistive personnel are utilized in out-of-hospital settings by licensed midwives in both the home and freestanding birthing facilities, we recommend inclusion of this section. To reflect HAR for APRN/CNMs

ADD: Delegation of licensed midwifery care tasks to unlicensed assistive personnel. (a)
Only a licensed midwife has authority to practice professional midwifery; therefore, only the licensed midwife has authority to delegate licensed midwifery care. It is the intent of the department that the delegation of tasks of licensed midwifery care to unlicensed assistive personnel be the exception rather than the rule unless the licensed midwife can justify the need for delegation. (b) The department believes that unlicensed assistive personnel can be utilized to provide tasks of licensed midwifery care under the specific delegation and supervision of a licensed midwife. A licensed midwife may delegate in any setting at any time; provided that when the licensed midwife is not regularly scheduled and not available to provide direct supervision, the licensed midwife shall provide indirect supervision. (HAR 89-C-15)



To the Committee on Health and Human Service, Chair San Buenaventura and Vice Chair Aquino
From 'Ōhi'a Midwifery & Wellness (Kealahou, Hawai'i) 03/12/25

Re: HB 1194 HD 2 RELATING TO MIDWIVES

With great appreciation to Chair San Buenaventura, Vice Chair, Senator Hashimoto, Senator Keohokalole, and Senator Fevella for your consideration of written testimony.

COMMENTS: AMENDMENTS for HB 1194 HD 2

At this point in the legislative process, the need for regulation of non-nurse midwives and midwifery has been well established. As working licensed midwives, we agree with the Auditor's Sunset Analysis (2025) in its recommendation for continuation of regulation. We appreciate all of the work that has been put forth in developing a replacement bill...yet this bill requires more amendments. We need a bill which expands on what we have learned these past five years.

Our goal is expanded access to care. This is our lens of public interest. Licensed providers should be able to practice to the full-scope of their credential, defined by national standards. And, as midwifery has already been regulated for almost 100 years in Hawai'i - regulation of licensed midwives can follow what is already in place by reflecting existing HRS and HAR. Just as there are more than one type of nursing provider, regulation of more than one type of midwife need not be so complicated. We also urge legislators to find a solution to protection of reproductive and constitutional rights not yet achieved.

Licensed midwives do not need to continue as outliers in the healthcare system. There is a lot of talk about risk in a community setting. There is not enough understanding what is the full-scope of care provided by licensed midwives nor how integration of these providers could improve outcomes. It is important to get it right this time. Limitations in the last statute could not be corrected in the process of adopting administrative rules. The stagnation in these past six years in establishing the Midwives Licensing Program, including a lawsuit, are largely due to inadequacies and errors in Act 32/HRS457j. We urge legislators to address all remaining concerns so we can move forward.

Our goal in these suggested amendments is so that Medicaid can begin the work of integration of Licensed Midwives. For public interest, we seek to expand access to qualified providers, and not just as maternity care providers. Full integration of LMs will improve access for consultation, collaborative care and contribute to smoother transfers. We want to join other states in our region - Alaska, Washington, Oregon, and California where families and the community benefit from access to licensed midwives working in hospitals, clinics, freestanding birthing facilities, and in the home.

At 'Ōhi'a Midwifery & Wellness, we have been limited in our capacity to serve as families regularly seek out our care but cannot afford to pay out-of-pocket in the provision of full-scope care. We want to be credentialed by Medicaid to the full-scope of our credential with prescriptive authority. We have actively worked with DCCA and Med-Quest in hopes of accomplishing this...but it cannot happen until Act 32/HRS457j as HB 1194 HD2 is amended to allow for full-scope practice for licensed midwives.

According to CDC Wonder, since 2020 licensed midwives practicing in out-of-hospital settings filed 1-2% of the birth certificates.¹ Annually, this represents serving through to delivery 200-300 pregnant people and their newborns. More than half of those families live in rural areas. What is also important to consider is that another 1-2% of birth certificates were filed by an unknown provider amounting to 180-300 pregnant people and their newborns, about one-third of these live in rural areas. Data charts have been provided below.

If families had access to this care through insurance reimbursement, these numbers could grow. And if all of the families receiving care from an ‘unknown’ provider or who are free birthing would consider participation in the healthcare system and not be driven underground, it seems natural that outcomes would improve. We who live on the neighboring islands, understand the value of access to care and the essential need for preventative care. Midwifery care is endorsed through organizations such as the March of Dimes,² where midwives have been recognized in reducing preterm babies. To address a nation-wide maternal/infant health crisis, Centers for Medicare & Medicaid (CMS) have also integrated midwifery and community based care into their transforming maternal health models (TMAH).³

| YEAR | TOTAL BIRTH CERTIFICATES FILED: ALL LOCATIONS, ALL PROVIDERS | TOTAL BIRTH CERTIFICATES FILED: METRO - ALL LOCATIONS, ALL PROVIDERS | TOTAL BIRTH CERTIFICATES FILED: RURAL - ALL LOCATIONS, ALL PROVIDERS | PERCENT BIRTHS RURAL | NUMBER OF CNMs FULL SCOPE | TOTAL BY CNM ALL LOCATIONS | PERCENT ATTENDED BY CNM | TOTAL BY CNMs: EXCLUDING HOSPITALS | BY CNM ALL LOCATIONS: METRO | BY CNM ALL LOCATIONS: RURAL |
|-----------------------------------|--|--|--|----------------------|---------------------------|----------------------------|-------------------------|------------------------------------|-----------------------------|-----------------------------|
| 2019 | 16,797 | 13,961 | 2,836 | 17% | ? | 1,644 | 9.80% | 56 | 1,467 | 177 |
| 2020 FIRST LICENSE ISSUED 08/2020 | | | | | | | | | | |
| | 15,785 | 13,029 | 2,756 | 17% | ? | 1,452 | 9.20% | 35 | 1,293 | 159 |
| 2021 | 15,620 | 12,745 | 2,875 | 18% | ? | 1,331 | 8.50% | 44 | 1,239 | 92 |
| 2022 | 15,535 | 12,704 | 2,831 | 18% | ? | 1,224 | 7.90% | 45 | 1,145 | 79 |
| 2023 EXEMPTION EXPIRED 07/2023 | | | | | | | | | | |
| | 14,808 | 12,040 | 2,768 | 19% | ? | 1,173 | 7.90% | 36 | 1,077 | 96 |
| 2024 | 14,757 | 11,981 | 2,736 | 19% | 26 | 1,194 | 8.10% | 24 | 1,112 | 82 |

| NUMBER OF OTHER MIDWIVES FULL SCOPE | TOTAL BY OTHER MIDWIFE ALL LOCATIONS | PERCENT ATTENDED BY OTHER MIDWIFE | TOTAL BY OTHER MIDWIFE: EXCLUDING HOSPITALS | BY OTHER MIDWIFE ALL LOCATIONS: METRO | BY OTHER MIDWIFE ALL LOCATIONS: RURAL | PERCENT OTHER MIDWIFE RURAL | UI A' |
|-------------------------------------|--------------------------------------|-----------------------------------|---|---------------------------------------|---------------------------------------|-----------------------------|-------|
| ? | 186 | 1.10% | 151 | 77 | 74 | 0.40% | |
| | | | | | | | |
| ? | 239 | 1.50% | 233 | 131 | 102 | 0.60% | |
| ? | 265 | 1.70% | 265 | 130 | 135 | 0.90% | |
| ? | 299 | 1.90% | 298 | 146 | 152 | 1% | |
| | | | | | | | |
| ? | 283 | 1.90% | 283 | 125 | 158 | 1% | |
| 23 | 199 | 1.30% | 83 | 84 | 115 | 0.70% | |

¹ <https://wonder.cdc.gov/>

² <https://www.marchofdimes.org/peristats/reports/hawaii/report-card>

³ <https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model>

| TOTAL UNLICENSED BIRTH ATTENDANTS | TOTAL BY UNKNOWN ALL LOCATIONS | PERCENT ATTENDED BY UNKNOWN | TOTAL BY UNKNOWN: EXCLUDING HOSPITALS | TOTAL BY UNKNOWN ALL LOCATIONS: METRO | TOTAL BY UNKNOWN ALL LOCATIONS: RURAL | PERCENT UNKNOWN RURAL |
|--|---|-----------------------------------|--|---|---|-----------------------------|
| ? | 200 | 1.20% | 134 | 162 | 38 | 0.20% |
| ? | 180 | 1.10% | 142 | 139 | 41 | 0.30% |
| ? | 304 | 1.90% | 211 | 246 | 58 | 0.40% |
| ? | 218 | 1.40% | 175 | 183 | 35 | 0.20% |
| ? | 253 | 1.70% | 253 | 200 | 53 | 0.40% |
| ? | 268 | 1.80% | 202 | 210 | 58 | 0.40% |

PLEASE CONSIDER AMENDING HB1194 HD2 TO:

1. Clarify purpose of an amended statute or replacement bill to reflect WHY Act 32/HRS457j is being amended.
2. Clarify scope of practice and definitions for licensed midwives as CMs and the CPMs based on national standards, national credentialing bodies, and reflect state statutes and administrative rules for APRN/CNMs in the provision of midwifery care.
3. For the CM, Separate license requirements from eligibility for prescriptive authority to reflect HRS and HAR for APRN/CNMs. And for the CPM, consider inclusion of a limited prescriptive authority as was offered in HB 1328.
4. Protect reproductive and constitutional rights.

We endorse the suggested amendments of the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA).

Mahalo for your time and consideration of our testimony.
We will be available for discussion at the hearing with any further questions.

Sincerely,

‘Ōhi’a Midwifery & Wellness (Kealakekua, Hawai’i)
ohiamidwifery@gmail.com
ohiamidwifery.org

Gentle Beginnings Midwifery

Rachel Curnel Struempf, LM, CPM, TM, CBE, LS
73-1001 Ahulani St, Kailua-Kona, HI 96740
(808)990-8025

Aloha e Honorable Chair Senator SanBuenaventura and Committee Members,

We are in strong OPPOSITION of HB1194 HD2 as currently written.

The Midwives Alliance of Hawai'i does not speak for me.

We would like to advocate for the following amendments to HB1194 HD2 so we can see the practice of midwifery expanded to protect reproductive rights.

PROFESSIONAL STANDARDS

Certified midwives (CM) and certified professional midwives (CPM) have separate credentialing bodies and professional organizations. As these are two distinctly different types of midwives, it is only appropriate to use the standards set by the applicable organizations for practice standards, scope, and practice guidelines. Please ensure that the appropriate standards are used for the respective midwives.

The CM is credentialed by the American Midwifery Certification Board (AMCB)
<https://www.amcbmidwife.org/>

The CM professional organization is American College of Nurse Midwives (ACNM)
<https://midwife.org/wp-content/uploads/2024/10/Standards-for-the-Practice-of-Midwifery.pdf>

The CPM is credentialed by the North American Registry of Midwives (NARM)
<https://narm.org/>

The CPM professional organization is the National Association of Certified Professional Midwives (NACPM)
<https://www.nacpm.org/standards-of-practice>

SCOPE OF PRACTICE

Clarify this statute is for licensed midwives who are eligible for licensure as certified midwives and certified professional midwives based on national practice standards and national credentialing bodies.

These suggested amendments are copied from HRS which established regulation of Certified Nurse Midwives.

https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf

Pg. 4 Line 14 - Pg 10 Line 7: Scope of practice of midwifery; licensed midwives; certified midwives; certified professional midwives.

a) The scope of practice of licensed midwifery means the full practice scope of midwifery, regardless of compensation or personal profit, as determined by the director, rules adopted by the director, and midwifery standards established or recognized by the director pursuant to this chapter. The scope of practice of licensed midwives shall be based on and be consistent with a midwife's education and national certification, including but not limited to:

(1) The American College of Nurse-Midwives and the American Midwifery Certification Board or their successors for a licensed certified midwife, provided these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law; and

(2) The National Association of Certified Professional Midwives and the North American Registry of Midwives or their successors for a licensed certified professional midwife, provided that these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.

REQUIREMENTS FOR LICENSURE

Amend the application for license as a midwife to be consistent with their national credentialing body to the following;

To obtain a license under this chapter, the applicant shall provide:

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

(7) Any other information the department may require to investigate the applicant's qualifications for licensure. [L 2019, c 32, pt of §2]

<https://narm.org/pdf/CIB.pdf>

<https://narm.org/certification-recertification/examination/>

https://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0457J/HRS_0457J-0008.htm

REGULATION THROUGH EXEMPTION

Traditional midwifery has existed since time immemorial. Oregon Revised Statutes 687.415 requires persons performing midwifery duties in Oregon to be licensed by the State of Oregon *unless*:

- The person is already licensed as a health care professional with midwifery duties within the scope of the license; or
- The person is a traditional midwife.

The Oregon statutes recognize a category of midwives called "Traditional Midwives". Oregon law allows a person to practice direct entry midwifery as a traditional midwife without a license if that person complies with certain requirements.

What are the requirements for being a Traditional Midwife?

According to Oregon Revised Statute 687.415, a person can practice direct entry midwifery without a license as a traditional midwife if the person:

Does not use legend drugs and devices (a license is required to use legend drugs and devices in Oregon); Does not advertise as a midwife; and Provides a Board approved disclosure statement to every client.

Under Oregon Administrative Rule 332-025-0125, the Board has prescribed a specific Traditional Midwife Information Disclosure Form that a midwife must give to each client and have each client sign. A copy must be retained in the client's record.

<https://www.oregon.gov/oha/ph/hlo/pages/board-direct-entry-midwifery-traditional-information.aspx>

https://www.oregon.gov/oha/PH/HLO/Forms/DEM_Traditional_Midwife_Information_Disclosure.pdf

Adherence to the exemption requirements serves as a form of regulation for traditionally trained midwives while also ensuring consumer protection. This type of midwife has been practicing since time immemorial, passing down invaluable knowledge and skills that cannot be replicated in a classroom setting. By allowing traditional midwives to continue their practice, we are preserving an essential aspect of our cultural heritage while also providing families with safe and personalized care during one of life's most significant moments.

I would offer that in addition to reinstating the traditional birth attendant exemption in 457-J that expired on July 1, 2023, this category of birth attendant should have the following additional requirements.

- Basic Life Support Cardiopulmonary Resuscitation through the American Red Cross
<https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training>

- Neonatal Resuscitation or Helping Babies Breathe through the American Association of Pediatricians
https://www.aap.org/en/pedialink/neonatal-resuscitation-program/?srsId=AfmBOor0dNgFTD_mno7btfdlprAocBjk7jf2X2DDxtwEzf7dwkas8Llj

<https://www.aap.org/en/aap-global/helping-babies-survive/our-programs/helping-babies-breathe/?srsId=AfmBOorx2Sals-qzCrSsfMSzV88K1WIFZhgCosylGO476tnUey6mQ-Yy>

[§457J-6] Exemptions.

A person acting as a birth attendant on or ~~before July 1, 2023~~, who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

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

(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

(ii) That the person's education and qualifications have not been reviewed by the State;

(iii) The person's education and training;

(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;

(v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and

(vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and

(D) Maintains a copy of the form required by subparagraph for at least ten years and makes the form available for inspection upon request by the department.

(E) Maintains current Basic Life Support Cardiopulmonary Resuscitation (BLS CPR), and Neonatal Resuscitation Program (NRP) certifications; and

(F) Provide copies of current BLS CPR and NRP certificates to the DCCA midwife program on a form adopted by the Director.

To be exempt, the exempt person must follow the exemption criteria; and provide current copies of their Basic Life Support Cardiopulmonary Resuscitation (BLS CPR), and Neonatal Resuscitation (NRP) certifications, to be kept on file by the Hawai'i DCCA Midwife Program, to set a basic level of competency for the protection of the consumer. Failure to comply with

exemption requirements would result in a person not being exempt and therefore practicing midwifery without a license.

Add the following definitions:

The National Association of Certified Professional Midwives means: the professional membership organization representing Certified Professional Midwives (CPM) in the United States.

REMOVE THE FOLLOWING

All references to licensed birth centers or accredited birth facilities as there are currently no definitions or statute for their use and this will create unnecessary issues with the implementation of birth center regulations in the future.

Delete the following definition:

~~"International Confederation of Midwives"~~

The International Confederation of Midwives does not have authority over State nor Federal Statutes. The authority over CMs and CPM should be maintained by their respective credentialing bodies, and standards set by their respective professional organizations.

Allow an exclusionary formulary for limited prescriptive authority for CPMs.

Washington state granted certified professional midwives limited prescriptive authority in 2022. The program is working well for the State and the consumers of non-nurse midwifery care. Please allow CPMs limited authority to prescribe needed medications to utilize the consumer's health insurance coverage. People should not have to compromise the care they receive due to financial restrictions.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-834-165&pdf=true>

Add the following:

(a) The department shall determine the drugs or categories of drugs listed in the exclusionary formulary. (b) The Exclusionary Formulary, and any revised formularies, shall be made available to licensed pharmacies at the request of the pharmacy at no cost. (c) The certified professional midwife shall comply with all applicable state and federal laws and rules relating to prescribing and administering of drugs. The certified professional midwife with limited prescriptive authority shall only prescribe, order, and dispense medical devices and equipment or drugs appropriate to the certified professional midwife's specialty and pursuant to HRS section 457-8.6. (d) Prescriptions by a certified professional midwife with limited prescriptive authority shall be written in accordance with section 16-95-82. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

ADD: Limited prescriptive authority renewal for certified professional midwife. (a)

Prescriptive authority for each certified professional midwife shall expire on June 30 of every three years and shall be renewed triennially. At the time of renewal, each certified professional midwife seeking renewal of prescriptive authority shall certify under oath that the licensee has completed the eight hours in pharmacology, within the last three years preceding the certified professional midwife's renewal and has a current national certification in their practice specialty. The certified professional midwife shall also satisfy the renewal requirements for certified professional midwife license pursuant to section 457J-10. The department may conduct a random audit to determine compliance with the prescriptive authority renewal requirements. The department shall provide written notice of an audit to all licensees selected for audit. Within sixty days of notification, the licensee shall provide the department with the following documentation verifying compliance:

(1) Evidence of current national certification in the certified professional midwife practice specialty by a board-recognized national certifying body; and

(2) Documentation of successful completion, during the prior triennium, of thirty contact hours of appropriate continuing education as determined by the department in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the certified professional midwife's clinical practice specialty area, approved by board-recognized national certifying bodies, or accredited colleges or universities.

Documentation of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal triennium, may be accepted in lieu of the thirty hours of continuing education required for renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized certified midwife on or before June 30 of each renewal year shall result in automatic forfeiture of prescriptive authority. Failure of the certified midwife to renew prescriptive authority shall cause the certified midwife prescriptive authority to forfeit on the day after the expiration date. The certified midwife shall not prescribe until prescriptive authority has been restored. Renewal application deadlines shall be as established by the department. Prescriptive authority may be restored within six months from the date of forfeiture, provided the restoration application is in compliance with subsection (a), and is submitted with an additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for limited prescriptive authority, the applicant shall meet the requirements of section —. (c) Any certified professional midwife subject to this chapter who fails to renew his or her limited prescriptive authority and continues to practice as a certified professional midwife with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties §16-89-123 89-50 provided for by law. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

In short;

Allow PEP students exemption and allow PEP midwives to be licensed regardless of the date of certification.

Allow midwives the ability to practice full scope midwifery, which includes FULL prescriptive authority for the CM and LIMITED prescriptive authority for CPMs.

Use ONLY the CM and CPM credentialing bodies and professional organizations to set scope of practice and practice guidelines.

Reinstate the traditional birth attendant exemption with the addition of requiring CPR and NRP certifications.

Please protect our reproductive rights!

We thank you for the opportunity to testify on this bill.

Mahalo,

Rachel Curnel Struempf, LM, CPM, TM, CBE, LS

Gentle Beginnings Midwifery ~ Owner

HB-1194-HD-2

Submitted on: 3/12/2025 11:37:53 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------------------------|--------------------|-----------|
| Rebekah Botello | Testifying for Birth Believers | Oppose | In Person |

Comments:

Pastor Rebekah Botello

Representing myself and my family

Representing the Birth Believers Organization

12 March 2025

Testimony HB 1194 - IN OPPOSITION

Aloha Chair San Buenaventura and Members of the Senate HHS Committee -

This is a written copy of the verbal testimony I intended to give before the Senate HHS Committee.

Thank you to all of you for being here today to deliberate on the issue of BIRTH FREEDOM for Hawaii's families today and into the future .

My name is Pastor Rebekah Botello. I encourage you to VOTE emphatically vote NO on House Bill 1194 - unless it is significantly amended to provided UNRESTRICTED BIRTH CHOICES to every member of our community.

HB 1194 - HD1 - This is a bill profoundly rejected by the community for many reasons - predominantly beacuse it severely restricts access to all birthing care, denies those who practice religious and traditional midwifery from serving their communities, and criminalizes friends and family who want to walk alongside birthing mothers and fathers.

I have been a Pastor and community BIRTH worker for over 25 years. I currently reside in Senator Keohokalole's district. I represent myself, my husband, my children, my future grandchildren and beyond... And a community of over 10,000 Hawaii birthing families who are connected with our community education group called Birth Believers.

Birthing mothers and birthing fathers are supremely intelligent. Birthing mothers and birthing fathers choose - as they will - to educate themselves about how they want to approach one of the most significant milestones of their life - bringing their babies into this world and into their arms.

I have truly lost track of how many years I have been coming to the state legislature to advocate for birthing families to have UNRESTRICTED access to maternal and infant care... Whether that care be provided by a traditional midwife, a cultural midwife, a religious midwife, a family member, an unattended, self birthing situation, or by a western medical birth provider.

HB1194 is dangerous for birthing mothers, fathers, and babies. Restricting choice of maternal and infant care in the last five years because of HRS 457J (formerly known as SB1033) has forced birthing women to make potentially dangerous choices for themselves and their babies.

In these DARK YEARS since the enacting of HRS457J - some women made the heart-wrenching decision to birth without the help of a traditional BIRTH worker, not wanting to criminalize that BIRTH worker. Some women were forced to go into hospital situations where they felt unsafe and invaded by birth providers that do not share their cultural or religious beliefs.

While this is an unsavory way of putting it - the State Legislature has - in essence - authorized the molestation and even rape of pregnant women by medical personnel that they do not wish to have any connection with. You proverbially "tied the hands of birthing families behind their back" with abysmal legislation.

It is time to rectify the harms that were caused by the State Congress and Governor Ige when they enacted the restrictive HRS 457J that has now been in place for the last 4 1/2 years and sunsets on June 30 of this year.

It is time to listen to the thousands of community members that have testified year after year after year that their birth freedoms should not be infringe upon by this body of lawmakers or anyone else! It is time to read the testimonies of community members and not medical institutions that seek to benefit from restricting women's choices for their own bodies.

It is time to either pass a bill that protects ALL the choices of ALL birthing families and protects non-western maternal and infant care providers or to let HB1194 die.

It is time to do what is PONO for this generation of birthing families and all that are to come.

Mahalo for your commitment to representing the voices of your community.

Mahalo for your integrity and commitment to representing the voices of your community by voting NO on HB1194 unless it is SIGNIFICANTLY AMENDED to expand birth access, to decriminalize traditional and religious birth workers, to decriminalize family and friends who want to offer care and support to birthing women, and includes the PEP pathway for licensure.

Aloha and mahalo -

Pastor Rebekah Botello



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Date: March 14, 2025

From: Hawaii Medical Association (HMA)

Jerald Garcia MD - Chair, HMA Public Policy Committee

RE HB 1194 HD2 RELATING TO MIDWIVES- Midwives; Practice of Midwifery; Scope of Practice; Certified Midwives; Certified Professional Midwives; Licensure; Requirements; License Renewal; Prescriptive Authority; Peer Review; Data Submission; Medical Records

Position: Support

This measure would make midwife regulatory laws permanent; clarify the scope of practice of midwifery; establish licensure requirements for certified midwives and certified professional midwives, grants global signature authority to licensed midwives; establish continuing education requirements, grants prescriptive authority to licensed midwives practicing as certified midwives and amends the list of approved legend drugs that may be administered; establish peer review and data submission requirements; clarify exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses; clarify medical record availability and retention requirements for the purposes of medical torts.

Hawaii is rich with cultural and ethnic diversity, and all healthcare professionals must actively listen to patients, discuss their cultural beliefs and practices, and respect the choices of expectant patients and their families regarding prenatal care, delivery/birth and follow up care for the mother and newborn.

Pregnancy and childbirth are not without risk, and an expectant patient may include attendant(s) of their choice for their delivery plan. With limited exceptions, HRS 457-J requires anyone assisting a patient during pregnancy to possess a license, and this chapter regulates midwifery in Hawaii. The licensure of midwives in Hawaii ensures that midwives meet minimum education and training standards so that patients and families are able to make informed choices.

(continued)

2025 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

Most of the midwives who have been licensed by HRS 457-J live and practice in rural communities and on neighbor islands. Licensure has increased access for birthing people in rural areas to certified professionals. Additionally, the State Auditors report on the regulation of midwives released January 2025 concluded that the state's policies support the continued regulation of the practice of midwifery in the form of full licensure.

HMA supports this measure to continue midwifery licensure and access to midwife care for expectant patients and their newborns in Hawaii.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

REFERENCES AND QUICK LINKS

Hawaii State Auditor. [Sunset Analysis – Regulation of Midwives. Report No 25-03 \(pending\). Hawaii.gov Jan 2025.](#) Accessed Feb 8 2025.

The American College of Obstetricians and Gynecologists, District VIII, Hawai'i (Guam & American Samoa) Section. Licensure of Midwives. Jan 2025.

International confederation of Midwives 2024. International definition and scope of practice of the midwife. [InternationalMidwives.org Jul 2024.](#) Accessed Feb 8 2025.

Withy K et al. [UH System Annual Report to the 2025 Legislature on Findings from the Hawai'i Physician Workforce Assessment Project.](#) Accessed Feb 1 2025.

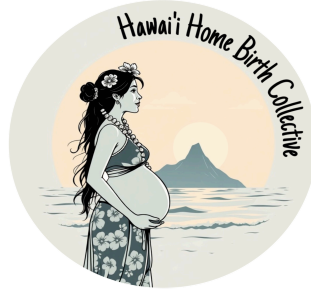
Lyte B. Hawai'i's Physician Shortage Hits Maui Hardest. [Honolulu Civil Beat. Dec 23 2024.](#) Accessed Feb 1 2025.

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**Testimony of the Hawai'i Home Birth Task Force Chair
And Board President of the Hawai'i Home Birth Collective**

Before the Senate Committee on Health and Human Services

3/14/2025 1:00 p.m.

State Capitol Auditorium HB 1194 HD 2, Relating to Midwives

Aloha Chair San Buenaventura, Vice- Chair Aquina and Members of the Committee,

My name is Kristie Duarte and I had the honor of serving as the Chair of the Hawai'i Home Birth Task Force created by Act 32 (2019). I am also the current Board President of the Hawai'i Home Birth Collective. The Hawai'i Home Birth Collective is the largest midwife and birth worker organization in Hawai'i representing the largest membership of midwives licensed under HRS 457J as well as other licensed birth practitioners across the State. We **strongly oppose HB 1194 HD2 with the following amendments needed for our support.**

As the Hawai'i Home Birth Task Force Chair, the intention of HRS 457J was always to "allow a woman to choose where and with whom to give birth". [Act 32 \(2019\) preamble page 2 lines 4-5](#)

- The legislature's intent in passing HRS 457J in 2019 was to incorporate all birth practitioners over a three year period and **not criminalize them as HB 1194 HD 2** continues to do. We have the opportunity to pass a law that will **support reproductive rights and bodily autonomy** to give back a pregnant person's right to have broad access to licensed midwifery, traditional birthing practices and maternal healthcare.

HAWAII NURSING LAW HAS A RELIGIOUS EXEMPTION: WHY DOES THE MIDWIFERY LAW NOT HAVE A RELIGIOUS EXEMPTION?

Hawaii Nursing law HRS 457j-13 (5) says: “ The practice of nursing in connection with healing by prayer or spiritual means alone in accordance with the tenets and practice of any well recognized church or religious denomination, provided that no person practicing such nursing claims to practice as a registered nurse or a licensed practical nurse”

- Based on Hawaii nursing law, there can be exemptions for those connected to religious practices and this same protection can be given to the cultural and religious practitioners engaged in birth practices in this midwifery law

In addition, HB 1194 HD 2 currently exempts “(6) Administering care to the person's spouse, domestic partner, parent, sibling, or child.”

- There should be clear protection for grandparents, extended family and hanai family because **grandparents, extended family and hanai family are all still criminalized** to administer care in HB 1194 HD 2

#1 We recommend the following exemptions to protect reproductive rights, consumers, cultural/religious practitioners and all 'ohana in Hawai'i

Page 28 Line 19- Page 32 Line 11

"[§457J-6] Exemptions.

(6) Administering care to the person's spouse, domestic partner, parent, sibling, or child, immediate or extended family, including hanai family"

(7) A person acting as a **birth attendant** who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

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

(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

(ii) That the person's education and qualifications have not been reviewed by the State;

(iii) The person's education and training;

(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;

(v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and

(vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and

(D) Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.

(8) Person engaged in birth-related practices in connection or accordance with the tenets and practices of any **ethnic culture**; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this part;

9) Person engaged in birth-related practices related to healing by prayer or **spiritual** means in connection or accordance with the tenets and practices of any well-recognized church or religious denomination; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this part;

#2 We recommend the following amendments for the Certified Professional Midwife.

Recognizing National standards- NARM certification (Expanding access to licensure)

- **Amend the definition of Certified Professional Midwife to include nationally recognized [pathways](#) to certification, issued by NARM, who is accredited by the National Commission for Certifying agencies (NCCA) as part of the definition**
Page 26 Line 20- Page 27 Line 9 "Certified professional midwife" means a person who has graduated from an accredited educational program or pathway in midwifery, accredited by the Midwifery Education Accreditation Council, or successor organization, and who holds a current and valid national certification as a certified professional midwife from the North American Registry of Midwives, or any successor organization. A certified professional midwife who received their certification ~~prior to January 1, 2020, through a non-accredited educational pathway~~ the North American Registry of Midwives' Portfolio Evaluation Process pathway shall have obtained a midwifery bridge certificate from the North American Registry of Midwives, or any successor organization.”:
- **Includes all student midwives recognized by the [National Certifying body \(NARM\)](#), who is accredited by the National Commission for Certifying agencies (NCCA) as part of the definition**
Page 29 line 10-15 (3) A student [midwife] who is currently enrolled in [a] an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife

preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

- **Expands access to licensure by including an additional [route](#) to obtaining the Certified Professional Midwife credential, issued by NARM, who is accredited by the National Commission for Certifying Agencies (NCCA).**

Page 37 line 12-16 (B) A midwifery bridge certificate issued by the North American Registry of Midwives, or successor organization, for certified professional midwife applicants ~~who obtained certification before January 1, 2020."~~

- **Recognizes all nationally qualified preceptors**

Page 26 line 11 Add in definition "Qualified midwife preceptor" to be amended: Qualified midwife preceptor" means a person approved by a Midwifery Education Accreditation Council School or [has current, approved registration through the North American Registry of Midwives](#) ~~a licensed and experienced midwife, or other maternal health professional licensed in the State, who participates in the clinical education of individuals enrolled in a midwifery education program accredited by the Midwifery Education Accreditation Council or Accreditation Commission For Midwifery Education, and who meets the criteria for midwife preceptors set forth by the applicable organization.~~

Recognizing national standards set for the certified professional midwife credential

- **Remove international standards; Instead replace with National standards**

Pg. 9 line 10-18- HB 1194 HD2 The ~~Essential Competencies Standards of for Midwifery Practice~~, or successor document, as defined by the ~~International Confederation~~ National Association of Certified Professional Midwives, or the North American Registry of Midwives, or successor organization; provided that the ~~International Confederation~~ National Association of certified professional Midwives and the North American Registry of Midwives shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.

- **Remove Nurse- Midwife standards as a requirement; Certified Professional Midwives are not Nurses**

Pg. 10 line 8-17- HB 1194 HD2 (a) A midwife shall continually assess the appropriateness of the planned location of birth and ~~shall~~ may refer to the American College of Nurse-Midwives Clinical Bulletin Number 61: Midwifery Provision of Home Birth Services (November 2015), or succeeding document, for guidance, taking into account the health and condition of the midwife's client; provided that the American College of Nurse-Midwives shall have no legal authority or powers of oversight over the director in the exercise of the director's powers and duties authorized by law

- **Remove International Standards**

Pg. 27 lines 15-19 Delete definition of “International Confederation of Midwives”.

Additional Amendments:

- **Amend definition of “Accredited birth facility” because there is no birth centers in Hawaii that are accredited by the Commission for the Accreditation of Birth Centers**

Pg. 24 Lines 5-8 "Accredited birth facility" means a hospital that has been accredited by The Joint Commission or a birth center that has been accredited by the Commission for the Accreditation of Birth Centers.

| | HB 1194 HD 2 | Amendments Needed for Senate Hearing |
|--------------------|---|--|
| Cultural Practices | <p>HB 1194 HD 2 Restricts cultural birth practices and displaces Indigenous and traditional practices.</p> <ul style="list-style-type: none"> ● Affects licensed midwives by knowing that the restriction of cultural birthing practices in this bill is displacing other people's cultures. ● Restriction & displacement of Indigenous practitioners of this land is especially harmful. ● This bill will make it illegal for ALL PEP student midwives, Native Hawaiian student practitioners, and other cultural/religious midwife students who are not currently enrolled in a MEAC accredited education program to learn midwifery from any qualified midwife | <p>Amendment needed to protect cultural birth practices</p> <ul style="list-style-type: none"> ● Allows all students to be trained by a qualified midwife preceptor ● Allows collaboration with cultural practitioners. Licensed midwives will benefit in their practice knowing the legality of other cultural birthing practices are not being restricted and displaced |

| | | |
|--|--|---|
| | preceptor. | |
| Expanding access pathways to licensure for local community | HB 1194 HD 2 Allows only CPMS from the Continent with the Bridge Certificate prior to January 1, 2020 to move to Hawaii and apply for a license <ul style="list-style-type: none"> Does not allow for people from Hawaii who obtained the PEP/BRIDGE certificate after January 1, 2020 to apply for a license; | Amendment needed to allow people from Hawaii who have obtained a Midwifery Bridge Certificate after January 1, 2020 to be able to apply for a license |
| License Renewal Requirements | HB 1194 HD 2 Adds additional requirements: <ul style="list-style-type: none"> Mandatory data collection (even for those who decline), and extra documentation; this data collection requirement may have conflicts with institutions that hire you Continuing education is to be submitted to the DCCA, including six hours of continuing education for the treatment of shock/intravenous therapy and suturing | Amendment needed to remove HB 1194 HD 2 license renewal requirements relating to peer review, continuing education and CPR/NRP certification as they are already required by NARM in the recertification process for the CPM every three years <ul style="list-style-type: none"> Continuing education is a requirement of NARM for renewal of certification every three years Adult CPR and NRP are required for renewal of certification every three years |
| Health equity | HB 1194 HD 2 Restricts access to medications, forcing clients to pay for necessary treatments out-of-pocket which CPMS are able to obtain and | Amendment needed to expand CPM formulary so clients don't pay out-of-pocket for essential medications like contraception, yeast |

| | | |
|---|---|---|
| | <p>administer or receive training in.</p> <ul style="list-style-type: none"> • Clients will continue to be forced to pay for necessary medications (like Rhogam) out of pocket, only allowing the CPM to obtain and administer a narrow list of medications from a very limited formulary. • Continues to force clients to pay out of pocket for over the counter medications , rather than utilizing their insurance coverage to cover them. • It restricts CPMs to a limited formulary that is not equivalent to their level of training, education and certification. • CPMs will no longer be allowed to access non-hormonal contraceptives for clients. | <p>infection treatments, and Rhogam.</p> <ul style="list-style-type: none"> • Expansion is in alignment with education, certification and training received • Allows CPMS to have the option to apply for limited prescriptive authority based on precedent of Washington State • Benefits clients to not pay out of pocket for these necessary medications that are covered by their health insurance. • Expands formulary to also include: Iron/ vitamins magnesium sulphate; calcium gluconate;; oral hormonal contraception, antifungals; antivirals specific to midwifery and contraceptive devices |
| <p>Affects the ability to give postpartum and infant/newborn care</p> | <p>HB 1194 HD 2 Reduces care:</p> <ul style="list-style-type: none"> • Restricting postpartum care to 6 weeks • Not allowing CPMs to provide care to infants, only newborns (up to 6 weeks). | <p>Amendment needed to expand care to:</p> <ul style="list-style-type: none"> • allow CPMs to provide care to newborns and infants up to 12 weeks; • Allow CPMs to provide postpartum |

| | | |
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| | | care from 8 weeks to 12 weeks. |
| Standard of Care | HB 1194 HD 2 Standards are not aligned with the Certified Professional midwife Practice: <ul style="list-style-type: none"> • The CPM scope of practice follows International Confederation of Midwives (ICM) standards rather than NARM • It holds CPMs to ACNM standards for planned home birth locations. CPMs are <u>not</u> CNMs. | Amendment needed to remove holding CPMs to ICM and ACNM standards. |

#3 The following amendments will expand midwifery care according to the CPM's training, education and certification and the needs of our community:

- **Postpartum Pg. 28 lines 1-3 Longer care is better care for our families**
"Postpartum" means the period of time immediately after and up to ~~six~~ twelve weeks following birth."
- **Contraception access Page 41 line 14**
Add in: (8) Contraceptive devices
- **Add Section on Medical Reimbursement:**
Any health benefit plan or health insurance reimbursement, including the medicaid program, shall provide coverage for services rendered by a licensed midwife if the services rendered are within the scope of practice for a certified midwife or certified professional midwife, without regard to the location where the services were provided.
- **Pg. 11 line 19- page 12 Line 5 Focus should be on urging and saving the life**
If the midwife's client, or the midwife's client's guardian declines assistance from appropriate licensed health care providers or the 911 system, the midwife shall ~~continually~~ urge the client or the client's guardian to transfer care to an appropriate licensed health care provider and may continue to provide care to save the life of the

client or the newborn; provided that the midwife shall only perform actions within the midwife's scope of practice.

- **Pg. 19 Line 1-8**

Submit data on all courses of care for every gestational parent and newborn under the midwife's care to a national or state research organization approved by the department. If a gestational parent declines to participate in the collection of data, the midwife shall have the gestational parent sign a refusal document follow the protocol of the approved national or state research organization; and

#4 The following amendments will grant **Limited Prescriptive Privileges** so families do not have to pay out of pocket and can have equity when it comes to access for the medications that the CPM can currently obtain/administer and/or be trained to prescribe.

- **Pg. 12 line 11-18-**

(b) Each licensee practicing as a certified midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from accredited colleges or universities or approved by an organization recognized by the Continuing Education Policy, or successor document, of the American Midwifery Certification Board, or successor organization; provided that a minimum of eight hours of continuing education shall be in pharmacology for eligibility for renewal of prescriptive privileges.

- **Pg. 12 line 19- Page 13 line 5**

(c) Each licensee practicing as a certified professional midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from an accredited college or university or granted by an accrediting organization recognized by the North American Registry of Midwives, or successor organization; provided that six hours of continuing education shall include treatment of shock/intravenous therapy and suturing, and for certified professional midwives applying for limited prescriptive authority, a minimum of eight hours shall be in pharmacology.

- **Pg. 14 line 14- Page 15 Line 2**

(a) Prescriptive authority shall be granted ~~solely~~ to midwives practicing as certified midwives and ~~shall not be granted to~~ midwives practicing as certified professional midwives with approval for limited prescriptive authority. ~~Midwives practicing as certified midwives shall only prescribe those drugs appropriate to midwifery care as recognized by the director and in accordance with the current exclusionary formulary defined by the board of nursing for advanced practice registered nurses. Midwives who are granted limited prescriptive authority practicing as a Certified Professional Midwife shall only prescribe those drugs appropriate to midwifery care as recognized by the director and in accordance with the formulary defined by the Director.~~

- **Amend Page 40 Beginning on Line 5- Page 41 Line 3**

(1) Neonatal use to prophylactic ophthalmic medications, vitamin K, silver nitrate, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen medications for oral thrush;

(2) Maternal use of ~~to~~ antibiotics for Group B Streptococcal antibiotic prophylaxis per ~~guidelines adopted by the Centers for Disease Control and Prevention~~; postpartum antihemorrhagics; Rho(D) immune globulin; epinephrine for anaphylactic reaction to an administered medication; intravenous fluids; Iron/ vitamins amino amide local anesthetic; nitrous oxide for pain relief when used in an accredited birth facility and in accordance with facility policies; magnesium sulphate; calcium gluconate; non-hormonal contraceptives; hormonal implants pursuant to any manufacturer certification requirements, oral hormonal contraception, antifungals; antivirals specific to midwifery, and as prescribed by a licensed health care provider with prescriptive authority under this chapter, chapter 453, or section 457-8.6; and oxygen.

Legend drugs authorized under subsection (a) shall not be used to induce, stimulate, or augment labor during the first or second stages of labor or before labor.

- **ADD following language on Page 16 Line 11**

(f) The department may authorize a certified professional midwife to prescribe certain legend drugs and devices provided that the certified professional midwife:

(1) Is in good standing, without disciplinary sanctions;

(2) Has fulfilled the requirements of this part; and

(3) Has fulfilled any requirements established by the department pursuant to this part.

(g) Any prescriptive authority granted to a certified professional midwife shall be limited to the midwife's scope of practice and for patients appropriate to the scope of practice.

(h) A certified professional midwife to whom the department has granted limited prescriptive authority to prescribe legend drugs and devices may advise the certified professional midwife's patients of the option to have the symptom or purpose for which a prescription is being issued included on the prescription order.

(i) A certified professional midwife having limited prescriptive authority shall maintain national certification, as required by section 457J-B, unless the department grants an exception.

(j) Each certified professional midwife granted limited prescriptive authority by the department shall be assigned a specific identifier, which shall be made available to the Hawaii medical board and the state board of pharmacy. The department shall establish a mechanism to ensure that the limited prescriptive authority of a certified professional midwife may be readily verified using this specific identifier.

(k) The limited prescriptive authority granted to a certified professional midwife may be limited or withdrawn, and the certified professional midwife may be subject to further disciplinary action, if the certified professional midwife prescribes outside the certified professional midwife's scope of practice, for patients other than those appropriate to the certified professional midwife's scope of practice, or for other than therapeutic purposes.

(l) No certified professional midwife shall accept any direct or indirect benefit from a pharmaceutical manufacturer or pharmaceutical representative for prescribing a specific medication to a patient. For purposes of this section, a

direct or indirect benefit does not include a benefit offered to a certified professional midwife, regardless of whether a specified medication is prescribed.

(m) A pharmacist who dispenses drugs and devices to a certified professional midwife as authorized by this section and in conformity with chapter 461 shall not be liable for any adverse reactions caused by the certified professional midwife's administration of legend drugs and devices.

(n) A certified professional midwife candidate seeking limited prescriptive authority shall complete additional study and training requirements as prescribed by the department, in collaboration with the midwives licensing advisory committee. The department shall adopt rules pursuant to chapter 91 providing requirements for:

(1) The number of additional midwife pharmacology training hours consistent with the training hours required for other, similar prescribers; and

(2) Additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other relevant sources.

(o) A certified professional midwife seeking a licensing extension to include medical devices and implants shall complete the requirements listed in subsection (i) and additional training requirements as prescribed by the department in collaboration with the midwives licensing advisory committee. The department shall adopt rules pursuant to chapter 91 providing requirements for:

(1) The minimum number of completed procedures under supervision;

(2) Completed trainings as required by the device manufacturers or an equivalent; and

(3) Additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions, and any other relevant sources.

Only a certified professional midwife granted limited prescriptive authority by the the department of commerce and consumer affairs shall be able to practice as an CPM with limited prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an CPM who is authorized to prescribe. (Imp: HRS §457-8.6)

(a) Limited prescriptive authority eligibility requirements.

(1) The requirements for limited prescriptive authority are as follows:

(A) A completed application for limited prescriptive authority provided by the department and submitted with all appropriate documents and required fees;

(B) Proof of a current, unencumbered license as a certified professional midwife in this State and in all other states in which the certified midwife has a current and active license;

(C) Proof of successful completion of no fewer than 8 hours of an accredited training in midwifery specific pharmacology for community based midwives, recognized by the department..

(b) Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the department shall grant limited prescriptive authority to the Certified professional midwife.

(c) Nothing in this section shall preclude a licensed midwife from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapter 448, 453, or 463E, HRS, or the orders of a licensed APRN granted prescriptive authority in accordance with this chapter.

- **Pg. 22 lines 19-21**

(3) A licensed midwife practicing ~~as a certified midwife~~ with prescriptive authority under chapter 457J and duly licensed in the State; or

Removal:

- **Pg. 12 line 6- 10 Align with National Standards please amend:**

(a) Beginning July 1, 2026, each certified midwife shall complete thirty contact hours of continuing education requirements in alignment with ACNM Standards of practice and reflective of requirements of the advanced practice requirements of certified nurse-midwives, and each certified professional midwife shall provide documentation of successful completion of complete thirty contact hours during the prior triennium of appropriate continuing education that is related to the practice of midwifery, as mandated by the North American Registry of Midwives.

- **Amend Pg. 24 lines 13-18 Align peer review definition with National Organization (NARM) and their definition in the Candidate Information Booklet please amend:**

"Peer review" means the candid review and evaluation, subject to section 624-25.5, of the practice of midwifery. "Peer review" shall be conducted in accordance with the Certifying bodies. ~~includes but is not limited to reviewing the care provided by midwives, making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

PROTECT TITLE "LICENSED MIDWIFE" FOR CONSUMER PROTECTION, NOT MIDWIFE:

- **Add in HRS 457j-5(a) for amendment:**

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

HB-1194-HD-2

Submitted on: 3/12/2025 9:54:46 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--|--------------------|-------------------|
| Kim Cordery | Testifying for Aloha Freedom Coalition | Oppose | Remotely Via Zoom |

Comments:

I strongly appose HB1194!

This bill if passed goes against the freedom to chose medical decisions for my own body! This bill is unconstitutional and forced "we the people" to be criminalized if we chose to have a natural birth without the hospital industrial complex!

This bill is discriminatory and I adamantly appose HB1194!



3/11/2025

STRONG SUPPORT FOR HB1194 HD2, RELATING TO MIDWIVES

To: Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: **Midwives Alliance of Hawai'i**
Le'a Minton, MSN, APRN, CNM, IBCLC, President
Richard Chong, Treasurer
Melissa W. Chong, MA-MCHS, LM, CPM, Maui Representative
Taylor Hamil, MSM, LM, LMT, CPM, Hawai'i Island Representative

Time: Thirty-Third Legislature Regular Session of 2025
Friday, March 14, 2025 at 1:00PM

Dear Chair San Buenaventura, Vice Chair Aquino, and committee members:

Midwives Alliance of Hawai'i (MAH) is in **STRONG SUPPORT OF HB1194 HD2 AS IT IS WRITTEN. WE REQUEST NO AMENDMENTS.** We support the continued mandatory regulation of midwifery through full licensure and accredited education. HRS457J was enacted in 2019 and 41 people have obtained their midwifery license since July 2020, when licensure became available. We appreciate that HB1194 HD2 is a clean bill that ensures CMs and CPMs can practice to their fullest scope in order to best serve our community needs while also offering safe services. It includes important licensure components such as continuing education for renewal, data submission and peer review requirements. These provide accountability to the public by the profession of midwifery. HB1194 HD2 is in alignment with the Hawaii State Auditor's Sunset Analysis recommendation that midwifery regulation be made permanent with full licensure, and it is in alignment with global and national midwifery standards which ensures that midwives meet at least the minimum educational requirements of the profession.

Midwifery is a profession that cares for people who seek midwifery services from menarche throughout life, and for newborns in the first few weeks of life. Midwives care for pregnant people during their pregnancy, birth and postpartum, and also annual well visits, family planning services, and health screenings such as cervical cancer and breast cancer screenings.

Accredited education is critical for midwifery education, as it includes BOTH standardized curriculum and hands-on clinical training (apprenticeship). The curriculum ensures standardized education is provided and student knowledge is tested through each stage. This facilitates integration of midwifery knowledge into practice. It additionally requires the schools and teachers to stay up to date on national recommendations and guidelines related to maternal and newborn care. The combination of hands-on clinical skill training with the standardized curriculum ensures that midwives are minimally competent to care for and manage pregnancies, family planning, and newborn care.

We believe that people desiring to provide midwife services to our community need to complete both their accredited education and their national certification so that we can better ensure the safety of our birthing families and keiki. Therefore we recommend the Senate Committee on Health and Human Services reject any proposed amendments which would lower the standards of midwifery education.

Thank you for this opportunity to testify in **STRONG SUPPORT OF HB1194 HD2 AS IT IS WRITTEN** to ensure the safety and wellness of our mothers and keiki in Hawai‘i.



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

TO: Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

DATE: Friday, March 14th, 2025
PLACE: Hawaii State Capitol, Conference Room 415

FROM: Hawai'i Section, ACOG
Dr. Angel Willey, MD, FACOG, Chair
Dr. Tiffinie R. Mercado, MD, FACOG, Vice-Chair
Dr. Ricardo A. Molero Bravo, MD, FACOG, Legislative Chair

**Re: HB 1194 HD2 – Relating to the Licensure of Midwives
Position: SUPPORT**

The Hawaii Section of the American College of Obstetricians and Gynecologists (ACOG), representing physicians in Hawaii dedicated to advancing the health of all those in need of obstetric and gynecologic care, **supports HB 1194 HD2** which ensures the continued regulation of midwifery in Hawaii, enhances licensure requirements, and strengthens the collaborative care framework that is essential for safe and effective maternity care.

HB 1194 HD2 makes midwifery laws permanent and clarifies licensure requirements for certified midwives (CMs) and certified professional midwives (CPMs). As a result, HB 1194 HD2 establishes clear standards for education, training, and accountability. Ensuring that all licensed midwives in Hawaii meet nationally recognized education and certification standards will help maintain the high standard of care that the public depends on. In addition, this bill aligns with ACOG's goal of integrating midwives into a collaborative health care system to improve maternal health outcomes.

ACOG does not support the PEP-only pathway for midwife licensure. The education from a PEP-only pathway involves learning clinical skills, but because there is no formal curriculum, PEP-only pathway is entirely dependent on the preceptor's clinical teachings. A formal curriculum, like that in an accredited school, sets standards on instruction as well as testing at intervals to ensure comprehension of clinical knowledge. In addition, some dangerous conditions can develop in pregnancy or labor that are not common and may not have been seen during an apprenticeship. Rigorous training conditions ensure our practice and experience can minimize the harm that can occur in emergency situations involving pregnant patients.

HI ACOG is dedicated to the highest quality care for pregnant people and families of Hawai'i. Let people know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. Standards that focus on patient safety and emphasize informed consent for patients can create better birthing outcomes and experiences. For these reasons, HI ACOG **supports HB 1194**.

Thank you for the opportunity to testify.



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Ha‘ikū, Hawai‘i 96708

PBC Board

March 12, 2025

Kiana Rowley
President

Makalani Franco-Francis
Vice President

Kristina Statler
Secretary

Wyonette Wallett
Treasurer

Sonya Niess

Testimony in Opposition to HB1194 HD2

Pacific Birth Collective Board of Directors

To: Hawai'i State Senate Committees on Health and Human Services.

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the
Committee,

The Pacific Birth Collective Board of Directors submits this testimony in **strong
opposition to HB1194 HD2 without needed amendments.**

PBC Executive Team

Morea Mendoza
*Director of Leadership &
Operations*

Becky Lind
Director of Finance

Mariah Strong
*Director of Programs &
Communications*

Ki'i Kaho'ohanohano
*Director of Advocacy &
Cultural Programs*

We find that HB1194 HD2 as written seeks to enact restrictive legislation over a minority of individuals, imposing on their reproductive rights, without data that these restrictions will improve safety. Additionally this bill language is not in alignment with national standards for the professions being regulated.

We respectfully request the following Amendments to correct these errors and omissions:

Certified Professional Midwives, CPM, practice standards as defined by their national certifying bodies NACPM and NARM and as recommended by the testimony of their respective representatives:

- Amendments recommended by HB1194_HD1_HFA2 and any additional recommendations made by NARM and their representatives.

Certified Midwives, CM, practice standards as defined by their national certifying bodies AMCB and ACNM and as recommended by the testimony of their respective representatives:

- Clarify scope of practice, reporting requirements, definitions, prescriptive privileges and delegation as included in Hawaii Chapter of ACNM, HAA, amendment recommendations.



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Protection and regulation for reproductive rights by establishing exemptions:

- Amendments recommended by HB1194_HD1_HFA2
- Birth attendant exemption which may include additional language requiring mandatory NRP and CPR

DATA

EMS and DOH Data reviewed over the past 9 years demonstrates that currently practicing Midwives have activating EMS for childbirth problems for around 5% of cases, 161 cases out of 3025 planned home births between 2015 and 2024. These numbers have not changed significantly since implementation of the Midwifery licensing program. Additionally no complaints have been filed against any birth attendants since the implementation of the licensing program.

Childbirth Problems related to Planned Home Birth with Midwife in Hawaii 2015 to 202

| TOTALS | Hawaii | Honolulu | Kauai | Maui | All Counties |
|---|--------|----------|-------|-------|--------------|
| Total Planned Home Births per county | 927 | 1299 | 404 | 395 | 3025 |
| EMS responses for childbirth problems for patients in midwife care by county, 2015-2024 | 44 | 65 | 29 | 22 | 161 |
| % of EMS Responses for problems for all Planned Home Births in Hawaii , 2015-2024 | 4.75% | 5.00% | 7.18% | 5.56% | 5.32% |

Department of Health Data



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Licensed Midwives in Hawaii, HRS 457J

There are 25 Licensed Midwives, LM, currently attending births as a Primary Midwife under HRS457J, (an additional 16 are licensed but not attending births as a Primary Midwife, half of which do not currently live in Hawaii).

Only ONE LM is born and raised in Hawaii and none are Kanaka Maoli.

Half of the currently practicing midwives have been trained through the Portfolio Evaluation Process, PEP, apprenticeship pathway currently excluded in HB1194 HD2. **PEP with a Bridge Certificate is supported by International Confederation and Midwives, ICM,** and National standards and expands local pathways to grow the profession of midwifery in equitable ways.

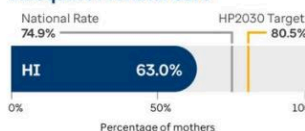
Licensed Midwives currently attending births in Hawaii (25)

| | Hawaii | Honolulu | Kauai | Maui | Total |
|----------------|--------|----------|-------|------|-------|
| MEAC trained | 4 | 3 | 2 | 3 | 12 |
| PEP trained | 6 | 1 | 2 | 2 | 11 |
| Other training | 1 | 1 | 0 | 0 | 2 |
| Total | 11 | 5 | 4 | 5 | 25 |

National Statistics: without amendments, HB1194 HD2 fails to expand access to maternity care in the state with the lowest rate of prenatal care in the nation and a high rate of low risk cesarean birth, showing highly medicalized birth. Addressing these critical provider concerns allows them to continue to fill critical gaps, especially in remote communities where limited medical care is available.

Healthy People 2030 (HP2030) Targets

Adequate Prenatal Care



Low-Risk Cesarean Delivery



Child Mortality



Visit AmericasHealthRankings.org for additional information, including [measure definitions](#), [source details](#) and [methodologies](#).

* Additional unweighted measure (not included in the overall score/rank).
– Data not available, missing or suppressed.

2024 Health of Women and Children Report



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Healthy People 2030

“The United States has a higher maternal mortality rate than any other industrialized country — and that rate is still going up. **There are significant racial and ethnic disparities in maternal mortality due to factors like lack of access to high-quality health care, underlying chronic conditions, structural racism, and implicit bias.** Understanding and addressing the factors that contribute to disparities in maternal mortality can improve maternal health across the United States.”

Status: Getting worse ⊖



Most Recent Data:
22.3 maternal deaths per
100,000 live births (2022)



Target:
15.7 per 100,000



Desired Direction:
Decrease desired



Baseline:
17.4 maternal deaths per 100,000 live births occurred in 2018

HB1194 HD2 with these amendments has the potential to address critical care issues for maternity care in our state while also upholding this legislature's pledge to champion reproductive rights and additionally avoiding costly litigation. We urge you to listen to the testimony of those who have been asking for your protection. We are asking for OUR Community’s lineage practices and reproductive rights to be honored alongside the expansion of clinical midwifery licensure. We urge this committee to vote no OR to pass amendments to address ALL of these issues.

Mahalo for your time and consideration,

Pacific Birth Collective Board of Directors



TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAII

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

FRIDAY, MARCH 14, 2025 AT 1:00PM

HB 1194 HD2 - RELATING TO MIDWIVES

POSITION: OPPOSE

Aloha Chair SanBuenaventura, Vice Chair Aquino, and Members of the Committee,

The Democratic Party of Hawai'i (DPH) respectfully **opposes** HB 1194 HD2, which makes midwife regulatory laws permanent. Clarifies the scope of practice of midwifery. Establishes licensure requirements for certified midwives and certified professional midwives. Grants global signature authority to licensed midwives. Establishes continuing education requirements. Grants prescriptive authority to licensed midwives practicing as certified midwives and amends the list of approved legend drugs that may be administered. Establishes peer review and data submission requirements. Clarifies exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses. Clarifies medical record availability and retention requirements for the purposes of medical torts.

The DPH respectfully opposes HB 1194 HD2, a bill that unjustly limits birthing rights and midwifery access in Hawai'i, in direct conflict with the Democratic Party of Hawai'i's platform values of Health and Wellbeing, Human and Civil Rights, and Native Hawaiian and Hawaiian Culture.

Reproductive Freedom and Healthcare Access

HB 1194 HD2 severely restricts the ability of birthing people to choose their preferred birth setting and care provider, thereby violating the fundamental principle of reproductive rights. Hawai'i has historically been a leader in protecting bodily autonomy and reproductive rights, including being the first state

to legalize abortion. This bill contradicts those values by criminalizing traditional and Indigenous midwifery practices, limiting licensure pathways, and restricting access to culturally competent care.

The Democratic Party of Hawai'i firmly supports reproductive choice and the right to access safe, legal, and culturally aligned reproductive healthcare services. This bill undermines these rights by eliminating key licensure pathways by disallowing the use of the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway, which is recognized in 27 of 39 states and Washington, D.C and by removing statutory protection to other cultural, religious and traditional birth practitioners.

Disproportionate Harm to Native Hawaiian and Other Indigenous Communities

HB 1194 HD2 imposes confusing and unclear language on a person acting as a traditional healer. The bill fails to provide a clear exemption for traditional birth practitioners or Native Hawaiian birth practitioners, which is essential under Article 12, Section 7 of the Hawai'i State Constitution.

Hawai'i's Democratic Party platform explicitly supports protecting and promoting Native Hawaiian culture, to include traditional healing and birthing practices. This bill contradicts that commitment by imposing state-controlled licensure and regulation on a practice that has thrived in Indigenous communities without unnecessary state regulatory burdens.

Impact on Maternal and Infant Health Outcomes

Expanding access to midwifery care, rather than restricting it, is crucial to reducing Hawai'i's alarming maternal mortality rates. Data shows that Native Hawaiian and Pacific Islander women experience the highest rates of maternal mortality, with 44% of maternal deaths occurring in these communities despite making up only 22% of the population. Trauma-informed, culturally competent midwifery care has been shown to reduce these disparities by improving prenatal and postnatal support, decreasing unnecessary medical interventions, and promoting positive birth outcomes.

HB 1194 HD2, by limiting the pathways to midwifery licensure and restricting access to care providers, exacerbates the barriers faced by communities and worsens maternal health disparities. Instead, Hawai'i should be expanding access to midwifery and Indigenous birth practices, which align with best practices in trauma-informed care and child abuse prevention.

Criminalization of Birth Workers and Families

Under HB 1194 HD2 and the current HRS 457(j), birth attendants, cultural, religious, traditional birth practitioners, and even family members could face criminal penalties for attending, supervising, and assisting a birthing person

outside the state's narrowly defined licensure parameters. This contradicts the Democratic Party of Hawai'i's commitment to human and civil rights, which includes opposing laws that disproportionately harm marginalized communities. The [United Nations Human Rights Committee](#) heard testimony about the impact of HRS 457 J during its 2023 review of the United States and recommended that the U.S. address areas where "midwifery is severely restricted, banned or even criminalized, limiting the availability of culturally sensitive and respectful maternal health care for those with low incomes, those living in rural areas, people of African descent and members of Indigenous communities."

In Summary

For these reasons, **we respectfully urge you to OPPOSE HB 1194 HD2 and instead support policies that expand, rather than restrict, access to midwifery care and education.** We must uphold Hawai'i's legacy of reproductive rights, protect Native Hawaiian and Indigenous cultural practices, and ensure that birthing people retain the right to choose where and with whom they give birth.

Mahalo for your time, consideration and dedicated service to the people of Hawaii.

Bronson Silva

Chair, Legislative Committee
bronsonksilva@gmail.com

Laura Acasio

Vice-Chair, Legislative Committee
laura.acasio@gmail.com

Sarah Simmons

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simmons.saraha@gmail.com

Osa Tui

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Testimony of **Lahaina Strong**
Before the Senate Committees on
Health & Human Services

In Consideration of House Bill No. 1194 HD2
RELATING TO MIDWIVES

Aloha Chair San Buenaventura, Vice Chair Aquino and Members of the Committee,

We are writing on behalf of Lahaina Strong, an organization deeply rooted in our community's resilience and advocacy. Originally formed in 2018 following the Hurricane Lane fire in Lahaina and revitalized after the devastating fires of August 8, 2023, Lahaina Strong has become the largest grassroots, Lahaina-based community organization, with over 35,000 supporters. Our mission is to amplify local voices and champion community-driven solutions, which are more critical than ever as we continue rebuilding and recovering.

Our community has faced immense hardship in the past year, yet we continue to stand together in advocating for the rights of our people, including the fundamental right to bodily autonomy and access to **culturally grounded, community-supported birthing options**.

We are writing in **strong opposition of House Bill 1194 HD2**, which makes laws regulating midwives and the practice of midwifery permanent. This bill takes away a mother's right to choose who supports her during birth. It forces women to work with providers they may not trust and criminalizes grandmothers, aunties, friends, and cultural birth workers who have been safely helping families for generations.

HB1194 HD2 also creates huge financial barriers for those wanting to become midwives. It forces them to leave Hawai'i and their families to train in expensive, Western schools on the mainland, making it nearly impossible for local or Native Hawaiian birth workers to continue their practice.

Two of our organizers, Jordan Ruidas and Courtney Lazo, have personally chosen and experienced home births. Like many families in Lahaina and across Hawai'i, we believe in the right of birthing people to choose where and with whom they give birth, a right that HB 1194 HD2 directly threatens.

Birth is sacred, and every mother deserves to choose who cares for her. This bill does not protect families—it punishes them. Please **oppose HB1194 HD2** and respect the right of women to choose their own birth support.

At a time when our community is still healing and rebuilding, we should be prioritizing policies that empower our people, not restricting their choices. We urge you to reject HB 1194 to ensure that all families in Hawai'i have access to the birth options that best serve them.

Lahaina Strong respectfully urges you to **OPPOSE HB1194 HD2**.

Mahalo for your time and dedication.

Sincerely,

Lahaina Strong



Papa Ola Lokahi
677 Ala Moana Blvd #720
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ www.papaolalokahi.org

Senate Committee on Health and Human Services

Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice Chair

Friday, March 14, 2025, 1:00 p.m.

Re: HB1194 HD2 – Relating to Midwives

Position: Comment

Aloha Chair, Vice Chair and members of the committee,

Papa Ola Lōkahi (POL) appreciates the opportunity to testify on **HB1194 HD2**, which would make midwife regulatory laws permanent, clarifies the scope of practice of midwifery and other related functions and provisions. POL respectfully provides **comments and offers an amendment** regarding the current draft of this bill.

POL defers any discussion of certification and licensure to the communities of those professions. As the Native Hawaiian Health Board, POL is exclusively concerned with 1) Native Hawaiians' access to quality and culturally responsive care for birthing people and their keiki and 2) the preservation, protection and perpetuation of traditional Native Hawaiian healing practices. Our comments largely relate to our second concern—ensuring traditional Native Hawaiian healers and their practices are protected—as that is most relevant to the text of the bill as currently written.

Both federal and state law recognize the critical importance of protecting, preserving and perpetuating traditional Native Hawaiian healing practices. The Native Hawaiian Health Care Improvement Act (42 U.S.C. §122)—through which Congress established Papa Ola Lōkahi, the Native Hawaiian Health Care Systems and the Native Hawaiian Health Scholarship Program—recognizes and affirms the importance of Hawaiians' ability to practice and gain access to traditional healing practices.

The State Constitution also makes paramount the protection of Native Hawaiian traditional and customary practices in Article XII Section 7: “the State reaffirms and shall protect all rights, customarily and traditionally exercised for subsistence, cultural and religious purposes and possessed by ahupua‘a tenants who are descendants of native Hawaiians who inhabited the Hawaiian Islands prior to 1778, subject to the right of the State to regulate such rights.”

Papa Ola Lōkahi, the Native Hawaiian Health Board, authorized by the federal Native Hawaiian Health Care Improvement Act, is charged with raising the health status of Native Hawaiians to the highest possible level, which we achieve through strategic partnerships, programs, and public policy.

Finally, state statute recognizes the importance of traditional Native Hawaiian healing in HRS 453-2(c) and HRS 457J-6(c). The former, HRS 453-2(c), exempts traditional Native Hawaiian healing practitioners from medical licensure and designates POL with recognizing Kupuna Councils. The latter, HRS 457J-6(c), makes clear that midwifery regulation shall not prohibit practices by traditional Hawaiian healers recognized by Kupuna Councils or as protected by the State Constitution.

Papa Ola Lōkahi appreciates this bill's attempt to clarify the legislative intent of the law as passed in 2019. We support efforts to articulate that the State Constitutional protection for Native Hawaiians practicing our traditions and customs is paramount and controls regardless of statute. We also appreciate an endeavor to protect the already recognized value of traditional Native Hawaiian healers having the autonomy to determine the continuation of Hawaiian healing practices. POL believes it is vital to continue to prioritize recognition of healing practices and healers by the kupuna councils as recognized in HRS 453-2(c).

The current draft of the bill exempts traditional Native Hawaiian healers from the practice of midwifery (pg. 25) and exempts traditional Hawaiian healing practices from regulation of the chapter (pg. 32). **POL believes this exemption as written clarifies the legislative intent established in 2019 when the midwifery regulations were passed.** If this committee decides to pass this measure, **our organization would support the continued inclusion of these provisions or similar broad and simplified exemptions.**

Additionally, we respectfully request this committee consider adding an exemption under Section 8 of this bill for healers who are recognized by a Kupuna Council according to HRS 453-2(c). We offer the following amendment to page 32 of the bill for your consideration:

(6) Administering care to [a] the person's spouse, domestic partner, parent, sibling, or child.

(7) Practicing as a member of a Kupuna Council convened by Papa Ola Lokahi as established in Act 162 (SLH 1998) and Act 153 (SLH 2005)."

Mahalo for the opportunity to provide testimony on HB1194 HD2. If you have any further questions, please contact our Director of Policy & Strategy, Ke'ōpū Reelitz at kreelitz@papaolalokahi.org.

HAWAII PATRIOT REPUBLICANS

Written Testimony in Opposition to H.B. NO. 1194 H.D. 2
Submitted to the Senate Committee on Judiciary & Hawaiian Affairs
March 12, 2025

Aloha Members of the Committee,

I write to you as an advocate for the fundamental right of every individual to choose how and where they bring life into this world. H.B. NO. 1194 H.D. 2, which seeks to permanently regulate midwives, expand their scope under a government leash, and impose heavy-handed requirements, is a direct assault on that freedom. This bill doesn't empower families—it shackles them with bureaucracy, limits options, and risks driving skilled midwives underground or out of practice. I urge you to vote NO and preserve the liberty of Hawaii's families to birth on their terms. Here's why this legislation fails the test of freedom and fairness.

1. Freedom to Choose: Government Overreach Stifles Options

Birth is a deeply personal journey, and families deserve the autonomy to decide whether a hospital, birth center, or home, with a doctor or midwife, best suits their needs. This bill, by imposing permanent licensure, mandatory continuing education, peer reviews, and data submission, turns midwifery into a state-controlled enterprise. It's a one-size-fits-all approach that assumes government knows better than parents. Since 1998, when midwife regulation was repealed, Hawaii families have chosen midwifery without widespread chaos—why clamp down now?

Look at Texas, where strict midwifery laws slashed provider numbers. A [2020 Texas Public Policy Foundation report](#) showed that excessive regulation reduced access, especially in rural areas, forcing families into costlier hospital births or unregulated care. Democrats who care about equitable access should recoil at this—freedom means options, not mandates.

2. Driving Midwives Away: Regulation Punishes Providers

Midwives are often small, independent practitioners who serve communities out of passion, not profit. This bill piles on requirements—30 hours of continuing education every three years, peer reviews, and data reporting—that could overwhelm them financially and logistically. The result? Fewer midwives, fewer choices. The bill boasts 41 licensed midwives since 2019, but how many will quit under this burden?

In Florida, tightened midwifery rules had a chilling effect. A [2022 Florida TaxWatch study](#) found that increased oversight led to a drop in licensed midwives, leaving families with fewer non-hospital options and no measurable safety gains. Freedom-loving citizens and progressive advocates for maternal care should see this as a loss—regulation doesn't enhance choice; it erases it.

3. Prescriptive Authority: A False Promise That Limits Care

Granting certified midwives (CMs) prescriptive authority sounds like empowerment, but it's a Trojan horse. Only CMs get this privilege, not certified professional midwives (CPMs), creating a tiered system that sidelines many experienced practitioners who don't fit the state's narrow mold. Families who prefer CPMs—often for their holistic, home-birth focus—lose out. And for CMs, the vague "exclusionary formulary" invites errors without physician oversight, risking safety while pretending to expand care.

Oregon's experiment with midwife prescribing backfired. A [2018 study in the Journal of Midwifery & Women's Health](#) documented complications—like overdoses of antihemorrhagics—due to inadequate training, pushing

families back to hospitals when midwives faltered. Freedom means trusting midwives and families to collaborate, not forcing a half-baked medical model that fails both.

4. Cultural Exemptions: Fairness Undermined

The bill exempts Native Hawaiian traditional practices from regulation, which I support in principle—cultural freedom matters. But this carve-out creates confusion and inequity. How will the state distinguish “traditional” from “modern” midwifery? Unregulated Native practitioners could operate freely while others face red tape, tilting the playing field. Families choosing non-Native midwives might find their options shrink as regulated providers exit the field.

New Mexico’s midwifery exemptions for Native healers caused similar chaos. A [2021 New Mexico Legislative Finance Committee report](#) noted enforcement inconsistencies and legal disputes that frustrated providers and families alike. Democrats who prize fairness and Republicans who hate sloppy lawmaking should agree—this ambiguity undermines choice for all.

5. Safety Scare Tactics: No Evidence Justifies This Crackdown

The bill leans on Auditor’s Reports (e.g., No. 25-03) claiming midwifery poses “significant potential harm,” yet it offers zero data on actual incidents in Hawaii since Act 32’s temporary rules. Where are the stats on deaths or injuries tied to unregulated midwives? Without evidence, this is fearmongering, not policymaking. Families have safely used midwives for decades—trust them to assess risks and choose wisely.

Colorado’s push for tighter midwife rules after isolated tragedies provides a lesson. A [2016 Colorado Sun investigation](#) linked a few deaths to undertrained midwives, but broader data showed regulated and unregulated births had comparable outcomes. Overreacting with blanket laws didn’t fix outliers—it just shrank options. Freedom demands proof, not panic; Democrats should demand the same.

6. Peer Review and Data: Bureaucracy Over Trust

Requiring midwives to submit to peer reviews and data collection for every non-hospital birth is a surveillance state move. It assumes midwives can’t self-regulate or that families can’t judge quality. This micromanagement—starting in 2029 for peer reviews—adds costs and time, deterring practitioners who value independence. Families lose the personal, trusting relationships midwifery offers when government inserts itself into every decision.

California’s midwife oversight ballooned into a mess. A [2019 California Health Care Foundation report](#) found that added bureaucracy delayed care transfers and strained midwife-doctor relations, leaving families caught in the middle. Freedom thrives on trust, not paperwork—progressives should see this as a step backward for community-based care.

Conclusion: Vote NO to Protect Birth Freedom

Honorable members, H.B. NO. 1194 H.D. 2 doesn’t safeguard choice—it strangles it. Texas and Florida lost providers, Oregon botched prescribing, New Mexico muddled fairness, Colorado overreacted, and California drowned in red tape. This bill shrinks options, burdens midwives, and distrusts families, all without proof of need. I believe in liberty—Republicans should too. I believe in access and fairness—Democrats should too. Let Hawaii’s families birth how they choose. Vote NO.

Sincerely,

Andrew Crossland

Hawaii Patriot Republicans

hawaiipatriotRepublicans@gmail.com

HB-1194-HD-2

Submitted on: 3/11/2025 7:50:47 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------------------|---|--------------------|---------------------------|
| Michael Ching, MD, MPH, FAAP | Testifying for American Academy of Pediatrics, Hawaii Chapter | Support | Written Testimony Only |

Comments:

The Hawai'i Chapter of the American Academy of Pediatrics, representing over 300 pediatricians in Hawai'i, is in strong support of HB1194, which ensures that midwives in Hawai'i meet rigorous educational and training standards to provide safe and evidence-based maternity care while respecting traditional cultural practices. Birthing parents have the right to feel confident that they are receiving high quality, safe, and compassionate care when they entrust their midwives with one of the most important and precious events in their lives. HB1194 helps to do exactly this.

As pediatricians, we witness firsthand the lifelong impact that birth experiences have on newborns. We care for healthy newborns through high-school graduation and sometimes beyond. We also see the devastating outcomes of perinatal emergencies. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term child and maternal health outcomes.

Members of our organization have seen numerous patients with severe, preventable disability as a result of their brains not receiving an adequate supply of oxygen when they were born. Lack of oxygen during birth results in a condition called hypoxic ischemic encephalopathy (HIE). This condition, in its most severe forms, can cause severe developmental delays, cerebral palsy, inability to speak or eat by mouth, and epilepsy. HIE is markedly (approximately 3x) more common among children who were born at home than among those who were born in the hospital. Minutes can make a world of difference, and a fast and appropriate response to an emergency can save the life of the mother and/or the infant. Thus, midwives attending home births must be adequately trained to counsel their patients on whether they have any health conditions that would interfere with a safe home birth, recognize danger signs, respond to emergencies (such as a baby who is not breathing when they are born), and transfer patients promptly when complications occur. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both healthy births and emergency situations.

We cannot afford to weaken midwifery standards by allowing pathways like the Portfolio Evaluation Process (PEP), which lacks standardization and does not guarantee adequate clinical oversight. All midwives should be held to the same high safety and competency standards that other healthcare professionals must meet. HB1194 protects parents and their infants, respects

important cultural practices, and will help to make home birth safer in Hawai'i. Thank you for your time and commitment to maternal and infant health.

Aloha,

Michael Ching, MD, MPH, FAAP

Immediate Past President

American Academy of Pediatrics, Hawai'i Chapter



March 14, 2025 at 1:00 pm
Capitol Auditorium

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Support**
HB 1194 HD 2, Relating to Midwives

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, and assisted living facilities. 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 more than 30,000 people statewide.

We write today in **support** of this measure, which would make permanent a licensure pathway for individuals practicing as midwives in Hawaii. We believe that these licensure standards have and will continue to ensure that women and families receive high-quality care in Hawaii and ensures that any individual choosing midwifery services is aware of the qualifications and education their provider has obtained.

In 2019, the legislature established a licensure pathway for certified professional midwives and certified midwives that was codified into law as HRS 457J. This effort was a landmark achievement in improving public health protections by adopting global and national standards for midwifery practice. Licensure ensures that midwives meet standardized, accredited education and training requirements, which is crucial for maintaining high-quality care and safeguarding maternal and neonatal health.

There are life-saving benefits of utilizing a licensed midwife that should not be overlooked. Licensed midwives are trained to provide evidence-based care throughout pregnancy, labor, birth, and the postpartum period. This level of training ensures that they are equipped to identify potential complications early and collaborate effectively with other healthcare providers if a higher level of care becomes necessary. Research has shown that care provided by licensed midwives leads to positive outcomes, including lower rates of interventions such as cesarean sections and increased satisfaction among birthing families. These outcomes are

particularly important in promoting safe, personalized care that respects the preferences of mothers and families.

Hospitals across the state are steadfast in their support for midwife licensure. Licensure facilitates better integration of midwives into the broader healthcare system, fostering collaborative care models that benefit women and families. It also provides a framework for accountability and consumer protection, empowering families to make informed decisions when selecting a maternity care provider. Families deserve to know that the care they receive meets established safety and competency standards—licensure ensures this transparency and trust.

Supporting the licensure of midwives is not about limiting choices for expectant mothers and their families; rather, it is about ensuring that all families have access to safe, competent, and professional care during one of the most significant times in their lives. The regulation of midwifery through licensure provides peace of mind to families, knowing that their provider has met rigorous standards and is fully equipped to manage their care safely and effectively.

This is particularly vital in Hawaii, where our diverse cultural practices and preferences underscore the need for a regulated system that respects choice while prioritizing safety. By ensuring the continued licensure of midwives, we can promote equitable access to high-quality maternity care, improve health outcomes, and reduce disparities in maternal and neonatal care across our state.

The continued licensure of midwives in Hawaii is essential for upholding the safety, health, and well-being of women and families. Thank you for the opportunity to provide testimony on this important matter.



Sen. Joy San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice Chair

Committee on Health and Human Services

Friday, March 14, 2025

1:00PM Auditorium

**Hawaii Legislative
Council Members**

Joell Edwards
Wainiha Country Market
Hanalei

Russell Ruderman
Island Naturals
Hilo/Kona

Dr. Andrew Johnson
Niko Niko
Family Dentistry
Honolulu

Robert H. Pahia
Hawaii Taro Farm
Wailuku

Maile Meyer
Na Mea Hawaii
Honolulu

Tina Wildberger
Kihei Ice
Kihei

L. Malu Shizue Miki
Abundant Life
Natural Foods
Hilo

Tanya Aynessazian
Principal Contractor

Chamber of
Sustainable Commerce
808.445.7606
P.O. Box 22394
Honolulu, HI 96823

RE: **HB1194** Reproductive Rights - **Strong Opposition**

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

The Chamber of Sustainable Commerce represents over 450 small businesses and entrepreneurs across the state that strive for a triple bottom line: people, planet and prosperity. As small business owners who believe we can strengthen Hawaii's economy without hurting workers, consumers, communities or the environment, we are submitting testimony in strong opposition to HB1194, which creates barriers to reproductive rights and bodily autonomy.

Protecting Right to Choose

The CSC values bodily autonomy and the right to have control over the circumstances in which we give birth. HB1194 restricts a person's right to make informed decisions regarding pregnancy and the birthing experience, disempowering mothers, fathers, aunts, grandparents and the family unit, a cornerstone in a thriving and healthy community. Criminalizing birth workers and family members for participating in birth practices is at best short-sighted and ill-informed and will create legal and financial problems.

Reproductive freedom is a cornerstone of personal liberty, equality, and justice, and it is essential that we continue to protect the right of women to make their own healthcare decisions, especially decisions about childbirth and pregnancy.

HB1194 proposes restrictions that would limit access to reproductive healthcare at a time when it is more important than ever for women to have control over their own bodies. By imposing unnecessary limitations, we are not only infringing on women's rights, but we are also putting their physical, emotional, and mental well-being at risk.

Every woman should have the right to make decisions about her body without interference from the government. The conditions under which to give birth are often deeply personal, cultural, religious and/or spiritual. From where to give birth, who attends, who is providing care and support, and the circumstances of the birthing ritual fall under the domain of the individual, in consultation with their provider, family, and based on their own values, needs, and life circumstances.

Hawaii has long been a leader in advancing women's rights and reproductive freedoms. HB1194 attempts to roll back the progress we've made, creating barriers to care that disproportionately affect low-income families, women of color, and those in rural areas. These populations already face significant obstacles to accessing reproductive healthcare, and this bill would only exacerbate the disparities.

I urge you to consider the long-term consequences of passing HB1194. This is no different from the right to choose to end a pregnancy. We must not allow birthing rights, which are part of the scope of women's reproductive rights, to be treated as secondary to political agendas.

Thank you for your time and consideration. We hope you will oppose HB1194 and stand up for the rights of pregnant individuals, mothers and midwives in Hawaii.

We respectfully ask the committee to oppose HB1194. Mahalo for your time and consideration.

North American Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

March 13, 2025

To the Honorable Chair and Committee Members,

Brynne Potter, CPM-Retired
Executive Director
executivedirector@narm.org

Board of Directors

Marinda Shindler, CPM
Chair

Demetra Seriki, RN, CPM
Vice-Chair

Tenesha Duncan, MBA
Treasurer
Public Member

Autumn Cavender, CPM
Secretary

Melissa Cheyney, PhD

NARM is the credentialing body that issues the Certified Professional Midwife (CPM) credential to midwives in all 50 states who have met standard eligibility requirements and passed the NARM exam. The CPM credential has been accredited by the National Commission for Credentialing Agencies (NCCA) for 23 years. The NCCA is the same accrediting body that oversees the CNM and CM credentials and this accreditation validates that NARM follows quality assurance standards for all of its processes in determining eligibility to take the NARM exam and become a CPM and to recertify every three years. NARM also issues the [Midwifery Bridge Certificate](#), which allows CPMs to demonstrate additional skills and knowledge to align with the US MERA consensus statements regarding CPM education for states that do not have MEAC accredited schools.

The Portfolio Evaluation Process (PEP) is specifically designed to ensure that there is a pathway for NARM to evaluate candidates who have demonstrated the competencies necessary to meet or exceed those who have completed a MEAC accredited program or another credential or license that has been evaluated for equivalency (state-licensed or CNM/CM). In states like HI that have not developed a robust midwifery education system, the PEP pathway is a critical component to establishing a workforce to serve community needs. Without it, there will not be a pathway to allow existing midwives to participate in the new licensure process and consumers will need to continue to choose providers that are not participating in [mandated quality improvement and accountability](#).

All people who pass the NARM exam receive the same credential. Every person who receives eligibility to sit for the NARM exam has had their education and training evaluated and has been determined to have met the standards in their hand on skills, training, and knowledge. These individuals are able to safely practice midwifery

within the same scope of practice. There is no evidence to suggest that there is a difference in quality of education or competency in skills or knowledge for the multiple pathways to the NARM credential.

NARM recommends amending the law to include all qualified routes to certification for licensure and education purposes. All CPMs should be eligible to practice midwifery in the United States, including those who applied through the Portfolio Evaluation Process.

Of the 38 states that recognize or license the CPM, only four states do not recognize the PEP or PEP with Bridge pathway. PEP students also need to be allowed to learn midwifery within the communities where they reside as not all aspiring midwives have the resources to travel out of state to attend a MEAC accredited school.

NARM also does not recommend inserting guidance language from entities outside the United States to set regulation for midwives at the state level. The International Confederation of Midwives standards were set for countries where there are no pre-existing midwifery credentialing bodies, laws and regulations. ICM defers to countries where there are established midwifery professions, regulations and standards. NARM [sets the standards](#) for midwives who practice in community settings, like homes and birth centers via the CPM credential.

NARM also feels that there are redundancies in HB1194 in regards to the addition of requirements for peer review and continuing education for the CPM. NARM requires our CPMs to complete peer review and approved continuing education courses. These [requirements](#) are a condition for the renewal of their professional certificates every three years. Adhering to standards set forth by the CPMs national certifying body is what is best for the profession of the CPM. As the profession of midwifery may evolve over time, NARM will continue to set the standards for the CPM as we are their credentialing body. These redundancies will put undue resource burden on both the licensees and the state administrators.

NARM fully supports the Portfolio Evaluation Process as a legitimate educational pathway to the CPM, licensure and educational exemptions should be available and included in the language of HB 1194.

Thank you for your consideration Sincerely-

Brynne Potter

Brynne Potter
Executive Director, North American Registry of Midwives



Date: March 14, 2025

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair
Members of the Senate Committee on Health & Human Services

From: Early Childhood Action Strategy

Re: House Bill 1194 HD2, Relating to Midwives

Early Childhood Action Strategy (ECAS) is a statewide cross-sector collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners work to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki.

ECAS strongly supports House Bill 1194 HD2, which would make permanent the current statutes pertaining to the regulation of midwifery.

While we recognize how nuanced and sensitive the discussion around midwifery has become, ECAS takes the position that midwifery is an established profession with clear standards and need for regulation.

With this in mind, our organization would like to reinforce the fact that the current statute that applies to midwifery requires licensure and accredited education. At its core, HB1194 HD2 would make permanent these requirements which were first enacted to improve and regulate the standard of care offered by midwives. Failing to pass this measure would result in the sunset of the current statute and the removal of all regulation of the practice of midwifery.

It is our position that regulation of the practice of midwifery increases the safety and standard of care provided to newborns and individuals giving birth, which in turn improves outcomes for both parent and infant. Furthermore, pregnancy and childbirth carry many inherent risks, and we—as a society—should do everything we can to mitigate these risks to the best of our abilities.

This measure is a significant step in meeting this goal, while also protecting traditional Hawaiian healing practices and ensuring pregnant people's informed choice of their own care providers.

As such, Early Childhood Action Strategy remains in strong support of HB1194 HD2.

Mahalo for the opportunity to provide this testimony.

HB-1194-HD-2

Submitted on: 3/12/2025 4:16:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|---|--------------------|---------------------------|
| jessica dias | Testifying for Free Citizens of Maunaloa | Oppose | Written Testimony Only |

Comments:

I OPPOSE this bill. The government has no place in the bedroom NOR the birthing room! Please don't pretend this is for anyone's safety when you vehemently support abortion.



March 12, 2025

FINAL AMENDMENTS FOR HB1194 HD2, RELATING TO MIDWIVES

To: Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: **Mahina Midwives, LLC**
Echo Yarberry LM, CPM
P.O. Box 488
Kurtistown, HI 96760
808-640-5770
mahinamidwives@gmail.com

Time: Thirty-Third Legislature Regular Session of 2025
Friday, March 14th 2025 at 1:00 p.m.

Dear Chair San Buenaventura, Vice Chair Aquino and Committee Members,

I am **URGENTLY REQUESTING THAT HB1194 BE AMENDED** to protect the PEP process as an equitable way to train up and coming midwives, to hold CPMs and CMs to standards of training and education through their respective credentialing organizations, and perhaps most importantly, to protect the reproductive rights and autonomy of families seeking culturally diverse and appropriate care in Hawaii.

I have been licensed in the State of Hawaii since July 2020 when licensure became available. As a CPM, I am held to a rigorous standard of care and continuing education requirements by my certifying agency - the North American Registry of Midwives (NARM). Unfortunately, my training came at great cost (both financially and personally) as I had to relocate to Seattle to

pursue my Masters in Midwifery, where I had little access to familial support, and experienced great hardship due to the astronomical cost of living.

While I believe that every Midwife should be held to a high standard of education and training, I must also acknowledge that this training will not look the same for every practitioner. Hawaii based midwives and student midwives who may not have the financial means to travel out of state for their training, can absolutely meet educational and experiential requirements through the PEP (Portfolio Evaluation Process). This nationally accepted training process requires that midwives demonstrate skills, attend and meticulously document births, provide client care under supervision of experienced midwives and finally pass a certifying exam that is constantly being updated with evidence-based and practical questions. We need to protect this avenue of training for Hawaii Midwives so that we can support the reproductive rights and birth choices for all Hawaii families at a time when midwifery care is in great demand.

It is important for CPMs and CMs (who are both named in HB1194) to continue to be governed by their certifying agencies. Simply put, we should be held to our professional organizations and credentialing body's standards. These are not new standards, they have been developed and revised over time and with great care to create safe and sound measures to maintain our specific professional credentials. We should not be held to standards of care for other professional organizations such as the American College of Nurse Midwives - we are NOT Nurse Midwives and we do not have the same rights, responsibilities or training as CNMs.

Finally, I am urging the Committee to consider the diverse population of all Hawaii families and the reproductive autonomy that families need to stay safe and healthy in a politically divided landscape. We know that people will continue to choose their birth support team, and they should be legally allowed to do so without fear of retaliation or retribution. Hawaii's birthing families should maintain their right to be cared for by family, either hanai or blood relatives, and have their care be based in cultural or religious beliefs as they see fit. These culturally diverse practitioners must divulge their training or lack thereof to clients or family members, and should not use the title Licensed Midwife unless they hold a license in good standing with the state.

I am attaching amendments as discussed and supported by the Hawaii Home Birth Collective of which I am a member. I would like the Committee to understand that the Midwives Alliance of Hawaii does not speak for me, and that the President of MAH, Lea Minton, is a CNM, and will not be personally affected by HB1194. Please consider the voices of CPMs and CMs as you consider revision of this HB1194 that will directly affect these Midwives and the communities we support and serve.

Thank you for considering my testimony **STRONGLY URGING AMENDMENTS TO HB1194** in order to protect the safety and reproductive rights of Hawaii families, to continue regulation of midwifery by the appropriate credentialing agencies and to support ongoing training and education of Midwives within the state of Hawaii.

PROPOSED AMENDMENTS ATTACHED BELOW

#1 We recommend the following exemptions to protect reproductive rights, consumers, cultural/religious practitioners and all ‘ohana in Hawai’i

Page 28 Line 19- Page 32 Line 11

"[H]§457J-6[H] Exemptions.

(6) Administering care to the person's spouse, domestic partner, parent, sibling, or child, immediate or extended family, including hanai family"

(7) A person acting as a birth attendant who:

_____ (A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

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

_____ (i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

_____ (ii) That the person's education and qualifications have not been reviewed by the State;

_____ (iii) The person's education and training;

- (iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;
- (v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and
- (vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and
- (D) Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.
- (8) Person engaged in birth-related practices in connection or accordance with the tenets and practices of any ethnic culture; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this part;
- 9) Person engaged in birth-related practices related to healing by prayer or spiritual means in connection or accordance with the tenets and practices of any well-recognized church or religious denomination; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this part;

#2 We recommend the following amendments for the Certified Professional Midwife.

**Recognizing National standards- NARM certification
(Expanding access to licensure)**

- **Amend the definition of Certified Professional Midwife to include nationally recognized pathways to certification, issued by NARM, who is accredited by the National Commission for Certifying agencies (NCCA) as part of the definition**

Page 26 Line 20- Page 27 Line 9 Certified professional midwife" means a person who has graduated from an accredited educational program or pathway in midwifery, accredited by the Midwifery Education Accreditation Council, or successor organization, and who holds a current and valid national certification as a certified professional midwife from the North American Registry of Midwives, or any successor organization. A certified professional midwife who received their certification ~~prior to January 1, 2020, through a non-accredited educational pathway~~ the North American Registry of Midwives' Portfolio Evaluation Process pathway shall have obtained a midwifery bridge certificate from the North American Registry of Midwives, or any successor organization.”:

- **Includes all student midwives recognized by the National Certifying body (NARM), who is accredited by the National**

Commission for Certifying agencies (NCCA) as part of the definition

Page 29 line 10-15 (3) A student [midwife] who is currently enrolled in [a] an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

- **Expands access to licensure by including an additional route to obtaining the Certified Professional Midwife credential, issued by NARM, who is accredited by the National Commission for Certifying Agencies (NCCA).**

Page 37 line 12-16 (B) A midwifery bridge certificate issued by the North American Registry of Midwives, or successor organization, for certified professional midwife applicants ~~who obtained certification before January 1, 2020."~~

- **Recognizes all nationally qualified preceptors**

Page 26 line 11 Add in definition "Qualified midwife preceptor" to be amended:

Qualified midwife preceptor" means a person approved by a Midwifery Education Accreditation Council School or has current, approved registration through the North American Registry of Midwives ~~a licensed and experienced midwife, or other maternal health professional licensed in the State, who participates in the clinical education of individuals enrolled in a midwifery education program accredited by the Midwifery Education Accreditation Council or Accreditation Commission For Midwifery Education, and~~

~~who meets the criteria for midwife preceptors set forth by the applicable organization.~~

Recognizing national standards set for the certified professional midwife credential

- **Remove international standards; Instead replace with National standards**

Pg. 9 line 10-18- HB 1194 HD2 ~~The Essential Competencies Standards of for Midwifery Practice~~, or successor document, as defined by the ~~International Confederation National Association of Certified Professional Midwives~~, or the North American Registry of Midwives, or successor organization; provided that the ~~International Confederation National Association of certified professional Midwives~~ and the North American Registry of Midwives shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.

- **Remove Nurse- Midwife standards as a requirement; Certified Professional Midwives are not Nurses**

Pg. 10 line 8-17- HB 1194 HD2 (a) A midwife shall continually assess the appropriateness of the planned location of birth and ~~shall~~ may refer to the American College of Nurse-Midwives Clinical Bulletin Number 61: Midwifery Provision of Home Birth Services (November 2015), or

succeeding document, for guidance, taking into account the health and condition of the midwife's client; provided that the American College of Nurse-Midwives shall have no legal authority or powers of oversight over the director in the exercise of the director's powers and duties authorized by law

- **Remove International Standards**

Pg. 27 lines 15-19 Delete definition of “International Confederation of Midwives”.

Additional Amendments:

- **Amend definition of “Accredited birth facility” because there are no birth centers in Hawaii that are accredited by the Commission for the Accreditation of Birth Centers**

Pg. 24 Lines 5-8 "Accredited birth facility" means a hospital that has been accredited by The Joint Commission ~~or a birth center that has been accredited by the Commission for the Accreditation of Birth Centers.~~

#3 The following amendments will expand midwifery care according to the CPM’s training, education and certification and the needs of our community:

- **Postpartum Pg. 28 lines 1-3 Longer care is better care for our families**

"Postpartum" means the period of time immediately after and up to ~~six~~twelve weeks following birth."

- **Contraception access Page 41 line 14**

Add in: (8) Contraceptive devices

- **Add Section on Medical Reimbursement:**

Any health benefit plan or health insurance reimbursement, including the medicaid program, shall provide coverage for services rendered by a licensed midwife if the services rendered are within the scope of practice for a certified midwife or certified professional midwife, without regard to the location where the services were provided.

- **Pg. 11 line 19- page 12 Line 5 Focus should be on urging and saving the life**

If the midwife's client, or the midwife's client's guardian declines assistance from appropriate licensed health care providers or the 911 system, the midwife shall ~~continually~~ urge the client or the client's guardian to transfer care to an appropriate licensed health care provider and may continue to provide care to save the life of the client or the newborn; provided that the midwife shall only perform actions within the midwife's scope of practice.

- **Pg. 19 Line 1-8**

Submit data on all courses of care for every gestational parent and newborn under the midwife's care to a national or state research organization approved by the department. If a gestational parent declines to participate in the collection of data, the midwife shall have the gestational parent sign a refusal document ~~follow the protocol of the approved national or state research organization;~~ and

#4 The following amendments will grant Limited Prescriptive Privileges so families do not have to pay out of pocket and can have equity when it comes to access for the medications that the CPM can currently obtain/administer and/or be trained to prescribe.

● Pg. 12 line 11-18-

- (b) Each licensee practicing as a certified midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from accredited colleges or universities or approved by an organization recognized by the Continuing Education Policy, or successor document, of the American Midwifery Certification Board, or successor organization; provided that a minimum of eight hours of continuing education shall be in pharmacology for eligibility for renewal of prescriptive privileges.

● Pg. 12 line 19- Page 13 line 5

- (c) Each licensee practicing as a certified professional midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from an accredited college or university or granted by an accrediting organization recognized by the North American Registry of Midwives, or successor organization; provided that six hours of continuing education shall include treatment of shock/ intravenous therapy and suturing, and for certified professional midwives applying for limited prescriptive authority, a minimum of eight hours shall be in pharmacology.

● **Pg. 14 line 14- Page 15 Line 2**

- (a) Prescriptive authority shall be granted ~~solely to midwives practicing as certified midwives and shall not be granted to midwives practicing as certified professional midwives~~ with approval for limited prescriptive authority. Midwives practicing as certified midwives shall only prescribe those drugs appropriate to midwifery care as recognized by the director and in accordance with the current exclusionary formulary defined by the board of nursing for advanced practice registered nurses. Midwives who are granted limited prescriptive authority practicing as a Certified Professional Midwife shall only prescribe those drugs appropriate to midwifery care as recognized by the director and in accordance with the formulary defined by the Director.

● **Amend Page 40 Beginning on Line 5- Page 41 Line 3**

- (1) Neonatal use to prophylactic ophthalmic medications, vitamin K, silver nitrate, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen medications for oral thrush;
- (2) Maternal use ~~of to antibiotics for Group B Streptococcal antibiotic prophylaxis per guidelines adopted by the Centers for Disease Control and Prevention[;];~~ postpartum antihemorrhagics[;]; Rho(D) immune globulin[;]; epinephrine for anaphylactic reaction to an administered medication[;]; intravenous fluids[;]; Iron/ vitamins amino amide local anesthetic[;]; nitrous oxide for pain relief when used in an accredited birth facility and in accordance with facility policies; magnesium sulphate; calcium gluconate;

non-hormonal contraceptives; hormonal implants pursuant to any manufacturer certification requirements, oral hormonal contraception, antifungals; antivirals specific to midwifery, and as prescribed by a licensed health care provider with prescriptive authority under this chapter, chapter 453, or section 457-8.6; and oxygen.

Legend drugs authorized under subsection (a) shall not be used to induce, stimulate, or augment labor during the first or second stages of labor or before labor.

● **ADD following language on Page 16 Line 11**

(f) The department may authorize a certified professional midwife to prescribe certain legend drugs and devices provided that the certified professional midwife:

(1) Is in good standing, without disciplinary sanctions;

(2) Has fulfilled the requirements of this part;
and

(3) Has fulfilled any requirements established by the department pursuant to this part.

(g) Any prescriptive authority granted to a certified professional midwife shall be limited to the midwife's scope of practice and for patients appropriate to the scope of practice.

(h) A certified professional midwife to whom the department has granted limited prescriptive authority to prescribe legend drugs and devices may advise the certified professional midwife's patients of the option to have

the symptom or purpose for which a prescription is being issued included on the prescription order.

(i) A certified professional midwife having limited prescriptive authority shall maintain national certification, as required by section 457J-B, unless the department grants an exception.

(j) Each certified professional midwife granted limited prescriptive authority by the department shall be assigned a specific identifier, which shall be made available to the Hawaii medical board and the state board of pharmacy. The department shall establish a mechanism to ensure that the limited prescriptive authority of a certified professional midwife may be readily verified using this specific identifier.

(k) The limited prescriptive authority granted to a certified professional midwife may be limited or withdrawn, and the certified professional midwife may be subject to further disciplinary action, if the certified professional midwife prescribes outside the certified professional midwife's scope of practice, for patients other than those appropriate to the certified professional midwife's scope of practice, or for other than therapeutic purposes.

(l) No certified professional midwife shall accept any direct or indirect benefit from a pharmaceutical manufacturer or pharmaceutical representative for prescribing a specific medication to a patient. For purposes of this section, a direct or indirect benefit does not include a benefit offered to a certified professional midwife,

regardless of whether a specified medication is prescribed.

(m) A pharmacist who dispenses drugs and devices to a certified professional midwife as authorized by this section and in conformity with chapter 461 shall not be liable for any adverse reactions caused by the certified professional midwife's administration of legend drugs and devices.

(n) A certified professional midwife candidate seeking limited prescriptive authority shall complete additional study and training requirements as prescribed by the department, in collaboration with the midwives licensing advisory committee. The department shall adopt rules pursuant to chapter 91 providing requirements for:

(1) The number of additional midwife pharmacology training hours consistent with the training hours required for other, similar prescribers; and

(2) Additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other relevant sources.

(o) A certified professional midwife seeking a licensing extension to include medical devices and implants shall complete the requirements listed in subsection (i) and additional training requirements as prescribed by the department in collaboration with the midwives licensing advisory committee. The department shall

adopt rules pursuant to chapter 91 providing requirements for:

(1) The minimum number of completed procedures under supervision;

(2) Completed trainings as required by the device manufacturers or an equivalent; and

(3) Additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions, and any other relevant sources.

Only a certified professional midwife granted limited prescriptive authority by the the department of commerce and consumer affairs shall be able to practice as an CPM with limited prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an CPM who is authorized to prescribe. (Imp: HRS §457-8.6)

(a) Limited prescriptive authority eligibility requirements.

(1) The requirements for limited prescriptive authority are as follows:

(A) A completed application for limited prescriptive authority provided by the department and submitted with all appropriate documents and required fees;

(B) Proof of a current, unencumbered license as a certified professional midwife in this State and in all other states in which the certified midwife has a current and active license;

(C) Proof of successful completion of no fewer than 8 hours of an accredited training in midwifery specific

pharmacology for community based midwives, recognized by the department.

(b) Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the department shall grant limited prescriptive authority to the Certified professional midwife.

(c) Nothing in this section shall preclude a licensed midwife from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapter 448, 453, or 463E, HRS, or the orders of a licensed APRN granted prescriptive authority in accordance with this chapter.

● **Pg. 22 lines 19-21**

(3) A licensed midwife practicing as ~~a certified midwife~~ with prescriptive authority under chapter 457J and duly licensed in the State; or

Removal:

● **Pg. 12 line 6- 10 Align with [National Standards](#) please amend:**

(a) Beginning July 1, 2026, each certified midwife shall complete thirty contact hours of continuing education requirements in alignment with ACNM Standards of practice and reflective of requirements of the advanced practice requirements of certified nurse-midwives, and each certified professional midwife shall ~~provide documentation of successful completion of complete~~ thirty contact hours during the prior triennium of appropriate continuing

education that is related to the practice of midwifery, as mandated by the North American Registry of Midwives.

- **Amend Pg. 24 lines 13-18 Align peer review definition with National Organization (NARM) and their definition in the [Candidate Information Booklet](#) please amend:**

"Peer review" means the candid review and evaluation, subject to section 624-25.5, of the practice of midwifery. "Peer review" shall be conducted in accordance with the Certifying bodies. ~~includes but is not limited to reviewing the care provided by midwives, making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

PROTECT TITLE “LICENSED MIDWIFE” FOR CONSUMER PROTECTION, NOT MIDWIFE:

- **Add in HRS 457j-5(a) for amendment:**

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

HB-1194-HD-2

Submitted on: 3/12/2025 11:37:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|-----------------------------------|--------------------|---------------------------|
| Catherine Ritter | Testifying for Hawaii AcroFest | Oppose | Written Testimony Only |

Comments:

Subject: **Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i**

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Catherine Ritter

Oahu, HI 96815

Catherine.n.ritter@gmail.com

808-518-7696

Written Testimony Against HB1194

Nichole “Yessie” Calagias

Haiku

Yessamieloves@gmail.com

03/12/2025

To: Hawai'i State Legislature

Subject: Testimony in Strong Opposition to HB1194

Aloha Chair, Vice Chair and Members of the Committee,

My name is Nichole Calagias, and I am a Certified Professional Midwife, Licensed in Hawai'i with experience serving families who seek out traditional, community-based midwifery care. I am writing to express my strong opposition to HB1194, which severely restricts access to midwifery care and threatens the rights of birthing people across our islands.

This bill fails to recognize the needs of Hawai'i's diverse communities, especially those on neighbor islands and in rural areas where midwifery care is often the only available option for safe and culturally aligned birth. By imposing unnecessary barriers, HB1194 makes it harder for families to access skilled, trusted midwives and forces many to either birth without support or leave their communities for care.

In my own practice, I have witnessed firsthand how families turn to midwives not just for clinical expertise, but for the holistic, continuous, and culturally competent care that hospitals often fail to provide. I have also seen the devastating effects of restrictions like those in HB1194—forcing birthing people to navigate unnecessary legal obstacles rather than receiving the respectful and informed care they deserve.

Additionally, this bill criminalizes midwives who serve their communities, despite the fact that midwifery has been safely practiced for generations through traditional knowledge and apprenticeship pathways. Across the U.S., Certified Professional Midwives (CPMs) and apprenticeship-trained midwives are recognized and integrated into healthcare systems, yet HB1194 seeks to shut them out in Hawai'i.

Midwifery is not a crime. Restricting access to midwives does not improve safety—it increases risks by forcing more people into unassisted or unwanted hospital births. I urge you to reject HB1194 and support true access to midwifery care for all families in Hawai'i.

Mahalo for your time and consideration.

Respectfully and in Aloha,

Nichole “Yessie” Calagias

Hello Chair, Vice Chair, and Committee members,

I am in strong opposition to this bill. I will offer rebuttals to the introducers and proponents of this bill as a non-Kanaka, Native American.

- 1) Introducers of this bill say that the bill will not restrict Kanaka Maoli from practicing traditional birth practices. I stand in solidarity and support with Native Hawaiian birth workers and cultural practitioners. I am happy they are getting the recognition they deserve. I recognize that **the introducers made an exemption for Native Hawaiian birthing practices but what about other indigenous and cultural birth practices and practitioners? Native Hawaiian birthing practices are not the only sacred home birth practices in Hawai'i. I have not yet seen a Sanba, Lola, Hilot, or Jewish doulas offer support for this bill.** If you're not familiar with the Sanba, Lola, and Hilot identities, they are traditional Japanese and Filipino/a birth workers. **The fact that none of these identities were acknowledged in any of the hearings by committees or in the language of the bill so far tells me that many people do not know that these other indigenous and cultural birth workers exist. Given this, I urge the committee to make amendments to the bill to carve out a traditional midwifery clause, as the State of Oregon has done, and create a working group, listening to the different indigenous and cultural birthworkers in Hawai'i, before deciding on legislation that would criminalize them.**
- 2) Another point that has been consistently made by the introducers of this bill is that it doesn't restrict cultural birthworkers from practicing, they just would have to get licensed. Representative Amy Perruso brought up in the last floor session reading for this bill, that the State of Hawai'i does not have midwife licensure programs in Hawai'i and many midwives have said the same thing. I want to highlight clearly that **excluding other indigenous and cultural birthworkers from the exemption in this bill is an equity issue.** Out of 30+ licensed midwives in Hawai'i, there are very few born and raised here, and **zero** Kanaka Maoli licensed midwives. Continuing on about inequity in this bill, I will **reiterate that without allowing PEP, locals who want to pursue licensed midwifery have to go off island for an accredited program. For low income individuals, this is a difficult feat, especially if they have children and family here. On top of paying for a place to stay in the place they would move to, they would also need to pay tuition for the midwifery program. Some people do not have the means to go to school on the continent and establish a completely new life with their family.** Given the disproportionate rates of licensed midwives born and raised here and no licensed Kanaka Maoli

midwives, **I ask the committee to consider the following: what has the legislature done to make programs more equitable for these populations?**

- 3) To address those concerned about infant mortality and the safety of indigenous and cultural homebirths without a licensed midwife, if we want to decrease the mortality rates, criminalization is not the way to go. **If we criminalize other indigenous (Hilots, Lolas, etc.) and cultural traditions, this will mean that the means in which someone performs these cultural rites will be off the radar and could possibly make home births more dangerous (i.e. a woman afraid of her birth workers being arrested if she goes to the hospital for complications, so she does not go to the hospital). If we want to see a decrease in infant mortality, we should be advocating for more accessible pathways to midwifery licensure for locals (PEP) and prioritizing culturally competent and culturally specific midwifery.** Indigenous birthing rites will continue to exist, so let's welcome them and have dialogue with indigenous birth workers about solutions before making top down decisions. Bottom up policy approaches, **not top** down policy approaches, are public health principles that I stand by. I believe there is a sustainable, cost friendly, and non-legal solution to this issue that won't erode the public's trust, and because of the way this bill is written, it unfortunately will.
- 4) **I second all the points made in Licensed Midwife Amanda Moore's written testimony and the written testimony from the Pacific Birth collective; both written testimonies are from the House Finance Committee hearing.**

I am not anti-hospital nor anti-vax; I am pro-health and considerate of indigenous practice, and honor my own. If hospitals had indigenous cultural practitioners for each culture as midwives that would be a different story, but that's not the reality. I ask the committee to also be considerate. **By making amendments to the bill to add a clause for traditional midwifery, you are supporting and respecting the tradition of community birth workers, more specifically cultural and indigenous birthworkers. By passing this bill without those needed amendments, many indigenous birth practices in Hawai'i will not be recognized by the state, and subsequently criminalized. Because of the way the bill is currently written and how inaccessible midwifery licensure is for indigenous and local communities in Hawai'i, I strongly oppose this bill. If the committee is going to pass anyway, I strongly urge you to make the traditional midwifery amendment(s).**

Mahalo for your time,
Dyani Cantu

HB-1194-HD-2

Submitted on: 3/11/2025 9:18:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|-----------|
| Cierra Arakaki | Individual | Oppose | In Person |

Comments:

Oppose

HB-1194-HD-2

Submitted on: 3/11/2025 7:31:39 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|-----------|
| Jenessa Adams | Individual | Oppose | In Person |

Comments:

I oppose HB1194! Having a midwife by my side during my last 3 pregnancies was a blessing I am forever grateful for. I knew my midwife was taking the time to care for me and my baby on a very personal level. I had 3 very successful homebirths and I know this is because I was able to choose a provider who was knowledgeable and competent to be by my side. We need the freedom to choose what is best for our families and our pregnancies!

HB-1194-HD-2

Submitted on: 3/11/2025 9:35:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-----------|
| Kaiulani Bowers | Individual | Oppose | In Person |

Comments:

I deeply oppose this bill as it strips away some of the most important rights of women concerning giving birth and would criminalize other women and/or tradition. As someone who gave birth to a perfectly healthy baby at home, with the help of a midwife and doula, the option to be able to do that should ALWAYS be allowed. The fact that anyone thinks they have a say in how a woman wants to bring her baby into this world is beyond comprehension. Not only is it a woman's choice but it also may be connected to her culture, religion and or spirituality and again no one has a right to take that away from her. It will negatively affect those training to become midwives as they would have to leave Hawaii for training. HB1194 must not pass as it will absolutely negatively affect women and goes against respecting women's God given rights.

HB-1194-HD-2

Submitted on: 3/12/2025 7:13:43 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Alohi Aea | Individual | Oppose | In Person |

Comments:

Aloha kākou, I am a Native Hawaiian mother of four who has chosen to birth all of my keiki at home. If this legislation passes as is, the majority of my birth team will remain unable to attend any future births I may have.

Neither justice, reproductive freedom, nor the interest of safety are served by a bill that forces women and families to choose between birthing alone or being forced into a hospital whose practices go against what they want for themselves or their families. Prior legislation has drastically reduced the number of practitioners who can serve our home birth community, creating strain on our currently legal providers, and this legislation will further stifle the growth of this community of providers.

I urge this committee to amend the bill as recommended by such groups as HHHBC or kill this bill.

Mahalo nui

HB-1194-HD-2

Submitted on: 3/12/2025 9:51:52 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Whitley Rose | Individual | Oppose | In Person |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

My body, my choice, my home.

Every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices may not be limited- or it is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawaii is not ok. Criminalization of any practitioner limits the reproductive choice of any birthing person. We ask you to stand by your words from the "Stand with "the safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women's rights forged by our ancestors..." and protect the true autonomy of all birthing people.

HB-1194-HD-2

Submitted on: 3/12/2025 11:38:27 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-----------|
| Nicole McNamara | Individual | Oppose | In Person |

Comments:

To: Hawaii State Legislature
Re: Opposition to HB1194 HD2
Date: March 12, 2025

Aloha, Members of the Legislature,

I am writing to express my **strong opposition** to HB1194 HD2. This bill threatens the fundamental right of families to choose how and where they give birth—a right that has existed since the beginning of time. Birth is not a medical illness that needs to be governed. It is a natural physiological process, and for generations, women have safely birthed their babies at home with traditional midwives.

I am a mother who has personally experienced the beauty, safety, and empowerment of home birth. I have given birth to three healthy children at home with traditional midwives. I never in a million years could have imagined being forced into a hospital setting, where birth is often treated as a medical emergency rather than a sacred, natural event. In my own home, I felt **safe, supported, and in control**—with caregivers I trusted and chose for myself.

Contrast this with the reality many women face in hospitals: protocols that strip them of autonomy, medical interventions that are often unnecessary, and a system that prioritizes efficiency over individualized care. My own family suffered a tragic loss that highlights this issue. During my third pregnancy, my cousin was pregnant at the same time. I chose home birth; she chose to follow hospital recommendations because she trusted the system. She ended up having an **emergency C-section, then an emergency hysterectomy**. The doctors even cut the baby's face during delivery. While the baby survived, my cousin did not. **I know in my bones** that had she been under the **individualized, attentive care of a home birth midwife**, she would still be here today. Instead, she became another statistic of **hospital maternal mortality**.

HB1194 HD2 is not about safety—it is about control. It is about limiting options and **forcing women into a one-size-fits-all medical model** that has already failed too many families. Women deserve the right to **choose their birth experience**. Families deserve the ability to make informed decisions that align with their values and needs, not government mandates that strip them of personal freedom.

I urge you to **oppose HB1194 HD2** and stand for **bodily autonomy, birth freedom, and the preservation of traditional birth practices**. The government should not interfere in the deeply personal, life-changing decision of how to bring a child into this world.

Mahalo for your time and consideration.

Nicole McNamara
gmachawaii@gmail.com

HB-1194-HD-2

Submitted on: 3/12/2025 11:48:37 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|-----------|
| Garrett McNamara | Individual | Oppose | In Person |

Comments:

To: Hawaii State Legislature**Re: Opposition to HB1194 HD2****Date: March 12, 2025**

Aloha, Members of the Legislature,

I am writing to strongly oppose **HB1194 HD2** as a husband, a father, and someone who believes in the fundamental right of families to **choose how they bring their children into the world**. Birth is not a medical condition—it is a natural, sacred process that has existed since the beginning of humanity. It is deeply personal, and the government has no place in deciding how it should happen.

I have had the privilege of witnessing my wife give birth to **three healthy children at home** with the care of traditional midwives. As a man, I cannot fully understand what it is like to give birth, but what I do understand is that my wife, like every woman, deserves to **feel safe, supported, and empowered** during that experience. She was able to do that at home, where she had full control over her birth, surrounded by people she trusted.

The idea that the government should dictate where and how a woman gives birth is outrageous. The medical system treats birth like a medical emergency, often pushing unnecessary interventions that can have **devastating consequences**. I know this firsthand.

During my wife's third pregnancy, her cousin was pregnant at the same time. My wife always knew she wanted a home birth. When she fell ill, doctors pressured her to induce labor at 36 weeks and deliver in a hospital. But she trusted herself, trusted her midwife, and ultimately **delivered a healthy baby at home**.

Her cousin, on the other hand, followed the **Western medical system's recommendations**. She was admitted to the hospital, underwent an **emergency C-section, then an emergency hysterectomy**. During the procedure, doctors **cut the baby's face**. While the baby survived, my wife's cousin did not. She **died from the very system that was supposed to "protect" her**. If she had been at home, with a midwife focused solely on her and her baby, I truly believe she would still be alive today.

This is the reality of hospital births. They are not always safe. They are not always better. But for some reason, this bill seeks to **take away a family's right to choose an alternative that has worked for centuries.**

HB1194 HD2 is **not about safety—it's about control.** It disregards a woman's **bodily autonomy, a family's right to make decisions, and the wisdom of traditional midwives.** As a father, I believe in protecting my wife's right to make choices about her body and our family's future. I do not believe the government should take that right away.

I urge you to **oppose HB1194 HD2** and stand up for **birth freedom and family choice.** Let families decide what is best for them, not bureaucrats who have never experienced the intimacy and significance of childbirth in a home setting.

Mahalo for your time and consideration.

Garrett McNamara
nmachawaii@gmail.com

HB-1194-HD-2

Submitted on: 3/12/2025 12:00:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-----------|
| nicole miyamoto | Individual | Oppose | In Person |

Comments:

Aloha,

I oppose House Bill 1194 regarding Midwives.

I have two children. My first child I gave birth at Kapiolani Hospital and although I appreciate my OB, I sadly yet confidently can say that the nurses put their hospital policy over their patients wellbeing. When it came time to push and for my daughter to be born my OB wasn't yet present and so the nurses told me not to push although every cell in my body was telling me to push. A contraction would come and the nurse would tell me to not push, however, thankfully I had a doula present with me that told me to listen to what my body was telling me to do and what my body told me to do was to push my baby out which I continued to do. Later I found out that the policy is for the OB to deliver my baby, but if she's not there that is not my responsibility, my responsibility is to listen to my body and push my baby out. The nurses were not helpful in this area because they were instructed to put hospital policy over my own needs and health of my baby.

For my second child I decided on a home birth with a midwife and her assistant which was a midwife in training. I had complete trust in them, their experience, and their care. I knew I was in safe and knowledgeable good hands. Even when some complications arose, they were quick to respond to it and on it. I was allowed the freedom to listen to my body, to listen and feel when to push, what position was best for me and baby, and with my midwife's guidance I was able to bring life into this world in the comfort and safety of my living room. I have never in my life felt more empowered, it was incredible. 2 days shy of 42 weeks, I gave birth to a healthy 8lb 10oz baby boy, and I 100% would do a home birth again and recommend it to all women deciding to have children.

We should have the freedom to choose who we want to help us with delivering our babies. Who we feel safest with, who we feel most respected with, and who we feel will keep us and our babies health priority instead of a hospital or doctor first. Midwives, doulas and those in training should be given the freedom to study, learn, train in the way that they see fit and best. It would be devastating to place restrictions on something that's been practiced for thousands of years. It would create less opportunities for people to train to become a midwife locally and even less opportunities for women such as myself to have a midwife to help me with bringing my children in the world. Do not take away our freedom in this.

Thank you,

Nicole Miyamoto

HB-1194-HD-2

Submitted on: 3/13/2025 8:30:00 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| hayley clark | Individual | Oppose | Remotely Via Zoom |

Comments:

To: Members of the Hawaii State Legislature**Re: Opposition to Bill HB1194**

Dear Honorable Members of the Legislature,

I am writing to you not only as a women's health professional but also as someone who has personally experienced the profound benefits of midwifery care. I oppose HB1194 because, as currently written, this bill stands to infringe on reproductive rights and significantly restrict access to midwifery services, particularly for those of us living in Hawaii's rural and neighbor island communities.

As a women's health professional who has worked with women throughout their pregnancies and births, I have witnessed firsthand the importance of a woman's right to choose the care that aligns with her needs, values, and personal circumstances. For many, that choice includes midwifery care. Midwives provide a safe, holistic, and respectful alternative to hospital-based births, offering women the opportunity to birth in the comfort and privacy of their homes or in midwifery-led birth centers. This model of care is empowering and deeply supportive for women.

I myself gave birth at home with midwives by my side. The care I received was not only compassionate and expert, but it also allowed me to feel in control of my birth experience in a way that is hard to articulate unless you've lived it. Midwives are skilled professionals, well-versed in managing low-risk pregnancies, and their care is evidence-based. In my experience, having a midwife provided me with an environment where I felt safe, heard, and empowered to make the best choices for my body and my baby.

But the services midwives offer are not just about personal experience—they are a vital part of our healthcare system, especially in areas where access to hospitals or clinics may be limited. On the neighbor islands and in rural communities, midwives often step in where traditional healthcare providers are sparse, providing not only births but also ongoing support and education throughout pregnancy, labor, and postpartum care. This bill, however, threatens to reduce the availability of midwifery services by placing unnecessary restrictions on their practice. These restrictions would result in fewer options for women, especially in underserved areas.

I also feel deeply concerned that HB1194 could disproportionately affect women who are already marginalized—those with lower incomes, those living in rural or remote areas, and those who face systemic barriers to healthcare. Restricting midwifery care is essentially removing a lifeline for those who need it most. For many, midwives are the trusted professionals who are most accessible and provide the compassionate care that builds relationships, trust, and positive birth outcomes.

As someone who has worked in women's health and been supported by midwifery care, I cannot stress enough how important it is to protect the ability of women to make choices about their care, including where and how they give birth. Reproductive rights are not just about the right to access abortion services, but also the right to choose the course of one's pregnancy and birth—whether that involves a hospital, a birth center, or a home birth with a midwife. HB1194 undermines these choices.

I urge you to oppose HB1194 and instead focus on ensuring that women in Hawaii, no matter where they live, have the freedom and the resources to make informed, empowered choices about their births. Please do not take away the option of midwifery care, which has proven to be a safe, supportive, and vital resource for many.

Thank you for your time and consideration. I hope you will stand with the women of Hawaii and protect their right to choose.

Sincerely,

Hayley Clark L.Ac

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai'i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants. HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai'i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. **Add a Birth Attendant Exemption with Consumer Protections**

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. **Add a Religious and Spiritual Birthing Practices Exemption**

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. **Add an Exemption for Hānai Family and Grandparents**

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai'i.

5. **Allow Multiple Pathways for Midwifery Licensure**

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Kawai Manintin-Naki

1285 Neal ave Unit 5 Wahiawa, HI 96786

Km72@hawaii.edu

808-480-1438

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

FRIDAY, MARCH 14, 2025 AT 1:00PM

HB 1194 HD2 - RELATING TO MIDWIVES

POSITION: STRONG OPPOSITION

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

Our family strongly opposes HB 1194 HD2 because it will bring extreme harm to birthing people in a time when we need more protections and access to care, not less.

The amendments in HD2 do not address the concerns I previously raised as a birth support professional, a mother who birthed at home, and a reproductive rights advocate. We support HB 1328, which was developed through a transparent, consensus-driven process that included all stakeholders, rights holders, practitioners, and families. To uphold reproductive rights and ensure equitable access to midwifery care, I respectfully urge you to oppose HB 1194 HD2.

As a survivor of sexual assault, I emphasize the need for birth and midwifery laws that are inclusive, expansive, trauma-informed, and empower families to make informed, culturally relevant decisions. **HB 1194 HD2 is restrictive and does not reflect meaningful stakeholder input.**

I am a strong advocate for abortion rights and access and remain committed to bodily autonomy. I encourage this committee and the Senate to uphold reproductive choice in all aspects, including birth. The constitutional right to reproductive freedom, as affirmed in the Michigan State Constitution (Act 286, 2023), 333.26103 Section 3(a), states:

"Every individual has a fundamental right to make and effectuate decisions about all matters relating to pregnancy, including, but not limited to, prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care."

I respectfully urge you to defer this bill and utilize the interim to craft a better law and follow best practices in consensus and discourse on midwifery licensure. If this committee chooses to advance this bill, I ask that you, at minimum, incorporate the House Floor Amendments presented by bipartisan Representatives Belatti and Souza to better reflect the voices of those working in natural birth and home birth settings, as well as all birthing families.

Thank you for your time and consideration.

With deep conviction,
Laura & Lynold Acasio

HB-1194-HD-2

Submitted on: 3/13/2025 12:51:31 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|-------------------|
| Kiley Adolpho | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino, and Committee members,

I oppose HB 1194 HD2 unless exemptions, are included as recommended by Hawaii Home Birth Collective Center for Reproductive Rights, ACLU, Native Hawaiian Legal Corporation, and over 35,000 documented supporters for traditional cultural midwifery in Hawaii:

Every person has the basic constitutional right;

- to make medical decisions for their person – this includes declination of medical interventions, and choosing alternative methods of care
 - All birthing people’s right to choose anyone to attend their birth must be supported to end criminalization
- to have autonomy in choosing a healthcare provider/s
 - The term “Midwife” belongs to the community, especially in cultural use. It is not a proprietary term and should not be treated as such. Criminalization of any practitioner limits the reproductive choice of any birthing person.
- to have control over birth planning decisions

Every person has the religious constitutional right;

- to refuse treatment based on beliefs
- of religious birthing practices and
- accommodation of spiritual customs
 - Cultural and spiritual practices must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.

In response to non-discrimination policies, every person has a constitutional right to receive;

- equal treatment regardless of background
- language access services and
- cultural accommodations
 - Extended family participation
 - Community support systems
 - Ritual and ceremonial elements

As to quality of care standards, every person has a constitutional right to receive services based on;

- evidence-based practices
 - Full Scope of practice for CMs and CPMs must be recognized and allowed.
 - Locally accessible pathway to clinical licensure
 - PEP pathway to CPM certification (apprenticeship program)
 - Cultural mentorship programs
 - Indigenous-led care teams
 - Medical staff cultural training
 - Cultural protocol adherence
- Safety protocols and
 - traditional healing spaces
- emergency preparedness

Sincerely,

Kiley Adolpho

HB-1194-HD-2

Submitted on: 3/13/2025 7:53:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Taylor Hamil | Individual | Support | Remotely Via Zoom |

Comments:

I am submitting this testimony in **STRONG support** of HB1194HD2, which upholds mandatory midwifery licensure and educational requirements for midwives in Hawai'i.

I'm a MEAC educated licensed midwife practicing on the Big Island. I have been attending births as a licensed midwife since 2011 (in HI since 2021) and a midwifery preceptor since 2013. As a preceptor I have witnessed the vast difference in didactic/ clinical foundations for students who attend MEAC schools vs students who were pursuing the PEP pathway. Formal curriculum provides the exposure and instruction as well as the testing to ensure comprehension of clinical findings that may not present during a student's apprenticeship but are essential in being able to identify health conditions that may impact safety during pregnancy, labor, postpartum or newborn care. There are a number of accessible fully online MEAC programs that qualify for federal student loans and do not require anyone to relocate, while maintaining community apprenticeship opportunities in addition to didactic training.

Being in a rural and lower resource healthcare setting, on the neighbor islands especially, it is imperative that midwives are held to a standard that requires they comprehend the health status of families in their care, are able to assess risk status, and are able to refer to other providers when clinically appropriate.

In order to facilitate a safe/collaborative model where midwives can consult and collaborate with higher level providers like OBs, neonatologists, perinatologists, etc midwives need to be trained through accredited programs (just as any other healthcare provider) and HB1194HD2 would continue that requirement. The PEP pathway does not allow for the appropriate clinical/ didactic foundation necessary to ensure safe care.

Passing HB1194HD2 AS IT IS WRITTEN will help support a collaborative community effort for safe care during labor and birth for families in Hawai'i. I request the Senate Committee on Health and Human Services reject any proposed amendments which would lower the standards of midwifery education.

HB-1194-HD-2

Submitted on: 3/13/2025 9:06:26 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Jessica | Individual | Oppose | Remotely Via Zoom |

Comments:

I have had two home births by an attending certified professional midwife (CPM) who delivered the highest quality care to me as an expecting mother, during my labor, delivery, and neonatal care to my newborn children. As a healthcare provider/advanced practice registered nurse, I did my due diligence in interviewing and researching home births and midwives before deciding it was the correct path for me and my growing family. There was never a moment from interview to neonatal care that I felt uncertain about the skill and care I was receiving by my midwife. Receiving care from my midwife promoted the model of patient and family centered care, which no matter what philosophy of healing one studies, is the ultimate goal. My husband was able to develop his own relationship with our birth team and place, which strengthens the partner bond and are the buliding blocks for a healthy growing ohana. Birthing women should absolutely have the right to determine their own birth place and attendees. Not allowing this choice forces us to utlize a health system that often cannot meet our holistic needs, which is instrumental in setting up families for success.

HB-1194-HD-2

Submitted on: 3/13/2025 8:54:03 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--------------|--------------------|----------------------|
| Dr. Casandra Simonson, MD | Individual | Support | Remotely Via Zoom |

Comments:

3/13/2025

Dr. Casandra Simonson MD FAAP

Testimony for HB1194

In Support

Thank you to the Chair, Vice Chair, and Committee,

My name is Dr. Casandra Simonson. I'm a pediatrician in Maui, where I have worked with the underserved and Native Hawaiian keiki for over 10 years. I'm speaking today on my own behalf and not representing anyone else, in strong support of HB1194 RELATING TO MIDWIVES

I recently had a lovely family bring their baby to me at about a month old. The mom was so excited to show me the video of her homebirth. She delivered standing and I watched Baby slipped right out onto the floor, I delivered 5 babies myself, they are so slippery, but that didn't worry me, what did was that the lone birth attendant - I don't know who - continued to work on mom, pulling hard on the umbilical cord to try to remove the placenta while the baby on the floor was blue, not moving, not breathing. Getting colder by the second. I watch as time slipped by. No one tells him to but dad finally goes to the baby and gently picks it up, and as he does, he rubs its face and chest and It finally gasps.

The family felt it was an amazing natural experience. I am still quietly watching for the baby for cerebral palsy which takes time to surface.

Birth is natural. But so is death. Death is also natural. According to the WHO 1/16 women in Africa still die in childbirth.

I have another patient, now a teenager, who should be joking around with his twin sister and learning to drive but instead she died at birth and he is vegetative, he doesn't move eat or speak

and it's not clear he can see or hear. He startles when touched. The result of a twin home birth far from our only hospital.

I often have moms come to me after a home birth very scared, most often their milk isn't in, baby is weak and turned yellow from jaundice and the homebirth package they signed up for that was supposed to include newborn care, they didn't get because they couldn't pay. They feel abandoned. As a pediatrician I help keep quiet watch for the scary stuff, I help make small course corrections to guide them, and I hopefully relieve a lot of worry by answering questions about stuff they saw on TikTok. I am able to see families whether or not they can pay.

Home births and newborn care are being sold to moms but Birth is not a -you get what you pay for situation. this bill, # HB1194 will put up a guardrail that sets standards and has accountability.

Guardrails are needed for very slippery babies.

Thank you for this opportunity,

Casandra Simonson, MD FAAP

HB-1194-HD-2

Submitted on: 3/13/2025 10:00:39 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Nikima Glatt | Individual | Oppose | Remotely Via Zoom |

Comments:

TESTIMONY IN STRONG OPPOSITION TO HB 1194, HD2

Senate Committee on Health and Human Services

Friday, March 14, 2025 | 1:00 PM

Submitted by: *Nikima Glatt, DrPHc, APRN-RX, FPMHNP-BC, SANE-A & P*

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I am submitting this testimony in **strong opposition to HB 1194, HD2**, relating to midwives.

As a healthcare provider with over 20 years of experience in medicine—including emergency and critical care, psychiatry, forensics, sexual assault response, and women’s health—I am deeply concerned about the far-reaching implications of this bill.

I am currently pursuing my doctoral degree, with my dissertation research focused on women’s health equity, safety, and autonomy. This issue is not only a professional matter for me—it is profoundly personal.

During the Maui wildfire disaster, I was called upon to assist in several births under some of the most extreme, heartbreaking conditions imaginable. I want to be unequivocally clear: I could not have done this work safely without the skilled midwives who stood beside me. These were not unqualified individuals acting irresponsibly. They were competent, compassionate, highly trained professionals providing calm, evidence-informed, culturally grounded, and trauma-informed care amid chaos and crisis.

I learned from them. I worked beside them. I witnessed firsthand the excellence of their care as we delivered babies in hotel rooms and makeshift shelters—settings far from conventional clinics, but filled with trust, safety, and dignity.

And I say this with complete conviction: these midwives demonstrated **more competence, cultural sensitivity, and dedication to patient autonomy and safety** than many hospital-based providers I’ve encountered across the continent.

So I must ask: **Why are we trying to regulate them out of existence?**

This bill claims to enhance safety, but in reality, it undermines trust, erodes women's autonomy, and restricts access to care—especially for communities already burdened by systemic healthcare disparities. **It marginalizes traditional and community-based practices in favor of medical gatekeeping** and bureaucratic control, stripping birthing people of their right to choose how, where, and with whom they give birth.

Birth is not merely a clinical procedure—it is a deeply personal, spiritual, and cultural experience. **This bill promotes a narrow, paternalistic view of care that is out of step with what our communities want and need. It does not protect—it restricts.** It does not advance equity—it **perpetuates inequality**. And it does not honor birthing people—it disempowers them under the guise of safety.

We should be moving **forward**—toward inclusive, empowering, community-centered models of care—not **backward** into systems that silence the voices of women and families.

With all due respect, I ask you:

Have you had the privilege of witnessing midwifery care firsthand? Have you taken the time to understand their practices and the lived experiences of the birthing people they support? Do you truly grasp the safety, skill, and integrity with which they work?

If not, **I urge you to reflect carefully before making decisions** that would restrict a practice you have not experienced nor fully understood. These decisions must be **grounded in education, respectful engagement, and evidence—not unfamiliarity or assumption.**

There remains a critical gap in localized, comprehensive data specific to Hawai'i—especially data that incorporates Indigenous knowledge systems and health outcomes within Native Hawaiian communities. So I ask again: **What evidence are you relying on to deem this practice unsafe?** The studies cited are insufficient, outdated, and drawn from clinical settings that bear little relevance to our community or to the midwifery practices at hand.

I respectfully challenge you to present that evidence—and to explain how it rationalizes the sweeping restrictions proposed in this bill. As a citizen, a mother, a medical provider, researcher, witness, and constituent, I am requesting thoughtful, individual responses from each of you to clarify your rationale.

I urge you: **Do not pass HB 1194, HD2.**

Protect the rights of women.

Protect the autonomy of families.

Protect the sacred, skilled, and life-affirming work of midwives in our communities.

Thank you for your time and consideration.

Sincerely,

Nikima Glatt, DrPHc, APRN-RX, FPMHNP-BC, SANE-A & P

HB-1194-HD-2

Submitted on: 3/13/2025 10:04:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|-------------------|
| Jordan Hocker | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha Committee members,

My name is Jordan Hocker, I live on the island of Maui. I birthed both of my children in my home, with traditional midwives, one of whom was assisting me under the threat of legal retaliation. **I do not support HB1149**, because it targets valuable birth workers in my community AND it does not address the systemic medical neglect and systemic bias that Native Hawaiian and Pacific Islander families have to face in the hospital system. Instead of targeting community-trained midwives, why isn't this bill addressing the systemic issues that undermine the feelings of safety and trust that families should have in their doctor and the hospital system. Plainly, the maternal death rates in the hospital for Native Hawaiian women, Pacific islanders and other are not being addressed. These women are DYING in the hospital system at rates similar to Black women on the U.S mainland (See: 300% higher rates of maternal mortality than white women)

What this bill will do and what licensure without inclusion has already done on Maui:

1. Increased "free birthing" on Maui, which is infinitely more dangerous than having an trained but unlicensed who has attended hundreds of births.
2. Causes/has caused undue stress on mothers and families as they make the right choices for their 'ohana
3. Creates/created unsafe conditions in rural areas with limited access.

What the underlying intent of this bill actually is:

1. An attempt at hegemony that decreases the diversity of birth services and increases the likelihood of maternal harm in the hospital system which refuses to make meaningful changes to avoid the systemic harm that women of color experience during their births.
2. Eliminate traditional birth pathways that are safer for some women.
3. To create a vacuum that allows outside birth professionals to gatekeep services at high prices, thus eliminating access to birthing mothers.

This bill is about eliminating birthing diversity and competition. As a mother, who has been watching the repeated attempts and hard work of volunteers to push to be included. The last licensure bill was similarly excluding our midwives as was found to violate our rights. If this bill passes it will make women less safe, and open the State of Hawaii to further litigation.

Our births, our rights to choose, period. Traditional midwives and direct entry midwives are birth professionals and eliminating them, eliminating diversity will and does harm us.

Mahalo,

Jordan Hocker

HB-1194-HD-2

Submitted on: 3/13/2025 12:42:50 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|-------------------|
| pahnelopi mckenzie | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

Thank you for the continued work in trying to find a solution to the great lack of Midwifery and Maternal Health care in Hawai'i.

As a home birth mother, advocate, and lactation provider, I hold dearly to My body, my choice, my home.

I oppose HB 1194 HD2 unless exemptions, as recommended by Hawaii Home Birth Collective, are provided that include

Cultural and Spiritual Practices must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures. All Midwives matter. Hawaii is full of many cultures. How can you criminalize the core care givers in communities? Traditional Midwives must be included as an option for the autonomy of birthing people. The Japanese, Polynesian, Nigerian, Muslim, Norwegian, Christian, Filipino, Mexican, Chuukese Midwives must not be criminalized. **ALL traditional Midwives should be exempt from licensure** as their credentials are often extensive and accountable.

Licensure Equity: There needs to be a locally accessible pathway to clinical licensure.

Supporting the PEP pathway to CPM certification is a viable and reasonable avenue. The PEP is the way we can keep global standards to training and broad based on job education. The PEP creates access not limitations. If you look into the requirements of the PEP it is extensive and excellent. Many CPM's that got their license through the PEP, this is a viable and practical pathway that must be adopted into this law.

Year after year the Midwives, families, compassionate people come to this legislative table to defend themselves, to protect the birthing person's reproductive rights, to persevere lifesaving methods of care. Support for the Exemptions have been presented and endorsed by the community and thousands of testimonies, all our county councils, legal teams, task forces, and endless factual data. Full Scope of Practice for CMs and CPMs must be recognized and allowed.

The term "Midwife" belongs to the community, especially in cultural use. It is not a proprietary term and should not be treated as such. This legislative body seems to sabotage the important work of Midwives by dividing and belittling the various pathways. Year after year this legislative body neglects to look into the actual data of the majority of Birthing people's outcomes. Statistical fact, this is the most expensive and most dangerous industrialized nation to

give birth in, dominated by clinically trained practitioners and has the least amount of Midwives, we must recognize this as an issue. When 97% of the population is going into the Hospital to have their babies for various reasons we sit here picking apart the 2% of Midwifery care. If safety for the community is really what you want then we should see you going after the Medical Industrial Complex. Why are the mortality rates so high in the hospital “certified” setting and you are not investigating them. Actually working to change the horrendous outcomes for birthing people in Hawaii under the care of those you give license to. All the OB/GYN Doctors that stand here and testify and throw Traditional Practices and learning modalities as beneath them, where is your self accountability. I ask If the license and education is so crucial to make people safe, **WHY ARE OUR MOTHERS AND BABIES DYING AND BEING NEGLECTED IN THE HOSPITALS**, if they offer the best of care?

When we look into the historical nature of Birth we find Midwives there. We find centuries of humans coming to earth by way of their mother and often into the hands of the Midwife. These Midwives hold extensive wisdom, emergency protocols, care, support, community informed care. This has never changed and will never. In the fall of Traditional Midwifery, we see the development of the practice of Obstetrics. Modern Obstetrics as we know today has evolved but has never been the overall solution for safety for Birthing people. We can look historically to a few fathers of the Obstetrical movement that should give a clue to the baseline and how Midwives were persecuted then and now. Read *Medical Bondage* and you will find the truth of this Midwifery criminalization we debate today. We can look at how legislative bodies upheld medical and racial violence to criminalize the global majority of Midwives. We see today how HB 1194 HD2 without exemptions, continues to uphold the same 1920 legacy preventing the best care for Birthing people.

When the power goes out, and the funding runs out, who will you turn to? When there is a town that has been burned to the ground, who will be there to care for the birthing person? Who will be able to palpate the pregnant body to listen to the heart beat and find the position? Who will be able to stand in the glow of a candle and safely support someone giving birth? Who will stay with you for days? Midwives. To criminalize Midwives outside of MEAC makes barriers to maternal health care and educational pathways which is dangerous and ignorant. Criminalizing cultures and denying bodily autonomy by criminalizing Midwives is dangerous.

Every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices may not be limited- or it is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawaii is not ok. Criminalization of any practitioner limits the reproductive choice of any birthing person. We ask you to stand by your words from the "Stand with "the safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women's rights forged by our ancestors..." and protect the true autonomy of all birthing people.

I oppose HB 1194 HD2 if exemptions are not added.

Please protect the future with access of full scope Midwifery care,

Pahnelopi McKenzie

HB-1194-HD-2

Submitted on: 3/12/2025 12:23:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------|--------------|--------------------|-----------|
| Makalani Franco-Francis | Individual | Oppose | In Person |

Comments:

I strongly **OPPOSE** HB1194.

1. All birthing people have **THE RIGHT TO CHOOSE ANYONE** to attend their birth without criminalization.
2. **CULTURAL, SPIRITUAL, and RELIGIOUS** practices must not be interfered with. Especially for indigenous traditions and ALL cultures.
3. **LICENSURE EQUITY**: There needs to be locally equitable pathway to clinical licensure. Supporting the PEP to CPM certification is a viable and reasonable avenue.
4. **FULL SCOPE OF PRACTICE** for CPMs and CMs must be recognized and allowed.
5. **The term "midwife" belongs to the community**, especially in cultural use. **It is not a proprietary term** and should not be treated as such.

Mahalo for **OPPOSING** HB1194

Makalani Franco-Francis

HB-1194-HD-2

Submitted on: 3/12/2025 4:05:05 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|-----------|
| Marissa Katz Bellani | Individual | Oppose | In Person |

Comments:

I am a new mom and resident in Honolulu, raised in the windward side of Oahu. My husband and I are both tax paying citizens. We are very grateful to have had the right to use a midwife and student midwife and doula for our home birth. We had comprehensive care from early on in pregnancy, birth, to postnatal care. We are very dismayed by this bill and similar ones proposed in the past to limit midwife practices. We had a very healthy home birth and pregnancy and postnatal journey, our baby Sana came precipitously which is rare for a first time birth. We are grateful to our care team because we strongly believe it is due to their training and knowledge that guided us to such a wonderful birthing journey. If this bill passes we would feel much more limited in our ability to choose to have a supported and healthy birth again. This is why we vehemently oppose this bill. We believe every family should have the right to choose their birth, pregnancy, and postnatal care.

HB-1194-HD-2

Submitted on: 3/12/2025 10:24:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Alana Siaris | Individual | Oppose | In Person |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

My name is Alana Siaris. I am a resident of Kalauao, O‘ahu, where I recently gave birth to my beautiful daughter, in our home. Without the extensive knowledge and resources provided to me by the community of traditional birth workers and Native Hawaiian healers, I would not have experienced the sovereign and spiritual birth that I did, alongside my life partner and no one else.

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who**

wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai'i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

It is also vital that we recognize the fact that there is an underlying issue of illegal settler occupation of Hawai‘i and continued disregard for Native Hawaiians and their rights. HB1194 HD2 disproportionately discriminates against Native Hawaiian traditional and customary practices, making cultural birthing rites nearly impossible to be carried through. This is a form of erasure; an attempt to remove Native peoples from their ancestral practices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

With this, I mahalo you for providing this space and thank you for considering these concerns.

With deep respect,

Alana Siaris

98-500 Koauka Loop #16F Aiea, HI 96701

alanasiaris@gmail.com

808-308-9946

HB-1194-HD-2

Submitted on: 3/12/2025 9:44:54 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------------|--------------|--------------------|-----------|
| Roslyn Manawaiakea Cummings | Individual | Oppose | In Person |

Comments:

Roslyn Cummings

Mana Lomi Practitioner

c/o 2569 Pu'u Rd

Kalaheo, Hawai'i (Zip Exempt – 96741)

Date: 03/12/2025

TO:

- Honorable Senators San Buenaventura & Keohokalole
- Hawai'i State Legislature

SUBJECT: PUBLIC TESTIMONY OPPOSING HB1194 HD2 – PROTECT PALE KEIKI,
CULTURAL IDENTITY, AND REPRODUCTIVE RIGHTS

Aloha Honorable Senators San Buenaventura & Keohokalole,

I submit this formal testimony in strong opposition to HB1194 HD2, which poses an immediate and irreparable threat to the traditional practice of pale keiki, the right of ho‘oilina to cultural and familial birthing practices, and the sovereign rights of Hawaiian Kingdom ho‘oilina under both domestic and international law.

HB1194 HD2 disregards the fiduciary responsibilities of public officials to uphold the protected rights of ho‘oilina and their traditional practices, violating longstanding legal protections, including:

- 1839 Hawaiian Kingdom Declaration of Rights
- 1840 Hawaiian Kingdom Constitution
- 1850 Kuleana Act
- 1921 Hawaiian Homes Commission Act (HHCA)
- 1849 Treaty of Friendship, Commerce, and Navigation
- United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
- International Covenant on Civil and Political Rights (ICCPR, Article 1 & 27)
- 42 U.S.C. § 1981 – Equal Rights Under the Law

I. FIDUCIARY RESPONSIBILITY OF PUBLIC OFFICIALS TO HO‘OILINA & PROTECTED PRACTICES

As legislators, you are bound by fiduciary duty to uphold the legal protections, identity, and traditional practices of ho‘oilina, as federally protected people under U.S. and international law.

Your obligations include:

Protecting cultural identity and reproductive freedom under:

- Universal Declaration of Human Rights (UDHR, Article 3 & 18)
- Religious Freedom Restoration Act (42 U.S.C. § 2000bb)

Ensuring the right of ho‘oilina to traditional birthing practices, as mandated by:

- 42 U.S.C. § 1996 – Protection and Preservation of Native American Religious Practices
- Public Law 103-150 (1993 U.S. Apology Resolution)

Preventing government overreach into federally protected rights, including:

- The 1849 Hawaiian Kingdom-U.S. Treaty, which remains in effect under Article VI of the U.S. Constitution

HB1194 HD2 violates these obligations by criminalizing pale keiki practitioners, restricting cultural birthing choices, and forcing compliance with a state licensing model that does not reflect traditional Hawaiian birthing knowledge.

II. HB1194 HD2 VIOLATES HAWAIIAN KINGDOM TRUST LAW, TREATY OBLIGATIONS, AND HUMAN RIGHTS

HB1194 HD2 seeks to impose foreign state regulatory restrictions on pale keiki practitioners, hānai birth supporters, and spiritual birth attendants—in direct violation of Hawaiian Kingdom law, U.S. constitutional protections, and international human rights law.

1. Criminalization of Pale Keiki and Ho‘oilina Birthing Practices

- The bill mandates state-licensed midwifery, effectively criminalizing pale keiki, spiritual birth practices, and hānai ‘ohana birth support.
- This is a direct violation of the 1850 Kuleana Act, which protects hoa‘āina access to traditional healers and birth practitioners.

2. Illegal Government Overreach into Hawaiian Kingdom Trust Law

- The Great Māhele (1848) and 1850 Kuleana Act established private land trusts, guaranteeing hoa‘āina the right to cultural and familial birth practices.
- HB1194 HD2 is an invasion of Hawaiian Kingdom trust law, interfering with the sovereign rights of ho‘oilina.

3. Violation of the Right to Self-Identity and Bodily Autonomy

- Self-identity is a protected right under U.S. law, and this bill seeks to erase ho‘oilina cultural identity by eliminating traditional birth practices.

- The right to bodily autonomy is protected under:
- Universal Declaration of Human Rights (UDHR, Article 3 & 18)
- International Covenant on Civil and Political Rights (ICCPR, Article 1 & 27)

4. Treaty Violations – The 1849 U.S.–Hawaiian Kingdom Treaty

- The treaty remains in effect under Article VI of the U.S. Constitution and guarantees:

Recognition of Hawaiian Kingdom sovereignty

Legal protection of ho‘oilina landholders and their cultural rights

Right to freely engage in traditional practices without U.S. interference

- HB1194 HD2 obstructs these rights, making the U.S. Department of State liable for treaty violations.

III. PROPOSED AMENDMENTS TO PREVENT LEGAL VIOLATIONS

If the State of Hawai‘i intends to enforce HB1194 HD2, it must include explicit amendments to prevent violations of protected rights:

1. Exemption for Pale Keiki and Customary Birth Practices

- Protect ho‘oilina access to traditional and spiritual birth practices without criminalization.

2. Birth Attendant Exemption with Consumer Protections

- Ensure families have access to unlicensed cultural birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty.

3. Religious and Spiritual Birthing Practices Exemption

- Protect the right of ho‘oilina to choose birth care that aligns with their cultural, spiritual, and religious beliefs.

4. Exemption for Hānai ‘Ohana and Grandparents

- Allow family members, including grandparents and hānai ‘ohana, to provide birth support without state interference.

5. Alternative Pathways for Licensure

- Ensure that culturally competent birth workers can obtain licensure without compromising their indigenous and traditional knowledge.

IV. FINAL NOTICE OF OPPOSITION TO HB1194 HD2

Failure to include these amendments will result in further action to protect ho‘oilina rights.

Continued legislative overreach into cultural birth practices will result in formal complaints to federal agencies, including the U.S. Department of State, U.S. Department of Justice, and international human rights organizations.

Legal action will be pursued against any official violating ho‘oilina rights under treaty law, federal law, and international law.

This public testimony serves as an official declaration of opposition to HB1194 HD2 and will be entered into the public record against any legislative body enforcing this bill.

V. AFFIRMATION OF PUBLIC TESTIMONY

I, Roslyn Cummings, submit this formal public testimony in opposition to HB1194 HD2, to be entered into the record before the Hawai‘i State Legislature.

Submitted on: 03/12/2024

By:

Roslyn Cummings

Mana Lomi Practitioner

A ho‘oilina & hoa‘āina under Hawaiian Kingdom Law – all rights reserved without prejudice,
without recourse

HB-1194-HD-2

Submitted on: 3/13/2025 12:10:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------|--------------|--------------------|-----------|
| Kaioluhia Miguel-Hamakua | Individual | Oppose | In Person |

Comments:

As the father to a child assisted during by birth to Midwives. I believe and support wholeheartedly in our midwives and the support they provide for us. It afforded my wife the opportunity to decide what is best for her, as opposed to someone who is not involved to deep ise as what us besting

HB-1194-HD-2

Submitted on: 3/13/2025 7:43:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|-----------|
| Karese Miguel-Hamakua | Individual | Oppose | In Person |

Comments:

I strongly oppose HB1194. As someone who has experienced homebirth with a midwife, I want to highlight why this issue is so important to me. I have much to say but will keep it brief.

When I found out I was pregnant, I immediately began researching midwives on the island—learning about their training, experience, and philosophies—to ensure I made the best decision for my care. At the same time, I planned to continue seeing my OBGYN throughout my pregnancy.

My midwife appointments were far more thorough than those with my OBGYN. While my doctor was caring, her packed schedule meant brief, 15-minute visits covering only the basics. In contrast, my midwife took a hands-on, holistic approach, with hour-long appointments that included detailed physical exams, fetal monitoring, and guidance on diet, supplements, and mental well-being. She ensured my husband and I were prepared for birth and parenthood while supporting our marriage. Most importantly, she was always just a phone call away.

We also discussed emergency preparedness and hospital transfers, with my midwife reassuring me that I could change my birth plan anytime and that she would fully support a transfer if medically necessary. As a paramedic, I know firsthand the value of having my midwife accompany me to the hospital—she is the expert in field setting, and paramedics lack the ability to monitor an unborn baby as midwives do. If HB1194 passes, this seamless continuity of care and support—from midwife to ambulance to hospital—would be seriously jeopardized since many midwives may be fearful of prosecution.

Midwives do more than provide care—they build essential networks. Mine connected me with my OBGYN, birth classes, a massage therapist, an acupuncturist, a pediatric oral surgeon, lactation specialists, my son’s pediatrician, a birth photographer, and more. Midwifery fosters lifelong relationships rooted in trust and community. HB1194 would unjustly criminalize birth workers and disrupt these vital networks, pushing homebirth underground and making safe care harder to access.

1. **Preserving the Right to Choose:** Every woman has the fundamental right to decide who attends her birth, free from the threat of criminalization. Coercion and manipulation violate medical ethics and undermine bodily autonomy.
2. **Protecting Cultural and Spiritual Practices:** Indigenous and cultural birth traditions must be honored, safeguarded, and practiced without outside interference or restriction

3. **Ensuring Licensure Equity:** A locally accessible path to clinical licensure is essential. Supporting the Portfolio Evaluation Process (PEP) for Certified Professional Midwives (CPMs) provides a practical and effective solution. Apprenticeship-based learning has preserved knowledge for millennia—modern doctors themselves were trained by midwives within the last century.
4. **Recognizing Full Scope of Practice:** Certified Midwives (CMs) and CPMs must be empowered to practice to the full extent of their training and expertise. To provide optimal care, midwives must have the ability to use all available tools and knowledge to support their clients.
5. **Maintaining Community Ownership of the Term “Midwife”:** The title “midwife” belongs to the community, especially in cultural and traditional contexts. It should not be exclusively regulated or restricted by licensing agencies. For thousands of years, across nearly all languages, the term “midwife” has represented those who guide and support birth.

If you truly support women’s choice and bodily autonomy, vote NO on HB1194. A “yes” vote signals the disregard of the needs of mothers and pregnant women and causes coercion and manipulation that should never be present in medical choices.

HB-1194-HD-2

Submitted on: 3/12/2025 5:23:43 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Sara Kahele | Individual | Oppose | In Person |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,
sara kahele

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai'i

Aloha Honorable Senators San Buenaventura & Keohokalole,

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I have had 3 births, all of which have been in the comfort of my own home w/ no licensed professional. That was my choice and how I felt safest to birth. It is completely unethical and unrealistic for any person or government to have any opinion or say in a woman's decision about how or what she chooses to do with her body, her pregnancy, or her birth. It is NO ONES BUSINESS BUT HERS.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. **Erodes Native Hawaiian Cultural and Customary Birthing Practices**
 - This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.
2. **Limits Birthing Options and Accessibility**
 - By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.
3. **Criminalizes Families and Birth Attendants**
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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Kelly Stern

HB-1194-HD-2

Submitted on: 3/13/2025 9:55:45 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------|--------------|--------------------|-----------|
| Pua O Eleili Kelsi Pinto | Individual | Oppose | In Person |

Comments:

HB 1194 Relating to Midwifery**Opposition to HB 1194**

The recurring statement in this bill—"The legislature affirms that the practice of midwifery under this Act does not include Native Hawaiian traditional and customary practices"—is deeply problematic. While it is often framed as a protection for Native Hawaiian practitioners, it actually delegitimizes our practices by implying that they are something other than midwifery. The reality is that Native Hawaiian traditions encompass a form of midwifery that has sustained our people for generations.

Furthermore, the assertion that "practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" overlooks the fact that restrictive regulations and licensing requirements often create real barriers for cultural practitioners. Instead of attempting to exclude Native Hawaiian midwifery from the definition of midwifery altogether, the bill should be clear in its intent: to regulate clinical midwifery while respecting and upholding the legitimacy of Native Hawaiian midwifery as its own valid and continuous practice.

A more appropriate and accurate approach would be to specify that this legislation pertains to midwifery within a clinical framework, rather than attempting to define Native Hawaiian practices out of existence.

The recurring statement that Native Hawaiian traditional and customary practices do not include midwifery is deeply problematic. Any language that delegitimizes Native Hawaiian midwifery must be removed to ensure that our cultural practices are recognized and respected.

HB-1194-HD-2

Submitted on: 3/12/2025 3:30:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Kelsey Amos | Individual | Oppose | Remotely Via Zoom |

Comments:

I oppose HB1194.

This bill does the minimum to comply with existing law to protect Native Hawaiian healing practices while **remaining deaf to the actual situation that Hawaiian birth practitioners are in and ignoring the work done by community** to produce HB1328, the alternative to this bill, which listened to and incorporated the needs of a range of birth practitioners and the homebirth community.

For example the Hawaiian midwife practitioners have insisted that they work with other ethnicities' cultural birth practices as they recover Hawaiian practices, so those should be protected too. But this bill does nothing to protect other ethnic and religious birth practices.

Also, this bill does not allow those who take the PEP (apprenticeship) pathway to NARM certification to qualify for licensure in this state. So many local birth practitioners and aspiring midwives have requested the PEP pathway, and this bill still does not incorporate it.

I am also concerned that the spirit of this bill is paternalistic and seems to be aimed at limiting home births. The unspoken assumption behind it seems to be that homebirths are dangerous and as a result the state should regulate homebirth midwives.

But this is a faulty premise. Both homebirths and hospital births entail different risks, and it is up to each birthing person and their healthcare team to decide their best birth plan.

For example if you have suffered from medical or sexual abuse in the past, you may be very uncomfortable or even fearful in a hospital setting, making a homebirth the right choice for you.

You might think that “feelings” and “comfort” are not as important as the technical capacity of a hospital setting. But what midwives know and what science is just beginning to understand (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7386571/>) about birth is that **the birthing person's emotions and state of mind can vastly affect how labor progresses**. It is similar to sexual intimacy or even to using the bathroom—elements like safety, privacy, lack of distraction/interruption and trusting relationships are critical to success.

Since feelings are subjective it follows that there should be a range of birthing options for the full range of human subjects that give birth, so that as many people as possible can find the birth context that fits with what will make them feel the most loved, supported and safe.

The intent of this bill may be to ensure safety, but the effect will be to frighten and stigmatize the existing homebirth community in Hawai‘i, thereby limiting birthing people’s choices so that safe homebirth is even more out of reach for those who need it.

And many of us do need this option because the model of care in most hospitals is creating disempowering or even traumatic experiences for so many. Almost every woman I know in my age cohort who has given birth at a hospital has endured some kind of birth trauma.

Often women decline to go into detail about their bad experiences because they feel they should just be thankful their baby is alive, or they carry shame and believe that their inability to birth or breastfeed how they wanted to is their own fault, or they are moved by the kindness shown to them by hospital staff during an otherwise terrible experience.

But beneath this silence are a range of systemic problems, and a key indicator of that is that the US has a terrible maternal mortality rate compared to other developed nations. A key difference that may be driving this disparity is that in other developed nations with better maternal mortality rates there are tons of midwives—which is just what this bill will effectually limit rather than expand!

It would *maybe* be different if this bill included a plan for supporting the expansion of the local pool of midwives, ensuring representation of Native Hawaiians and Hawai‘i’s ethnic groups in that pool, funding culturally-informed and trauma-informed midwifery education here in Hawai‘i, and addressing the lack of access to healthcare services in rural areas. But there is no such plan and my guess is there never will be, at least not coming from those behind this bill.

Thank you,

Kelsey

HB-1194-HD-2

Submitted on: 3/11/2025 8:12:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|----------------------|
| karin omahony | Individual | Oppose | Remotely Via Zoom |

Comments:

This bill is bad for women, bad for families, and bad for Hawaii. Kill this bill.

Thank you

HB-1194-HD-2

Submitted on: 3/12/2025 5:37:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Brett Kulbis | Individual | Oppose | Remotely Via Zoom |

Comments:

Chair San Buenaventura and Committee Members,**My name is Brett Kulbis, I'm a 26yr Navy Veteran and I live in Ewa Beach.****I STRONGLY OPPOSE HB-1194.****While everyone recognizes the importance of ensuring safe maternal care, this bill raises significant concerns about access, equality, and cultural preservation.****HB-1194 removes pathways for licensure that have been in place since 2019, effectively limiting the ability of qualified midwives to practice. This disproportionately impacts rural and underserved communities where midwives are often the only accessible maternal care providers.****The bill's education and licensure requirements are unattainable for many practicing midwives in Hawai'i due to the lack of local programs that meet these standards. This forces midwives to seek costly and inaccessible training outside the state, further reducing the pool of available providers.****HB-1194 explicitly excludes Native Hawaiian traditional birthing practices from its definition of midwifery, and fails to provide clear statutory protections for these practices. This omission will criminalize cultural practitioners who provide vital care to their communities.****The bill violate Article XII, Section 7 of the Hawai'i Constitution, which protects Native Hawaiian rights and practices, by imposing restrictions that undermine traditional birthing methods.****The bill only favors westernized medical models over apprenticeship-based or traditional pathways that have been safely practiced in Hawai'i for generations. This erasure of culturally informed care disregards the needs and preferences of many families who rely on these methods.**

By limiting licensure options, HB-1194 discriminates against those who cannot afford or access formalized western education programs, disproportionately affecting Native Hawaiian and other marginalized communities.

The bill also undermines reproductive freedom by restricting pregnant individuals' ability to choose their preferred care provider. This is a step backward in ensuring bodily autonomy and equal access to maternal healthcare.

HB-1194 as currently written fails to address these critical issues and risks worsening maternal health disparities in Hawai'i.

Respectfully, I STRONGLY encourage you to vote NO on HB-1194.

HB-1194-HD-2

Submitted on: 3/11/2025 10:23:42 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| jan ferguson | Individual | Support | Remotely Via Zoom |

Comments:

Senator Joy San Buenaventura and committee members,

I support HB1194 HD2 without amendments.

This bill provides appropriate requirements and guidelines for the regulation of the profession of midwifery.

While those opposing this bill continue to say it takes away reproductive freedom, I disagree. It leaves open the right for birthing families to give birth where and with whom they want. It does not “criminalize” anyone supporting pregnant women or being present at birth and postpartum.

What it does do is regulate professional midwives. It provides for the public reassurance that those who are providing midwifery care are accredited and accountable.

Also, importantly, it recognizes the protection of Hawaiian Cultural Practices under the state constitution.

It’s vital for Hawaii to continue to have Midwifery Licensure. The State Auditor's Sunset Analysis Report found that midwives should continue to be regulated under full licensure. Full licensure means no exceptions for undefined, unaccredited and ultimately unaccountable care providers who call themselves midwives. It’s confusing for the consumer. I know for a fact that grievous harm has resulted because this lack of distinction. It does not make sense for the state to have a midwifery regulatory statute with an exemption for non accredited care providers. It’s a huge loophole that allows anyone to pose as a trained midwife, potentially endangering birthing families and newborns.

Jan Ferguson CPM LM

HB-1194-HD-2

Submitted on: 3/12/2025 8:19:52 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|----------------------|
| Julia Capen | Individual | Oppose | Remotely Via Zoom |

Comments:

I oppose this Bill as it limits healthcare access for a lot of women on this island, especially down in Puna where I live. Having the choice to see a midwife whom I shared a connection with and was able to birth my child in the comfort of my own home is a CHOICE I wish all women could make.

If one person doesn't think this choice is a good fit, then they can choose another option. I truly don't understand limiting people's rights to do what they want with their bodies.

HB-1194-HD-2

Submitted on: 3/12/2025 8:41:01 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|-------------------|
| Melissa W. Chong | Individual | Support | Remotely Via Zoom |

Comments:

I am a homebirth mother and Licensed Midwife. I support HB1194 HD2 as is with no amendments. This bill has been sent over from the House as a clean bill. It is important that we require accredited education so that LMs in Hawaii are required to have proven knowledge AND competency. With both of these elements aligned licensed midwives can safely provide full scope care. The definition used in this bill will not capture any other birth attendants such as NH healers and will still create consumer protections through title protection. Small language changes can cause large problems and I urge you not to make additions to this bill. I strongly SUPPORT HB1194 HD2. Please vote YES.

Melissa Chong

HB-1194-HD-2

Submitted on: 3/12/2025 9:27:52 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Uala | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha,

My name is Uala Lenta. I was born and raised in Hoókena , Big island of Hawaií. I am the only Licenced Midwife in the state that was born and raised in the islands. I am currently working as a homebirth midwife (but not limited to) in the districts of Kaú, Kona and sometimes Puna. I see the needs of my community and support the choice mothers make when they want to birth at home with a licensed midwife and close family members. I feel HB 1194 should support reproductive rights by allowing women to choose who they want at their birth. I also see the difficulty for local women to become midwives due to the lack of any midwifery school in the state. The PEP pathway to midwifery licensure needs to be added! Please do consider the amendments to HB 1194. The work I do with the woman in my community in birth is very sacred, very important and life changing for them. Midwives alliance of Hawaii does not speak for me. I speak for myself and my community here on Big Island of Hawaii. Please, please, please do consider the amendments to HB1194.

Mahalo nui loa,

Uala Lenta, LM

HB-1194-HD-2

Submitted on: 3/12/2025 9:39:29 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------------|--------------|--------------------|-------------------|
| Caroline Marongiu-Flowers | Individual | Oppose | Remotely Via Zoom |

Comments:

As a mother of two, I am deeply concerned about HB 1194, which threatens to limit a woman's right to choose homebirth and makes it more difficult for midwives to practice. I believe this bill undermines women's autonomy over their own bodies and births, and I urge lawmakers to consider the consequences before making a decision that will affect so many women and families.

My first child was born naturally in a hospital, but my second birth was a homebirth, and I will forever be grateful for the experience. My midwife, Tara, is a compassionate and highly skilled professional who provided me with exceptional care. She is kind, loving, and patient—qualities that made me feel safe and confident in my decision to birth at home. She took the time to explain everything, even showing my older son how to listen to the baby's heartbeat, making him an active participant in the experience. Tara's prenatal visits were always uplifting, filled with warmth and excitement.

When the time came for my homebirth, Tara arrived swiftly and made me feel empowered throughout the process. She allowed me to be in control, guiding me without taking over. I gave birth surrounded by my husband and son, and Tara responded with calm expertise when my baby needed extra attention. She never panicked, keeping us all at ease, and afterward, she took the time to check on both me and my baby. Her postnatal visits were invaluable, and I wish they could have lasted longer. Tara truly cares about women, birth, and postpartum well-being, and she will forever be a part of my family's story.

This bill—HB 1194—is an attack on women's rights. The ability to choose homebirth is deeply personal, and for many, it is the best option. For those who have young children or lack family support nearby, giving birth at home provides a less stressful, more comfortable experience. It allows us to be surrounded by loved ones, in a place we cherish, rather than a sterile hospital environment that can be overwhelming.

Midwives like Tara are essential. They offer individualized, compassionate care that is often more personal and thorough than what is found in a hospital setting. I have encountered more knowledgeable midwives than many of the OB-GYNs I met throughout my pregnancies. To restrict midwives' ability to practice or limit women's right to choose homebirth would be disrespectful and harmful.

Women deserve the right to give birth in the way that is best for them. For me, homebirth was the right choice, and it allowed me to recover better and avoid the postpartum depression I experienced after my first hospital birth. For many women, hospitals are filled with unnecessary stress, unkind staff, and a lack of respect for their autonomy. Some nurses can be insensitive, and the hospital environment itself can be isolating, especially when we're separated from our children during a vulnerable time.

Please, do not take away this important right. Women face so much already before, during, and after pregnancy. We should be empowered, not restricted. Our society should value and respect our rights to make choices that align with our own desires and beliefs.

Think about your own mother, daughter, or loved ones. Think about the women in your life who may want the option to birth in the way they choose. Do not take away their ability to choose homebirth with the midwife they trust.

I urge you to vote against HB 1194.

HB-1194-HD-2

Submitted on: 3/12/2025 11:42:10 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Bianca Isaki | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha Senators,

Please oppose HB1194. Proponents of this bill have been WEAPONIZING TRAUMA with UNBALANCED HORROR STORIES (seriously, they use the same partial story from long ago in so many unbalanced versions that it sounds like many stories, without telling the part where this bill would have made that situation and pretty much all others WORSE) and other SUPER DIRTY tricks, mostly having to do with POWER abuse. This is so unfair to those who are STILL experiencing trauma — overwhelmingly, in hospitals, btw.

We want REAL HEALING and RESPECTFUL RELATIONSHIPS with the medical community, and we know this is possible because we have seen this work at the fire relief hubs in Lahaina! For this to happen in the rest of Hawai‘i we need them to STOP TRYING TO EXTERMINATE TRADITIONAL PRACTICES.

Yours,

Bianca Isaki

HB-1194-HD-2

Submitted on: 3/12/2025 12:32:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|-------------------|
| Ronnie Texeira | Individual | Support | Remotely Via Zoom |

Comments:

Dear Chairperson and Members of the Committee,

My name is Ronnie Texeira and I am a OB/GYN practicing in Kaneohe. **I strongly support HB1194**, as it ensures that midwives practicing in Hawaii meet rigorous **educational and training standards** to provide **safe and competent** maternity care.

1. does not prevent homebirths it just allows midwives that are adequately trained to obtain a license. A women can still be delivered by a non-licenses midwife but at least this way the mother can clearly see what type of training a licensed midwife has vs one that does not.

1194 also protects Native Hawaiian practices allowing Pale Keiki to continue practicing.

By requiring midwives to complete an **accredited education program** HB1194 upholds the **gold standard** of midwifery training. We are dealing with diseases that our former practitioners and midwives did not encounter. These include diabetes, HTN, obesity, Invitro pregnancy, advancing maternal age, multiple gestations, and many cardiac conditions that all come with potential complications during pregnancy and especially at delivery. This is why we are seeing increased infant and maternal mortality. We must not allow substandard training models that **bypass accreditation and oversight**, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts **both mothers and babies at risk**.

1. after delivering well over 1600 babies I still need to keep up on my training, certification and licensing. You need to always be doing and learning more and this is the standard of care that the women of Hawaii disserve. I also look forward to working with licenses midwives through HB 1194 to help to provide care to the mothers in Hawaii and help facilitate safe transfers to the hospital. There are many good midwives and may good outcomes but how many more bad outcomes will be need to see before we see a changes. Many of bad outcomes are not recorded because once a baby or mother comes into the hospital it is then recorded as a hospital death or complication even though the complication was already happening. I urge all of you to please not lower the bar and keep the standards high for the women of Hawaii and support HB 1194.

Thank you for your time and consideration.

Sincerely,
Ronnie Texeira, MD

HB-1194-HD-2

Submitted on: 3/12/2025 11:00:43 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Ghia Borges | Individual | Oppose | In Person |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Ghia Borges and I'm a resident of Hau'ula in the Ko'olauloa district.

I am testifying in strong opposition to HB1194.

I am a mother of 2. And I have had safe and beautiful home births for both of my babies under the care of skilled, wise, and qualified midwives, including a traditional midwife.

When I was pregnant with my firstborn, I received dual prenatal care, I saw an OB-GYN and my midwife simultaneously.

The care I received from both practitioners were a world of a difference, and I experienced first hand why so many mothers and families choose a home birth over a hospital birth, and choose midwives and cultural birthing practices over OB-GYNs and the western medical model.

Birth is natural. Birth is a ceremony. It's spiritual. The decisions we make about birth are deeply personal. The right to make an informed decision for myself is the very definition of reproductive autonomy. Birthing rights are human rights.

It shouldn't be up to the state, to the laws, to medical institutions or one-sided interest groups to force an agenda and violate my right to make my own decisions about my body and my birth.

This bill does not protect our reproductive freedom and it also fails to expand access to midwifery licensure which is critical care that our mothers and families want and need. And not having access to these choices during pregnancy and birth is dangerous and extremely harmful.

This law criminalizes families, native Hawaiian practitioners, cultural practitioners, traditional midwives and spiritual midwives who have dedicated their lives to serve Hawai'i's birthing families with their expertise, care and passion.

Reproductive choice, the right to choose who attends my birth, women's births, needs be safeguarded and upheld by the law. This law would take that right away and limit the prenatal and birth care of Hawai'i's communities.

Please, defer HB1194 **unless** the following crucial amendments are made:

1. Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
2. Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
3. Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote NO on HB1194 unless amendments are added to protect reproductive autonomy and privacy rights, while also expanding access to midwifery care in our communities.

Mahalo for your time and consideration,

Ghia Borges

HB-1194-HD-2

Submitted on: 3/11/2025 10:17:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Karrieanne Warren | Individual | Comments | Written Testimony Only |

Comments:

I am amazingly thankful that my Midwife helped me bring my son into this world. We have a special relationship that has gone far beyond just midwife and client. I also had an OBGYN, and the care I received from my midwife was beyond comparison. She was more attentive, had time for my questions, and didn't advise me to "just go to the E.R."

I have known this midwife since she started practicing on the Big Island. She takes as many clients as she can, often turning people away because she doesn't have enough time. More women on the Big Island have been seeking a midwife as we have no birth centers on the east side of the island. Many of us do not want to give birth in a hospital, especially in the COVID era. Please do not make it harder for women to find quality care.

She is a PEP trained midwife, and wouldn't be able to continue her care the way she does now. I think the bill should be amended, here is what I think would be most beneficial to our community on the Big Island:

Allow PEP trained midwives to become licensed

Protect reproductive rights by making sure all cultural and religious practitioners are legal/ not criminalized

Hold CPM and CM to their respective professional organizations and credentialing body's standards

*As a side note, that the Midwives Alliance of Hawaii does not speak for us (midwives, community members, home or hospital birthing families) as they have not supported these amendments to the bill.

HB-1194-HD-2

Submitted on: 3/11/2025 2:26:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Terri Yoshinaga | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bad bill.

HB-1194-HD-2

Submitted on: 3/11/2025 1:02:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Roxanne Earwood | Individual | Oppose | Written Testimony Only |

Comments:

The government of Hawaii wants to control so many aspects of healthcare. Let women decide for themselves what kind of assistance they want during pregnancy and delivery. The government is the first to declare, "My body, my choice!" when it comes to abortion, but puts its hands all over other medical decisions. It's hypocritical. These decisions are between families and their healthcare providers and caregivers.

HB-1194-HD-2

Submitted on: 3/11/2025 3:37:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Mary Kawasaki | Individual | Oppose | Written Testimony Only |

Comments:

A midwife shall not have prescriptive authority. Only Advanced Practice Registered Nurses
Certified as Nurse Midwives shall have prescriptive authority.

HB-1194-HD-2

Submitted on: 3/11/2025 6:19:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Kimberly Pecana | Individual | Oppose | Written Testimony Only |

Comments:

Women have the right to choose who they want to help them birth our future generations.
Women have rights and birth workers should too! Women should not be forced to abide by
government decisions on how, who and where they shall give birth.

HB-1194-HD-2

Submitted on: 3/11/2025 6:53:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Avery Olson | Individual | Support | Written Testimony Only |

Comments:

Dear Members of the Committee,

I am Dr. Avery Olson, an obstetrician-gynecologist who has dedicated my career to **improving maternal and newborn health outcomes**. I strongly support **HB1194** because it ensures that every midwife licensed in Hawai‘i has completed high-quality, accredited training that prepares them to provide safe, evidence-based care.

Every family deserves to have a birth attendant who is thoroughly trained and clinically competent. Unfortunately, **there are pathways in Hawaii that allow midwives to bypass formal, standardized education**, creating a two-tiered system where some midwives meet national standards and others do not. This disparity is **unacceptable** and disproportionately affects families seeking home birth options. **Often times, patients I see in the hospital did not know their provider was unlicensed and without appropriate training. I see the poor outcomes for some families that result in the death of their newborn.**

HB1194 protects families by ensuring that midwives are fully prepared to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide equitable, high-quality care to all birthing individuals.

For the health and safety of Hawai‘i’s families, I urge you to **vote in favor of HB1194**.

Thank you for your time and commitment to maternal health.

Sincerely,

Dr. Avery Olson, OBGYN Resident Physician

HB-1194-HD-2

Submitted on: 3/11/2025 6:53:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Banner Fanene | Individual | Oppose | Written Testimony Only |

Comments:

Insulting. Please do not pass.

Mahalo

HB-1194-HD-2

Submitted on: 3/11/2025 7:03:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Dayna Matsumura | Individual | Oppose | Written Testimony Only |

Comments:

Oppose.

let the pregnat woman decide for herself.

HB-1194-HD-2

Submitted on: 3/11/2025 7:09:03 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Louella Vidinha | Individual | Oppose | Written Testimony Only |

Comments:

In opposition to this bill. Let this industry remain the way it is. Midwifery is a treasured lifestyle for mostly indigenous families as well as cultural. Western medicine is regulated heavily. Traditional medicine has always remained unregulated, enter at your own risk as with almost everything else. My mother in law died, while putting her trust in western medicine at Pali Momi Hospital in Dec 2012. A common surgical procedure the Dr's said. The outcome wasn't, she died unexpectedly. Highly regulated, there's still the risk of death. Leave it up to the patient as far as what they would decide.

Louella Vidinha

Hawaii resident

HB-1194-HD-2

Submitted on: 3/11/2025 7:09:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Susan Dedely | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

HB-1194-HD-2

Submitted on: 3/11/2025 7:10:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Mallory De Dely | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

HB-1194-HD-2

Submitted on: 3/11/2025 7:10:40 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| kamakani de dely | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

HB-1194-HD-2

Submitted on: 3/11/2025 7:11:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Diane Hiebert | Individual | Oppose | Written Testimony Only |

Comments:

I am opposing this bill because it is my body and I can decide how I want to have my baby!!!
This bill is wrong and targeting women to conform to the medical system against our will. KILL
THE BILL!

HB-1194-HD-2

Submitted on: 3/11/2025 7:17:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------------|--------------|--------------------|------------------------|
| Christiana Behnke-Simmons | Individual | Oppose | Written Testimony Only |

Comments:

Aloha and to whom this may concern,

I oppose HB1194 and strongly believe in the freedom of choice on how to give birth to a child. Nobody should have the right to dictate how a woman should be treated during pregnancy and birth. The risk of medicated births are higher than naturally guided and supported birth and provide a more peaceful and safer environment for mother and child.

I hope this testimony supports the chances of keeping our freedom of choice as women here in the state of Hawai'i.

Mahalo for your time.

Sincerely,

Christiana Behnke-Simmons

HB-1194-HD-2

Submitted on: 3/11/2025 7:24:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Tori Saludez | Individual | Oppose | Written Testimony Only |

Comments:

As a woman, born and raised in Hawaii. I want the right to choose my birth workers. I strongly oppose HB 1194

HB-1194-HD-2

Submitted on: 3/11/2025 7:28:54 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Katherine Guzman | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. Pregnant women need the right to choose how they want to birth.

HB-1194-HD-2

Submitted on: 3/11/2025 7:36:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| N'Zinza Washington | Individual | Oppose | Written Testimony Only |

Comments:

We deserve the right the choose WHO and WHERE and HOW we birth the next generation. My body. My choice.

HB-1194-HD-2

Submitted on: 3/11/2025 7:38:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| Jessie L Gonsalves | Individual | Oppose | Written Testimony Only |

Comments:

We deserve the right to choose WHO and WHERE and HOW we birth the next generation.

HB-1194-HD-2

Submitted on: 3/11/2025 7:49:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Beverley Buckley | Individual | Oppose | Written Testimony Only |

Comments:

Bill HB1194 HARMS Hawaii's pregnant women by removing their birth choices and their constitutional rights.

Forcing birthing mothers to work with care providers they don't know or trust.

This is state sanctioned rape.

Criminalizes grandma's, aunties or friends who want to help birthing mothers.

Criminalizes traditional and religious birth workers.

Major financial hardships because training midwives must leave their families to train in mainland western schools.

I am a woman of birthing and mothering age and I have the choice of how I want to birth my baby. It is not up to the state to dictate how I take care of myself or my offspring.

HB-1194-HD-2

Submitted on: 3/11/2025 7:57:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Rosanna | Individual | Oppose | Written Testimony Only |

Comments:

Birthg women should have the right to choose their preferred method of birth with midwives/doulas for religious and personal reasons. Method and delivery of birth is a woman's human right that should not be dictated.

HB-1194-HD-2

Submitted on: 3/11/2025 8:07:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Jolie Stewart | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB 1194. It has many problems with it, including the fact that it will cause birthing mothers to be forced to work with care providers they don't trust or want. This is State sanctioned rape. HB1194 criminalizes grandmothers, aunties, siblings, or friends who birthing moms want to be there to help them during thier birthing process. It criminalizes traditional and religious birth workers. It causes a major financial hardship for training midwives who must leave Hawaii and their families to train in mainland western schools. These problems must be amended or the bill should be killed. Please listen to the voice of the women and families who you represent. Stop HB1194.

HB-1194-HD-2

Submitted on: 3/11/2025 8:09:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Tania Luna-deAlva | Individual | Oppose | Written Testimony Only |

Comments:

Most midwives would be eliminated due to this bill and my birth experience would have been hurt without them. They support one of the few natural, community based support systems for mothers that is not institutionalized. Bringing humans in this world should never be institutionalized or restricted by the government.

HB-1194-HD-2

Submitted on: 3/11/2025 8:12:33 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Leane Kaneko | Individual | Oppose | Written Testimony Only |

Comments:

I STRONGLY OPPOSE

HB-1194-HD-2

Submitted on: 3/11/2025 8:13:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Alan Kaneko | Individual | Oppose | Written Testimony Only |

Comments:

I STRONGLY OPPOSE

HB-1194-HD-2

Submitted on: 3/11/2025 8:14:12 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Joelle Seashell | Individual | Oppose | Written Testimony Only |

Comments:

This disgusting bill is a violation of our constitutional freedoms. It's a direct attack on the religious freedom we have granted to us by God. It is our sovereign right to choose what we do as WOMEN with our OWN bodies. Government has NO RIGHT to dictate to a women what birth plan she chooses for her body and her family. You folks are down right diabolical. Kill this bill immediately and never resurrect it in any form. Get out of our business and our lives. Report back to your masters that you will be doing the right thing and listening to the will of the people you represent and not their money backed bidding.

HB-1194-HD-2

Submitted on: 3/11/2025 8:16:57 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Abigail Hamman | Individual | Oppose | Written Testimony Only |

Comments:

It is probably best that the state of Hawaii doesn't get involved in regulating healthcare as we saw the unhealthy regulations that the Hawaii government imposed upon the people over the last few years. Namely, they pushed people to isolate themselves, take in bacteria from face masks (which didn't stop the spread of Covid-19), inject themselves with a bioweapon called a vaccine, and so much more...Why can't women choose who they want to have help them birth their babies? It has worked just fine so far, especially with all the resources around. It seems with the amount of medical knowledge out there in the hands of the citizenry, that the people are much better at helping one another than the medical industrial complex which is tied to the government which is on mission to make money and murder people.

HB-1194-HD-2

Submitted on: 3/11/2025 8:29:17 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Debbie Wyand | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB 1194.

THIS BILL FORCES BIRTHING MOMS to work with care providers they don't want or trust.

THIS BILL CRIMINALIZES Grandmas, aunties, or friends who want to help birthing moms

THIS BILL CRIMINALIZES

Traditional and Religious birth workers

THIS BILL CAUSES MAJOR FINANCIAL HARDSHIPS

Training midwives must leave Hawaii and their families to train in mainland western schools.

HB-1194-HD-2

Submitted on: 3/11/2025 8:30:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Seyna M | Individual | Oppose | Written Testimony Only |

Comments:

Women MUST have the right to choose how they birth, where they birth and who has access to them. This bill is abusive to mother's and jeopardizes them and their baby's safety by taking away their voice and autonomy. Indigenous birth practices must be honored and protected. It belongs to the culture and their practitioners and needs to remain in its place of origin with access to birth workers seeking to learn from. Western medicine is NOT the answer nor is it comprehensive. Requiring birth workers to be certified in this practice while criminalizing indigenous knowledge is disgusting. Western medicine has a history of abuse and removing birthing mothers freedom of choice is rape of autonomy. It is a new practice compared to indigenous knowledge and far inferior. Western medicine lacks aspects of what a healthy birth should address ex emotional, mental and spiritual well being in conjunction with the physical. Indigenous and cultural practices do not incorporate invasive and abusive practices and in my opinion, far safer than western.

There is strength is number and support thru indigenous practices where family is involved and support from other women in the family is welcomed and necessary for the success of each new birth. This bill isolates birthing mothers and subjects them to medical abuse which creates more problems for mothers and their babies.

There is much improvement to be made to this bill or better yet, kill it. I am in strong opposition to this bill. Do better. Protect and support our women and their choices. My body my choice MUST extend to this area of women's body autonomy as well. Thank you

HB-1194-HD-2

Submitted on: 3/11/2025 8:34:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Claire Kayser | Individual | Oppose | Written Testimony Only |

Comments:

My doula changed my entire birth experience. She helped guide my husband and I through the most intense day of my life. She taught my husband how to hold my hips to help the baby come out faster and with less pain. She helped remind my husband that my birth plan asked for no male providers in the room. She helped me to trust my own choices and birth plan. My labor was less than three hours thanks to her assistance and preparation. She helped me to be calm and understand that I was still in control even though I was in so much pain. My doula guided me away from having a traumatic birth experience, and gave me the support to feel empowered by my God given ability to bring life into this world.

HB-1194-HD-2

Submitted on: 3/11/2025 8:46:44 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Raelene Hinkel | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194!

This bill FORCES BIRTHING MOMS to work with care providers they don't want or trust. This is State Sanctioned Rape. It CRIMINALIZES Grandmas, aunties, or friends who want to help birthing moms! It CRIMINALIZES Traditional and Religious birth workers! This is a MAJOR FINANCIAL HARDSHIPS Training midwives must leave Hawaii and their families to train in mainland western schools.

HB-1194-HD-2

Submitted on: 3/11/2025 8:54:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Lorna Wong | Individual | Oppose | Written Testimony Only |

Comments:

“I oppose HB1194!

This bill FORCES BIRTHING MOMS to work with care providers they don't want or trust. This is another form of taking away our rights to choose. To chose the kind of care we want. This is State Sanctioned Rape. It CRIMINALIZES Grandmas, aunties, or friends who want to help birthing moms! It CRIMINALIZES Traditional and Religious birth workers! This is a MAJOR FINANCIAL HARDSHIPS Training midwives must leave Hawaii and their families to train in mainland western schools.”

HB-1194-HD-2

Submitted on: 3/11/2025 8:58:20 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Darcie Nakaoka | Individual | Oppose | Written Testimony Only |

Comments:

This is an infringement upon a mother's rights and parental rights. This is their choice, and the government would be putting their unwanted controls on families and the people they want to work with during pregnancy, birth, and afterwards. I oppose this bill.

HB-1194-HD-2

Submitted on: 3/11/2025 9:15:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--------------|--------------------|---------------------------|
| Shavanna-Britney Santiago | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194.

State representatives have no say in personal medical decisions. These rights are protected by the Constitution. Introducing this type of bill further proves the fact that politicians are overstepping into the medical sector, forcing women into medical interventions that come with pregnancy and childbirth. I understand that now days common sense is not common. So I'll simply put it as such, if you are an expecting mother or have a pregnant wife, would you allow strangers to make medical decisions for you? No? Perfect, we're on the same page.

No, is a clear statement. Especially when it comes to prenatal and child birth, it is solely up to the individual. Not the state representatives.

Kill HB1194. It has no place here.

HB-1194-HD-2

Submitted on: 3/11/2025 9:16:59 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Justin Heppner | Individual | Oppose | Written Testimony Only |

Comments:

Not quite sure when the state government decided they can infringe on such personal matters. The last few medical related bills that this state has been trying to pass shows this state government has some control issues; they literally want to take away some some choices that they really have no business getting involved with. Really hope to see this, state government, focus on the actual people they are responsible for, with love and humility. Instead of infringing on our freedoms.

HB-1194-HD-2

Submitted on: 3/11/2025 9:25:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Noel Aipa | Individual | Oppose | Written Testimony Only |

Comments:

This Bill harms me, as a pregnant wahine, of my birth choices, as well as all other women moving forward.

This goes against my culture, beliefs and rights to have a beautiful birth journey with who I choose.

HB-1194-HD-2

Submitted on: 3/11/2025 9:39:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| michelle andrews | Individual | Oppose | Written Testimony Only |

Comments:

Aloha my name is Michelle andrews and I oppose HB1194

This bill threatens birth rights, bodily autonomy, and access to traditional midwifery care.

For Families- HB1194 Limits choice in childbirth and forces families into medicalized settings that may not align with their cultural, personal, or medical needs.

For Midwives- it criminalizes or restricts their practice, despite their history of providing safe, evidence-based care.

This bill disproportionately affects rural, Indigenous, or underserved communities who rely on midwives.

Midwifery improves outcomes and reduces medical interventions.

A call to action to reject this bill. I suggest supporting licensure for midwives rather than restricting them. Please protect birth choices and respect traditional knowledge.

HB-1194-HD-2

Submitted on: 3/11/2025 9:41:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sara Harris | Individual | Support | Written Testimony Only |

Comments:

Dear Chair San Buenaventura, Vice Chair Aquino and members of the Senate Committee on Health and Human Services,

My name is Sara Harris and I am an obstetrician-gynecologist who has dedicated my career to improving maternal and newborn health outcomes. I strongly support HB1194 because it ensures that every midwife licensed in Hawaii has completed high-quality, accredited training that prepares them to provide safe, evidence-based care.

Every family deserves to have a birth attendant who is thoroughly trained and clinically competent. Unfortunately, the PEP pathway allows midwives to bypass formal, standardized education, creating a two-tiered system where some midwives meet national standards and others do not. This disparity is unacceptable and disproportionately affects families seeking home birth options.

HB1194 protects families by ensuring that midwives are fully prepared to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide equitable, high-quality care to all birthing individuals.

For the health and safety of Hawaii's families, I urge you to vote in favor of HB1194.

Thank you for your time and commitment to maternal health.

Sincerely,
Sara C Harris, MD FACOG

HB-1194-HD-2

Submitted on: 3/11/2025 10:05:06 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Kristl Woo | Individual | Oppose | Written Testimony Only |

Comments:

Aloha.

I am a registered voter and in opposition of HB1194. I do not agree with how HB1194 will take away options for women and how they want to birth and whom they want to birth with. A major factor in a beautiful and safe birth is for mothers to feel safe and relaxed so labor and the birth process can progress. Women shouldn't be told who they can birth with and how. Birth is a rite of passage for women and can be so empowering when they (mothers) are in charge of their birth.

Mahalo for your service and hearing my testimony.

Kristl Woo

HB-1194-HD-2

Submitted on: 3/11/2025 10:06:29 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Diana Kumar | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Committee Members,

My name is Diana Kumar, MD, and I am a board-certified obstetrician-gynecologist practicing in Hawaii. I am submitting this testimony in strong support of HB1194, which upholds proper licensure and educational requirements for midwives in Hawaii.

Well-trained midwives are valuable partners in maternity care, but ensuring consistent and accredited education is key to successful collaboration between midwives and physicians. HB1194 strengthens integration by ensuring all midwives have the necessary knowledge and skills to work safely within our healthcare system, improving communication, referrals, and emergency management.

Midwives should be trained through accredited programs—just as other healthcare professionals are. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

The PEP pathway lacks standardization and does not provide the level of clinical oversight necessary to ensure safe care. Allowing unregulated pathways weakens trust, jeopardizes patient safety, and creates unnecessary risks for mothers and babies. Every family deserves to have a birth attendant who is thoroughly trained and clinically competent

I respectfully urge you to pass HB1194 to support a safer, more collaborative maternity care system in Hawaii.

Thank you for your attention to this important matter.

Sincerely,
Diana Kumar, MD
OB/GYN and Mother

HB-1194-HD-2

Submitted on: 3/11/2025 10:08:24 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Mahealani Bernal | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194.

Mahealani Bernal

HB-1194-HD-2

Submitted on: 3/11/2025 10:38:18 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Makamae Naone | Individual | Oppose | Written Testimony Only |

Comments:

I HAVE BIRTHED BOTH MY CHILDREN IN MY OWN HOME WITH THE SUPERVISION OF A MIDWIFE AND I BELIEVE ALL WOMEN SHOULD HAVE THE RIGHT AND THE CHOICE TO DO THE SAME. ALL WOMEN SHOULD HAVE THE RIGHT TO MAKE DECISIONS ABOUT THEIR OWN BIRTH. I STRONGLY OPPOSE HB1194!

HB-1194-HD-2

Submitted on: 3/11/2025 10:43:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Dane Ford | Individual | Oppose | Written Testimony Only |

Comments:

Our wives and daughters must be able to choose who assists in the delivery of their child. The sanctity of the birthing process and its unequivocal impact on the relationship between mother and child shall not be infringed upon. These are the very first moments between mother and child and therefore are ordained as the beginning of arguably our most impactful relationship in early development.

HB-1194-HD-2

Submitted on: 3/11/2025 10:51:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| jamin hiebert | Individual | Oppose | Written Testimony Only |

Comments:

To my elected representatives,

I ask that you kill or amend HB1194. This bill takes away the freedom of native peoples to give birth in the way their culture, conscious, and/or faith dictates. It strips away the rights of parents. It criminalizes the wisdom of the past and those who carry it. The people of Hawaii have the right and responsibility to protect and care for their own children from conception to adulthood. The government has no place in telling a woman how she should give birth anymore than with whom she should procreate. This is how slaves are treated. This bill puts Hawaiian women in the class of slaves to the western way of thinking. Again I ask that you oppose, or at the very least amend this bill.

Sincerely,

Jamin Hiebert

HB-1194-HD-2

Submitted on: 3/11/2025 10:54:45 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Rachel Saul | Individual | Oppose | Written Testimony Only |

Comments:

This bill harms pregnant women by removing their birth choice. The government has no business regulating this.

HB-1194-HD-2

Submitted on: 3/11/2025 11:22:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Martin Wyand | Individual | Oppose | Written Testimony Only |

Comments:

VOTE NO!

I strongly oppose this SB 1294

this is a horrible infringement on the rights of women. Stop regulating natural births.

HB-1194-HD-2

Submitted on: 3/11/2025 11:50:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Sylvie Madison | Individual | Oppose | Written Testimony Only |

Comments:

Opposition to H.B. 1194, H.D. 2 – Government Overreach & Racially Discriminatory Midwifery Regulations

Protect birth choice.

End government overreach.

Defend equal protection for all.

H.B. 1194, H.D. 2 is a **dangerous expansion of government control *that strips* women of their right to choose** their own birth care provider. By imposing **strict licensing rules and bureaucratic oversight**, this bill **restricts access** to independent, traditional, and culturally diverse midwifery care—pushing families into a **state-controlled, one-size-fits-all system**.

Even worse, this bill **discriminates based on race**. It **exempts Native Hawaiian midwifery from regulation but denies equal protection to midwives of other ethnic backgrounds**.

A Native Hawaiian midwife can practice freely, while a non-Native midwife faces legal barriers.

This is **not equality**—this is **racial discrimination** written into law.

Every woman, regardless of race, should have the right to choose her midwife, and every midwife should be treated equally under the law.

Hawaii families deserve **freedom, not government mandates**.

Women should have the right to choose who assists them in one of the most personal moments of their lives—without **bureaucrats dictating their options based on race**.

Reject H.B. 1194, H.D. 2.

HB-1194-HD-2

Submitted on: 3/12/2025 2:20:17 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Candace Vizcarra | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose a bill that forces birthing mothers to work with care providers that they don't want or trust; criminalizes ohana who want to help and traditional and religious workers; as well causes financial hardship on those training midwives who must leave Hawaii and their ohana to train on the mainland!!!

Again, stop making bills that work against the people your are suppose to protect!

GOD KNOWS AND SEES ALL!!!

HB-1194-HD-2

Submitted on: 3/12/2025 4:02:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Julie Ybarra | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose the criminalization of those who provide birth options for Hawaii's women. I am a teacher in Hawaii and have taught hundreds of Hawaii's children and their families. I serve families who have chosen to birth safely at home. I have not once had a child or family who has suffered harm as a result of home birth.

All people, women, men and children benefit from having birth options. Home birth should be supported with services and resources. Trained midwives should be encouraged, respected and supported with their goals.

I gave birth at home and have attended several births, both at home and in the hospital setting. It is a woman's right to choose how she wants to give birth. She should have access to safe birth practices in the home. Home births have less complications and more success as vaginal birth. A healthy birth is more likely to affect healthy child development. The children that I serve who were born at home have less developmental delays, sensory issues, and dietary restrictions and allergies.

Thank you for your consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 4:39:19 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| melissa snyder | Individual | Oppose | Written Testimony Only |

Comments:

As a mother who has birthed 3 babies at home and due with my 4th, I deeply opppose this bill. This bill forces mothers to birth with practitioners they might not trust and without that trust in place, harm is more likely to occur. For millennia, women birthed with the women in their families and local, known & traditional midwives and taking this right away can be detrimental to all women and their families. SAY NO TO HB1194.

HB-1194-HD-2

Submitted on: 3/12/2025 6:29:42 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Noelle Lindenmann | Individual | Oppose | Written Testimony Only |

Comments:

Dear Legislators:

I write in **STRONG** opposition to HB1194 unless amendments are made to allow for additional pathways to licensure and exemptions to protect cultural and religious practices.

As it is now, this bill criminalizes family and friends who want to help birthing parents while also criminalizing traditional and religious birth workers. As someone who was born at home with many friends of my parents present, this is very important to me.

As an added burden, this also requires that midwives in training must leave the state to go to continental US schools.

Please vote NO on 1194 unless there are substantial amendments made.

Thank you,

Noelle Lindenmann, Kailua-Kona

HB-1194-HD-2

Submitted on: 3/12/2025 6:38:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| J. Kehau Lucas | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in **strong opposition** to HB 1194, which threatens **women’s autonomy, cultural traditions, and access to trusted birth support in Hawai‘i**. If passed, this bill will create unnecessary and harmful barriers for birthing families and the skilled birth workers who serve them.

HB 1194 must **be stopped or amended** to address these serious concerns:

- **Forces birthing mothers into unwanted care** – This bill would force women to work only with state-approved providers, even if they do not trust or feel safe with them. Birth should be a deeply personal choice, not a government-mandated experience.
- **Criminalizes traditional and community birth support** – Under this bill, grandmothers, aunties, and friends who have historically provided safe, loving, and culturally appropriate birth support could face legal consequences. This is an attack on our ‘ohana-based birth traditions.
- **Criminalizes traditional and religious birth workers** – Many midwives and cultural birth practitioners who have safely guided births for generations would be forced out of practice, erasing vital knowledge and harming families who depend on them.
- **Creates major financial hardships** – The bill demands that midwives seek expensive, Western-based certification, forcing them to leave Hawai‘i to train on the continent. This makes it nearly impossible for local practitioners to continue serving their communities.

At a time when maternal healthcare disparities persist—especially for Native Hawaiian families—our focus should be on **expanding access to culturally respectful, safe, and trusted birthing options**, not eliminating them.

I urge you to **oppose HB 1194** and protect the right of Hawai‘i’s mothers to choose the birth experience that is best for them.

Mahalo for your time and consideration.

Me ka ha‘aha‘a,

J. Kēhau Lucas

HB-1194-HD-2

Submitted on: 3/12/2025 6:41:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Belynda Cleveland | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. You all have to stop taking woman's rights to choose away from them. From me, from my daughter, my sisters, my aunties. When will this stop? Religious and culture choices should not be taken away. There have been studies proven that hospital births are traumatic for women. Aren't there other things you can make bills into that are way more important than discussing what women should do with their bodies?

HB-1194-HD-2

Submitted on: 3/12/2025 7:06:13 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Olivia Olivit | Individual | Oppose | Written Testimony Only |

Comments:

I highly oppose this bill.

HB-1194-HD-2

Submitted on: 3/12/2025 7:12:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|---------------------------|
| Angelica Rockquemore | Individual | Oppose | Written Testimony Only |

Comments:

This bill removes my rights to choose as a woman and mother and is detrimentally discriminatory toward cultural practitioners. STRONGLY OPPOSE

HB-1194-HD-2

Submitted on: 3/12/2025 7:50:26 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Kimberly Nagamine | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Committee Members,

I am a board-certified OB/GYN practicing on Oahu. I am submitting this testimony in strong support of **HB1194**, which upholds **proper licensure and educational requirements** for midwives in Hawaii. HB1194 strengthens integration by ensuring all midwives have the necessary knowledge and skills to work safely within our healthcare system, improving communication, referrals, and emergency management.

This bill protects maternal and neonatal health by upholding competency standards while acknowledging and holding space for patient-centered birth practices. It aligns with national standards and fosters safer birth outcomes. Our patients deserve to have qualified providers who can appropriately care for them during their pregnancy and childbirth.

Midwives should be trained through accredited programs—just as other healthcare professionals are. I respectfully urge you to pass HB1194 to support a safer, more collaborative maternity care system in Hawaii.

Thank you for your attention to this important matter.

Respectfully,

Kimberly Nagamine, MD

HB-1194-HD-2

Submitted on: 3/12/2025 8:17:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| kai sorte | Individual | Support | Written Testimony Only |

Comments:

We the citizens of Hawaii and the USA should be given the right to chose any option we feel is appropriate for our children and mothers and wives. Maybe times there are not enough practitioners and space for all the demand, especially in our overworked and often over crowded hospitals. Those that have just gone through labor are often only allowed to stay for a short time after birth or even worse often sent in for a c-section because the birth is not a quick as the hospitals demand based on other schedules or shift changes. When someone contract and uses a midwifery service the relation is valued and sacred till the end. This can be very valuable for both mother and baby. We need to have more then enough licensed midwives in our community and that should be supported. The amount of licensed practicing individuals are woeful inadequate as is now. We need more.

we need to:

allow PEP trained midwives to become licensed

protect reproductive rights by making sure all cultural and religious practitioners are legal/ not criminalized

Hold CPM and CM to their respective professional organizations and credentialing body's standards

and that the Midwives Alliance of Hawaii does not speak for us (midwives, community members, home or hospital birthing families) as they have not supported these amendments to these bills

sincerely

kai Sorte

HB-1194-HD-2

Submitted on: 3/12/2025 8:21:55 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kelsea Klein | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill!

HB-1194-HD-2

Submitted on: 3/12/2025 8:50:50 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Michelle Ma | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Michelle, and I am a resident of Nu'uuanu. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Michelle Ma

HB-1194-HD-2

Submitted on: 3/12/2025 8:55:41 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| M. Chong | Individual | Support | Written Testimony Only |

Comments:

We offer testimony in SUPPORT of HB1194 HD2 as is.

Zen Den Midwifery is a community based midwifery practice in Maui. ZDM supports the mandatory licensure of midwives and the requirement of accredited education. It best aligns with full scope opportunities ensuring safe accountable care. The requirement of data entry and peer review is integral to keeping a level of measure and accountability within the profession.

Language within this bill has been clarified from 457j, to not capture everyone who may attend birth such as TBAs and NH healers. This bill is to license a profession alone for the safety of its consumers. Adjusting any of this language without the same level of time, consideration and insight risks making a change that could adjust the overall point and purpose of this bill. This is a clean bill. ZDM SUPPORTS HB1194 VOTE YES!!

Zen Den Midwifery

HB-1194-HD-2

Submitted on: 3/12/2025 8:56:08 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Barbara Segal | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill and amendments. I believe it is intrusive and tries to regulate women's choices and bodies in much the same way as the anti abortion bills do.

HB-1194-HD-2

Submitted on: 3/12/2025 8:59:37 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Shandhini Raidoo | Individual | Support | Written Testimony Only |

Comments:

Aloha Senators,

I am an obstetrician-gynecologist and I have provided care to our community in Hawai‘i for almost 10 years. I am in strong support of HB1194. The health of pregnant and birthing people and their babies is dependent on having trained and licensed providers attend their births. This bill will ensure that families in Hawai‘i receive good, safe care during pregnancy and birth.

Mahalo for your commitment to the health and safety of our birthing community,

Shandhini Raidoo, MD, MPH, FACOG

HB-1194-HD-2

Submitted on: 3/12/2025 9:06:05 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|---------------------------|
| Richard S Velasquez | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill until it has the needed amendments to protect the rights of women to decide who they have at the births of their children

HB-1194-HD-2

Submitted on: 3/12/2025 9:06:50 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Matthieu Kalua | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Matthieu Kalua, and I am a resident of Wahiawa. I am testifying **in opposition to HB1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become midwives through an apprenticeship pathway recognized by the North American Registry of Midwifery, which is allowed in 27 states and Washington, D.C. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer HB1194 unless** the following amendments are made:

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our

communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Matthieu Kalua

HB-1194-HD-2

Submitted on: 3/12/2025 9:09:00 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Mary Babcock | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Mary Babcock, and I am a resident of Volcano and Kailua. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

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At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

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HB-1194-HD-2

Submitted on: 3/12/2025 9:14:44 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Chris Bandsma | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Christine Bandsma, and I am a resident of Kapaa. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

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***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

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Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Christine Bandsma

HB-1194-HD-2

Submitted on: 3/12/2025 9:18:00 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kencho Gurung | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Kencho, and I am a resident of Hilo. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

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HB-1194-HD-2

Submitted on: 3/12/2025 9:18:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Lani Primacio | Individual | Oppose | Written Testimony Only |

Comments:

OPPOSE!

HB-1194-HD-2

Submitted on: 3/12/2025 9:19:05 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|--------------|--------------------|---------------------------|
| Abigail Beatrice Rose Kauionalani Struempf | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Chair San Buenaventura and committee members,

My name is Abbea I was born at home with a traditional midwife attending my mother I also watched my brother be born at home with the same traditional midwife. I am in opposition of HB1194 HD2 as written.

I am worried about my reproductive freedom! I am not old enough to be a mother yet, and this bill as written removes my ability to choose the person I want to attend me because as of July 1, 2023 that birth attendant is now criminalized. Please consider amending HB1194 so I can support it as I am opposed to HB1194 HD2 unless the following amendments are made

Certified professional midwives have their own professional organization NACPM, which stands for National Association of Certified Professional Midwives, and their own credentialing body NARM, which stands for the North American Registry of Midwives. This is a category of non-nurse midwife should only be held to their applicable standards. ACNM Is the association for certified nurse midwives and seen that all certified professional midwives are non-nurse midwives I don't see how this is relevant to their practice

The second amendment that needs to change is in alignment with the North American Registry of Midwives testimony, Please allow all certified professional midwives to be licensed regardless of when they received their credential. Their credentialing body has testified that more than half of all CPMs are certified through the portfolio evaluation process pathway also known as the PEP pathway. All CPM candidates take the same credentialing exam and have their education and training vetted through NARM, as is appropriate because this is their credentialing body.

The third amendment that needs to be made Is to allow the certified professional midwife, the ability to use a person's health insurance to pay for prescription medication's that are necessary during pregnancy and the postpartum period. Not allowing the certified professional midwife, who is licensed with the state, the ability to have limited prescriptive authority, hurts the consumer and makes people have to choose between putting food on the table for their family, or taking an expensive medication's that can keep them safe. This is not a reasonable.

The last amendment I would like to see happen is, Please put the traditional birth attendant exemption back in the law. The exemption requires that traditional birth attendance follow certain criteria for license exemption. If they do not follow the Exemption requirements they are

not exempt. The exemption requirements protect the consumer and make sure that the traditional birth attendant has accurately disclosed their education and training. It should be my choice who I have at my birth, and I keep hearing people say it is my choice, but if My choice criminalizes the person I ask to be there, how is this truly a choice?

In short:

Hold midwives to the standards of their Respective credentialing body and national professional organizations

Allow all PEP (portfolio evaluation trained) students and allow CPM's to be licensed regardless of when they became certified

Allow certified professional midwives to have limited prescriptive authority to utilize consumer insurance to pay for necessary medication

Reinstate the traditional birth, attendance exemption so that I actually do have a choice who attends me when I have the chance to have a baby.

Please protect my reproductive rights!

Mahalo,

Abbea Struempf, age 17

HB-1194-HD-2

Submitted on: 3/12/2025 9:26:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Kristina Statler | Individual | Oppose | Written Testimony Only |

Comments:

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

I am writing in strong opposition to HB1194 HD2 as it is currently written. While I support efforts to ensure the safety and accessibility of midwifery care in Hawai‘i, this bill fails to address key concerns and would have harmful consequences for families, midwives, and cultural practitioners across the state.

HB1194 HD2 does not expand access to maternal care or improve outcomes for birthing people. Instead, it places undue restrictions on midwives, criminalizes birth attendants, and disrupts the cultural transmission of knowledge that has safely guided generations of Native Hawaiian and local families. The bill’s definition of midwifery excludes traditional practitioners, and its regulatory framework interferes with constitutionally protected Native Hawaiian birth practices. Requiring traditional practitioners to comply with disclosure and record-keeping mandates undermines the very foundation of these cultural traditions and could expose the state to costly legal challenges.

Midwifery is a critical part of addressing Hawai‘i’s maternal healthcare crisis, particularly in rural and neighbor island communities where access to care is already limited. Removing the option of licensure through apprenticeship and preventing birth attendants from providing support only deepens this crisis. Reinstating a local apprenticeship pathway and a birth attendant exemption would ensure that midwifery remains accessible to those who need it while maintaining safety and accountability. Out-of-hospital birth and traditional midwifery have been integral to these islands for generations. While it may not be the choice for everyone, that does not mean it is unsafe.

This bill does not reflect the needs of Hawai‘i’s families or the expertise of those who provide care. If midwifery regulation is to move forward, it must include amendments that protect traditional birth practices, restore the birth attendant exemption, and ensure equitable pathways to licensure. I urge the committee to reject HB1194 HD2 unless these critical issues are addressed.

Mahalo for your time and consideration.**Kris Statler**

Ha‘ikū, Maui

808-268-3527

HB-1194-HD-2

Submitted on: 3/12/2025 9:30:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Terry Travis | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Terry Travis and I am a resident of Ewa Beach. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i's reproductive care deserts.

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At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Terry Travis

HB-1194-HD-2

Submitted on: 3/12/2025 9:31:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Codi Sasaoka | Individual | Oppose | Written Testimony Only |

Comments:

Dear Members of the Senate Committee on Health and Human Services,

I am writing to express my strong opposition to HB1194, which seeks to make permanent the laws regulating midwifery in Hawaii and implement a host of additional regulatory measures.

While I recognize the importance of ensuring safe and high-quality care for birthing individuals and families, this bill imposes an overly restrictive and burdensome framework that would create significant barriers to access midwifery care, especially for underserved and rural communities. By mandating licensure requirements that favor certified midwives (CMs) and certified professional midwives (CPMs) — pathways that are often inaccessible to culturally-rooted, community-based practitioners — HB1194 effectively marginalizes traditional, non-clinical midwifery practices.

Furthermore, although the bill affirms that Native Hawaiian traditional and customary practices are not included under the scope of midwifery regulation, the language remains vague and insufficient in safeguarding these practices. The threat of civil and criminal penalties for practicing without a license, paired with unclear exemptions, could discourage Native Hawaiian practitioners from continuing their vital cultural work — work that has supported generations of families in Hawaii.

Midwifery is not a one-size-fits-all practice. Families deserve autonomy in choosing the type of care that aligns with their values, beliefs, and unique needs. This bill narrows those options, reinforcing a medicalized approach to birth that overlooks the value and safety of traditional and community-based midwifery.

I urge you to oppose HB1194 and instead consider legislation like HB1328, which explicitly protects traditional Native Hawaiian practices and promotes a more equitable, inclusive model of midwifery care that respects cultural diversity and community autonomy.

Thank you for your time and consideration.

Respectfully,

Codi Sasaoka

HB-1194-HD-2

Submitted on: 3/12/2025 9:34:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Barbara Travis | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Barbara Travis, and I am a resident of Ewa Beach. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i's reproductive care deserts.

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Mahalo,

Barbara Travis

HB-1194-HD-2

Submitted on: 3/12/2025 9:36:22 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Cynthia J. Goto | Individual | Support | Written Testimony Only |

Comments:

Strongly support to ensure public health and safety.

Mahalo,

Cynthia J. Goto, M.D.

HB-1194-HD-2

Submitted on: 3/12/2025 9:38:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Kristen O'Guin | Individual | Oppose | Written Testimony Only |

Comments:

With the political climate today and women in the US losing basic reproductive rights ~ something I never thought I would see in my lifetime ~ let's (Hawai'i) do better! This bill will harm women. Please do NOT pass it!

Also, it's atrocious to me that the state can say that natural Hawaiian birth practices won't count. As someone who moved over here 22 years ago, I do NOT support this! The US has already ceated so much harm with colonization and we cannot make this decision for the Hawaiians.

Thank you,

Kristen O'Guin

96778

HB-1194-HD-2

Submitted on: 3/12/2025 9:50:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Virginia Souza | Individual | Oppose | Written Testimony Only |

Comments:

Women deserve to choose how they would like to deliver their child.

HB-1194-HD-2

Submitted on: 3/12/2025 9:50:05 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Meredith Muromoto | Individual | Oppose | Written Testimony Only |

Comments:

I believe every woman and family has the right to decide where, how, and with whom they entrust to support them during the labor and delivery of their children. Just as we have the right to decide whether to see a doctor who practices Western Medicine or one who practices alternative or functional medicine, so should a woman have the right to complete autonomy over herself and her chosen birth practices. Birth practices reach much further than medical and political regulations and must consider the cultural aspect of childbirth that stretches far beyond the scope of Native Hawaiian beliefs and traditions. In the melting pot of Hawaii, we must consider the multicultural diversity that exists in terms of birth traditions and practices. While it is understood that regulating midwifery is for the protection of the mother and unborn child, we must also acknowledge that there are midwives and other birth practitioners who have participated in years of first-hand birth experiences, hours of rigorous training, and hundreds of births that have resulted in successful, healthy labor and delivery for years without the regulations this bill is trying to impose. To politicize and put unnecessary restrictions on these many experienced midwives would be a disservice to our community, as it would rob women and families of the opportunity to work with many skilled and experienced midwives.

HB-1194-HD-2

Submitted on: 3/12/2025 9:51:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Claire Muskopf | Individual | Oppose | Written Testimony Only |

Comments:

This bill feels slapdash and dismissive of traditional practices.

As it won't go into effect until 3000 I guess it doesn't matter but why not collaborate with existing providers to craft intentional legislation that addresses the current issues vs assuming the pressure state you've put people serving as midwives is acceptable.

Respectfully, do better for all our sakes.

HB-1194-HD-2

Submitted on: 3/12/2025 9:56:53 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------|--------------|--------------------|------------------------|
| Shannon Smiley Burrows | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Legislators,

I oppose HB1194. My first son was born in Quebec and since the laws there had just put a ban on midwifery, I gave birth in a small clinic and was transported to a large hospital an hour away where they proceeded to take my son to a nursery and told my partner visiting hours were over and he had to leave. I was 21, just gave birth and in a large cold room, all by myself, yearning to be with my son and partner. The next morning they let us leave the hospital, I had a very healthy boy and an 8 hour labor, very fast for a first birth. As I left the hospital, I declared to myself I would learn as much about birth as possible so no woman would ever go through an experience like the one I had just endured. So I moved to Arcata, California and attended Midwifery school and apprenticed with Jan Perron, an incredible midwife who guided me and I started attending births. My second son was born on a special beach in Hana Maui, in 1995. By then I had experienced many births and had an incredible birth and caught my son myself. Many birthing hei'au in Hawaii were located on the ocean, I understood why from my experience. I am deeply honored to have had hundreds of experiences assisting women and guiding them through their journeys, empowering them and giving them the opportunity to transform in the most gentle way possible. All six of my children were born at home, I have attended many hospital births and many homebirths, for me it is important for a woman to give birth where she is most comfortable. Hospital births generally lead to unnecessary intervention and drugs/surgery, leaving a woman with trauma from a less than ideal experience. I am not opposed to certification for midwives here on the very rural island of Hawaii, but there should be programs in place as many women wanting to participate in birth cannot afford to take their family to the mainland to obtain this certification. Meanwhile, women should have 100% choice in how and where they birth and access to knowledgeable birth attendants without the fear of persecution, thank you for your support in opposing this bill.

HB-1194-HD-2

Submitted on: 3/12/2025 10:15:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Alyssa Kline | Individual | Oppose | Written Testimony Only |

Comments:

Innerstand that God'z Law reignz - keep the Nature of Birth in the handz of the Wize Wombyn - out of the handz of thozе without a Womb & out of politicianz handz.

Keep Granny Midwivez, All assistance & preferred methodz AVAILABLE & UNHINDERED to Serve the WellBeing of the Birthing Ohana (Mother, Keiki, Father & Ohana alike)

Allow Natural Birthing practicez to flow without punishment - yes, have Education & keep Our Births MIRACULOUS and without unnecessary intervention & stress.

The current Medical "standard" iz apparently blind to the greater connection of God in this work & that there Are MANY formz of assistance - All to Be Honoured, not just thozе Who Are Certified.

I respect TutuMidWivez.

HB-1194-HD-2

Submitted on: 3/12/2025 10:27:23 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Allan Reaves | Individual | Oppose | Written Testimony Only |

Comments:

This is a horrible bill! It discourages home births which are a beautiful way to come into the world and have a lifelong impact on a human. I strongly oppose this bill! We don't need more regulations. This bill only benefits the hospital industry.

HB-1194-HD-2

Submitted on: 3/12/2025 10:33:49 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Shay Chan Hodges | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Shay Chan Hodges and I am a resident of Maui. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

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At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Shay Chan Hodges

HB-1194-HD-2

Submitted on: 3/12/2025 10:40:57 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Lewis Glenn | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Lewis Glenn and I am a resident of Kailua Town. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Lewis Glenn

Senate Committee on Health and Human Services Hearing
Fri, March 14, 2025 at 1:00 p.m.
Auditorium & Videoconference
State Capitol
415 South Beretania Street

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Christine Andrews, and I am a resident of Wailuku, Maui. I am testifying **in opposition to HB1194, HD2B**, relating to midwifery.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

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Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

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Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

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At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Christine L. Andrews, J.D.

Wailuku, Maui

HB-1194-HD-2

Submitted on: 3/12/2025 10:56:15 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Paola Ramirez | Individual | Oppose | Written Testimony Only |

Comments:

I oppose, midwifery practices should remain as they are. Women should choose where and how they birth and who attends.

HB-1194-HD-2

Submitted on: 3/12/2025 11:14:55 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Daniel A | Individual | Oppose | Written Testimony Only |

Comments:

As a father I strongly opposed this bill. My wife was cared for by a midwife during her pregnancy and our child was born at home with zero issues with the care of a certified midwife. We would not have wished to do it any other way. Restricting us constituents to the rights of homebirth and midwifery services would be a flat out disgrace. Women should have the right to choose where to have their children born, and to do so safely with the services and care provided by midwives. This bill is going to force people to receive UNNECESSARY and EXPENSIVE care by doctors and hospitals. My family and I strongly opposed this bill and pray the government keeps their hands out of our rights to chose how we bring our children into the world. Midwifery is NATURAL and overall considered SAFE for healthy moms. Healthy mother's deserve the right to home births and midwifery services.

HB-1194-HD-2

Submitted on: 3/12/2025 11:19:29 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Chelsy De Coito | Individual | Oppose | Written Testimony Only |

Comments:

Testimony in Opposition to Bill HB1194:

I stand in opposition to Bill HB1194 and strongly urge its immediate rejection or, at the very least, substantial amendments to correct its harmful provisions. As many of our senators pledged on June 3, 2022, "I PLEDGE to carry on the legacy of women's rights forged by our ancestors," and "The safety, bodily autonomy, and happiness of women and birthing people should not be controversial." Yet, this bill betrays that pledge by violating the very principles of autonomy, trust, and access to care that were promised to us.

First and foremost, HB1194 forces birthing mothers to work with care providers they neither trust nor want, which is a gross violation of bodily autonomy. When women are subjected to forced care, it is no different than state-sanctioned rape. This bill mandates that birthing mothers relinquish control over their own bodies and their choice of care providers, further entrenching a system that disrespects their agency and needs.

Secondly, the criminalization of grandmothers, aunties, and trusted friends who wish to support birthing mothers is a dangerous overreach. It seeks to punish the very people who provide emotional and physical support to women during one of the most vulnerable times in their lives. Traditional and religious birth workers, who often offer compassionate care outside of the mainstream medical establishment, are also criminalized under this bill. These caregivers have been part of our communities for generations, and this legislation undermines the rich cultural traditions that have long been a source of support for birthing families.

Lastly, the bill imposes significant financial hardships on midwives who are already struggling to serve their communities. The current provisions of HB1194 would force midwives to leave their homes in Hawaii and seek training at mainland schools, an added burden that takes them away from their families and local communities. This unnecessary financial strain will only further limit access to care, especially for those already marginalized by the current healthcare system.

As a constituent and an advocate for women's rights, I urge you to reconsider HB1194. It is not only a betrayal of the promises made in June 2022 but a dangerous step backward in the fight for reproductive justice and the protection of birthing people's autonomy.

HB1194 must DIE or be AMENDED to fix these issues and ensure that it serves the needs of women, birthing people, and the broader community, not the interests of a few. We need policies that support, not undermine, the rights and choices of all birthing people.

Thank you for your consideration.

Chelsy De Coito

808-861-6612

cheldec001@gmail.com

HB-1194-HD-2

Submitted on: 3/12/2025 11:21:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Bronwyn Leslie | Individual | Oppose | Written Testimony Only |

Comments:

My name is Bronwyn Leslie, I urge you to oppose HB1194.

I'm a mother of five children born at home. Although no longer practicing I'm a trained midwife, lactation counselor, doula, post partum care provider and worked with many non profit organizations to increase maternal and child wellness.

Nursing standards are not midwifery standards nor vice versa. There is overlap but midwifery is an art and traditional practice with consistently better outcomes than western obstetrics for low risk mothers. I support reproductive rights including the right to give birth in the manner we choose without fear of punishment for our cherished providers.

I own my home in Pahoia and am a long term resident of Hawaii with family on several islands. Mahalo for your consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 11:46:07 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|---------------------------|
| Shaw Kailaka Pascua | Individual | Oppose | Written Testimony Only |

Comments:

I am opposed to this bill to it's criminalization of indegeonus health practices. We cannot let this bill pass.

HB-1194-HD-2

Submitted on: 3/12/2025 11:46:46 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Shannon Matson | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair, and Committee Members,

I am writing to you in opposition of HB 1194. I am currently 18 weeks pregnant with someone else's baby. This is my first time serving as a surrogate and even though I thought I was well-educated about reproductive healthcare, I have learned so much more in the past few months. Not just about how reproduction works, but also how our healthcare system does and, sometimes, does not function.

I have been pregnant five times before this, with multiple miscarriages, and two healthy and successful home birthed babies. For my last birth, in 2018, I was attended and assisted by 8 people in my home, only two of whom wouldn't have been potentially subject to criminalization under the current laws and this proposed law. My mother, a friend and naturopathic doctor (but not a certified midwife), a doula, and multiple other friends all could have been subject to criminalization under this law.

As a person who has and will be again very soon be bringing new life into this world, I am pleading with you to not pass this bill as written. It will further hinder safe and equitable access to reproductive healthcare for those who are bringing babies forth as we have done for thousands of years, attended by those of our own choosing.

During my current birth I will be laboring and delivering in the hospital due to the terms of my contract. I willingly signed this contract, even though my preference is to avoid hospitals at almost all costs. I believe that birth is primarily a natural process, and while I am grateful for Western medicine in times of necessity, I do not believe that most healthy, uncomplicated births require any sort of medical intervention. I also firmly believe that every pregnant person deserves the right to choose with whom and how they bring life into this world. That is what we need to protect- the right to choose, and this bill actively reduces that right. I dream of a future where birth workers are welcomed and encouraged in the medical community and there is no fear from our birth workers to seek additional medical interventions when necessary.

We need MORE properly supported and well-trained midwives and birth workers, not less. By amending to allow the PEP+ Bridge pathway that was allowed before 2020 and was initially included in prior legislation on this topic we are expanding accessibility and inclusion and thus creating safer options for our community to work towards licensure. This bill does not allow for that option.

This bill will result in contributing to the loss of native and cultural wisdom in our birthing practices. Carving out an exemption JUST for Native Hawaiian cultural practices is not enough. Without additional exemptions to protect ALL of our birth workers we are furthering the divide between modern medicine and cultural wisdom. We need legislation to bridge that gap to create more safety and support for our laboring and birthing community. Please include the exemptions supported by ACLU and the midwifery community. Please create legislation to protect the most sacred and important human right, the right of bodily autonomy for those birthing the next generation.

Mahalo,

Shannon M.

Puna Resident

HB-1194-HD-2

Submitted on: 3/12/2025 11:59:59 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Celine Chang | Individual | Oppose | Written Testimony Only |

Comments:

Dear Chair and Members of the Committee,

I am writing to express my opposition to HB1194, which seeks to make permanent laws regulating midwives and the practice of midwifery in Hawai‘i. While I recognize the importance of ensuring safe and effective practices in midwifery, I have concerns that the bill as written may unintentionally limit access to care, especially for those who rely on midwives for personalized, holistic birthing experiences.

One significant issue is the bill’s clarification that midwifery does not include Native Hawaiian traditional and customary practices. This exclusion undermines the cultural practices and rights of Native Hawaiian families who may wish to incorporate traditional birthing methods into their care. Midwives often work with individuals and communities to respect and preserve these practices, and the bill could create unnecessary barriers to care for these families.

Additionally, the establishment of licensure, continuing education requirements, and prescriptive authority may disproportionately affect midwives who operate in rural or underserved areas, where access to medical resources is already limited. Forcing midwives into a strict licensing framework could restrict the ability of those seeking more personal, community-based birthing experiences from accessing the services they need.

While the intent of HB1194 is to standardize and regulate midwifery, it is essential that we balance safety with accessibility, and cultural and community considerations. I urge the committee to reconsider some of the provisions in this bill to ensure that it does not inadvertently restrict access to care or undermine cultural practices.

Thank you for your time and consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 12:01:25 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Laura Gerwitz | Individual | Oppose | Written Testimony Only |

Comments:

Ioha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Laura Gerwitz, and I am a resident of Honolulu. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194 unless** the following amendments are made:*

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Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Laura Gerwitz

HB-1194-HD-2

Submitted on: 3/12/2025 12:06:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| M. Leilani DeMello | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I OPPOSE this bill.

Mahalo,

M. Leilani DeMello

‘Ōla‘a, Puna, Hawai‘i

HB-1194-HD-2

Submitted on: 3/12/2025 12:06:43 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Alexis Cox | Individual | Oppose | Written Testimony Only |

Comments:

Aloha and thank you for reading my testimony. As a mother who had a homebirth with a midwife here on Hawaii Island in 2016, I feel saddened to see this bill attempting to dismiss and take away a Mother's right to choose how to give birth.

In a system rife with medical interferences that all but make natural birth impossible and cesarean far more likely, it is appalling to think future mothers who are not at high risk may not be able to birth comfortably and safely in the quiet way they choose. Midwife's and women have been delivering babies for far longer than men and the medical system. The amount of unnecessary trauma women and babies experience in this crucial moment in time at the hands of doctors on schedules who just want the baby born quickly and nurses who are following protocol with little regard for the very intimate and personal nature of this process is devastating. Bright lights, loud voices, and injections to speed things up cause trauma to baby and child that not every woman wants as the imprint upon her child's first moments out of the safety of her womb.

This bill is anti-woman, anti-mother and truly just another attempt for pharmaceutical companies to get their needles in babies before they even take their first breath.

I strongly oppose this bill and hope your conscience leads you to do the same!

Thank you,

Alexis Cox

HB-1194-HD-2

Submitted on: 3/12/2025 12:09:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Joell Edwards | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

My name is Joell Edwards. I reside in Wainiha on the island of Kauai and I oppose HB 1194

Every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices may not be limited- or it is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawaii is not ok.

Criminalization of any practitioner limits the reproductive choice of any birthing person.

I ask you to stand by your words from the "Stand with "the safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women's rights forged by our ancestors..." and protect the true autonomy of all birthing people.

Protect reproductive rights and end criminalization of all birth practitioners.

Mahalo nui

HB-1194-HD-2

Submitted on: 3/12/2025 12:10:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Steven Bradshaw | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill unless amended

HB-1194-HD-2

Submitted on: 3/12/2025 12:16:19 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Tiare Romias | Individual | Oppose | Written Testimony Only |

Comments:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice.
- The needs of the community are complex and harm is done by incorrect language..
- Everyone needs clear protection.
- Community processes need respect.
- HB 1194 is too problematic to fix.
- There is no evidence that restricting any type of midwives makes anyone safer.

- The real safety hazard is lack of access to care.
- Hospital transports being dangerously interfered with is also a real safety hazard.
- HB1194 harms families.
- HB1194 harms reproductive choice.
- HB1194 does not give a realistic way for local clinical midwives to be licensed.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives,

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo!

HB-1194-HD-2

Submitted on: 3/12/2025 12:16:49 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| john matson | Individual | Oppose | Written Testimony Only |

Comments:

I am against HB1194 unless amendments are made to allow for different pathways to licensure,
And exemptions to protect cultural & religious practices. Mahalo.

HB-1194-HD-2

Submitted on: 3/12/2025 12:21:00 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Loree Jean Searcy | Individual | Oppose | Written Testimony Only |

Comments:

I am opposed to this bill!

Women need to have say over their birthing options! It is their right and freedom to choose!

HB-1194-HD-2

Submitted on: 3/12/2025 12:29:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Cristina Holt | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair and Members of the Committee,

I am writing in **strong opposition** to HB1194. Every birthing person has the fundamental right to choose who supports them during the intimate and sacred process of birth. This bill **restricts those choices**, limiting access to skilled midwives and failing to fully protect traditional birth practitioners in Hawai‘i.

By maintaining restrictive licensure requirements and criminalizing practitioners who fall outside of narrow certification pathways, HB1194 **violates reproductive freedom** and disproportionately impacts rural and Native Hawaiian communities. The ability to choose one’s birth team is a matter of **bodily autonomy and human rights**—it should not be dictated by the state or influenced by external interests.

Instead of restricting midwifery care, Hawai‘i should adopt policies that expand access to **culturally relevant, community-based, and evidence-informed birth options**. HB1328 provided a more just framework, yet it was not advanced. I urge you to reject HB1194 and support legislation that **respects the autonomy of birthing people and the diverse traditions of Hawai‘i’s midwifery community**.

Mahalo for your time and consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 12:29:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Nathan Brown | Individual | Oppose | Written Testimony Only |

Comments:

This bill fails to address the critical issue of equity for Indigenous birth workers, particularly by excluding Native Hawaiian traditional and customary practices from the scope of regulated midwifery, which perpetuates systemic inequities and marginalizes cultural birthing practices. By imposing stringent licensure requirements, the bill risks criminalizing future "unlicensed" birth attendants, disproportionately impacting Indigenous and community-based practitioners who may not have access to or choose not to pursue formal certification. Furthermore, the bill limits the autonomy and choice of individuals giving birth by prioritizing institutionalized midwifery over diverse, culturally informed care options. For these reasons, I oppose this bill as it undermines equity, restricts birthing choices, and threatens the livelihoods of traditional birth workers.

HB-1194-HD-2

Submitted on: 3/12/2025 12:31:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Rosalia Bruner | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I deeply oppose of this bill being put into action! Home births, attended by skilled midwives, offer a range of benefits that align with both historical practices and modern understandings of maternal and infant health. For most of human history, childbirth was a natural, home-centered event, and even today, many cultures around the world continue to embrace home birthing as a safe and empowering option, including the Hawaiian culture!

Giving birth at home allows the mother to be in a space that is familiar, calming, and free from unnecessary medical interventions. This can reduce stress, which in turn supports smoother labor and delivery.

Studies show that planned home births with certified midwives have significantly lower rates of interventions like cesarean sections, epidurals, and forceps deliveries. These interventions, while sometimes necessary in hospital settings, can introduce additional risks.

Midwives provide holistic, one-on-one care throughout pregnancy, labor, birth, and postpartum recovery. This continuity builds trust and allows for more individualized support based on the mother's needs and preferences.

Midwives are trained in non-invasive, natural techniques to support labor, such as movement, hydrotherapy, and breathing techniques. This often leads to better outcomes, including shorter labor durations and reduced need for pain medications.

Hospitals, while essential for high-risk pregnancies, expose mothers and newborns to infections that are less common in a home setting. Home births minimize this risk by keeping birth within a controlled, familiar space.

Babies born at home can remain with their mothers without unnecessary separation. This immediate skin-to-skin contact promotes bonding and increases the likelihood of successful breastfeeding initiation.

Home birth allows mothers to take an active role in their birth experience, making informed choices about their care without pressure for unnecessary medical interventions. Many women report feeling more in control and empowered in home birth settings.

Planned home births with trained midwives are considered safe for low-risk pregnancies. Midwives are equipped to monitor both the mother and baby's well-being and can transfer care to a hospital if complications arise.

Overall, home birthing with midwives honors the natural process of childbirth while ensuring safety through skilled, evidence-based care. It offers a deeply personal, empowering, and often healthier alternative to hospital births for women with low-risk pregnancies.

HB-1194-HD-2

Submitted on: 3/12/2025 12:35:20 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Haunani Iao | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Dr. Haunani ‘Iao, and I am a resident of Kula, HI. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

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Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to

transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Dr. Haunani ‘Iao

HB-1194-HD-2

Submitted on: 3/12/2025 12:39:43 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Shani Hough | Individual | Oppose | Written Testimony Only |

Comments:

This bill harms Hawaii's pregnant wahine by removng their birth choices, NOW & PERMANENTLY!

HB-1194-HD-2

Submitted on: 3/12/2025 12:40:03 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Deanna | Individual | Oppose | Written Testimony Only |

Comments:

Aloha ,

My name is Deanna Young and I am a resident of Hilo and a mother who plans to have more children in the future, and I am testifying in opposition of HB1194.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. H.B.

1328 expands access to midwifery licensure, and maternal health care in Hawai'i by doing the following:

- o Supports a pregnant person's right to choose their birth attendants and place of birth and to involve those they identify as family and support in the birthing experience

- o Allows licensed midwives to practice to the full extent of their credentials, training, and experience

- o Expands access to midwifery care by including a nationally recognized apprenticeship pathway used in 27 states and Washington D.C. as a pathway to licensure

- o Balances reproductive rights and consumer protections

- o Protects Native Hawaiian traditional and customary birthing practices without the threat or fear of criminalization

- o Protects other religious and cultural birthing practices without the threat or fear of criminalization

- o Allows traditional birth attendants to be exempt from midwifery licensure provided they comply with specific disclosure requirements established by the Dept. of Commerce & Consumer Affairs

Access to culturally responsive care of the birthing person's choosing, including traditional practices of that person's culture, is strongly correlated with increased safety and well-being. H.B. 1328 addresses Hawai'i's maternal healthcare shortages and deserts that are truly harming our families, especially those who may not be

able to afford care in a hospital, may not have access to transportation or childcare that would allow them to attend an appointment, or may not feel welcome in the health care system.

There is a lack of evidence to support the claim that traditional midwifery and home births worsen outcomes for maternal and child health.

There are multiple midwifery bills before your committee, but H.B. 1328 offers the most robust reproductive autonomy protections and has gained the support of OHA, the ACLU of Hawai'i, Hawai'i Home Birth Collective, Ea Hānau, the Counties of Hawai'i, Maui, Kaua'i, and multiple community organizations. Please support H.B. 1328 to ensure protection for reproductive freedom in Hawai'i. Again, I am opposing HB1194.

Thank you for your consideration,

Deanna Young

Additional Resources and Guidance:

Midwifery Factsheet (ACLU of Hawai'i)

Midwifery Bills Comparison Table (ACLU of Hawai'i, Hawai'i Home Birth Collective)

HB-1194-HD-2

Submitted on: 3/12/2025 12:53:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| briana pierce | Individual | Oppose | Written Testimony Only |

Comments:

Please listen to the people who you represent and oppose this bill! Protect our rights to choose where to give birth and with who to give birth with.

HB-1194-HD-2

Submitted on: 3/12/2025 1:08:09 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Arien Reed | Individual | Oppose | Written Testimony Only |

Comments:

Please kill HB1194 as it reduces the rights of women to choose their Birthworkers and threatens the livelihood of well-trained birth professionals like midwives, doulas and indigenous birthkeepers. This bill is absolutely unconstitutional and should not move forward.

HB-1194-HD-2

Submitted on: 3/12/2025 1:09:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Liz | Individual | Oppose | Written Testimony Only |

Comments:

My name is Liz Rahner, I live in Pahoehoe, and I am writing to express my strong opposition to HB1194. As a woman, a doula, a supporter of midwives, and an advocate for home birth, I believe this bill poses a serious threat to birthing autonomy, maternal healthcare access, and community-based midwifery.

HB1194 seeks to impose unnecessary restrictions on midwives, limiting the choices available to families seeking out-of-hospital birth options. These restrictions do not improve maternal or infant health outcomes but instead create barriers for families who prefer or require midwifery care due to cultural, personal, or medical reasons.

Midwives have been safely attending births for generations, and studies consistently show that planned home births with skilled midwives result in excellent outcomes for low-risk pregnancies. For many families, midwifery care provides a safer, more individualized, and culturally competent alternative to hospital births. Reducing access to this care disproportionately harms rural communities, lower-income families, and those who seek a more holistic, evidence-based approach to childbirth.

Rather than restricting midwives, I urge lawmakers to support legislation that strengthens midwifery access, protects birthing autonomy, and ensures that families have the right to choose the birth setting that is safest and most appropriate for them.

Please vote NO on HB1194 to protect birthing freedom and the essential role of midwives in our healthcare system.

Thank you for your time and consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 5:03:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Ashley Guevara | Individual | Oppose | Written Testimony Only |

Comments:

Please Give women the right to choose birthing options.

Please be tolerant to all women and allow them to make the choice of how they desire to give birth.

Thank you

HB-1194-HD-2

Submitted on: 3/12/2025 5:00:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| sydney | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have

historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Sydney Gormont

935 Kokohead Ave Honolulu HI

Gormont1yo@gmail.com

(505)908-8344

HB-1194-HD-2

Submitted on: 3/12/2025 4:59:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Jessica Pangan | Individual | Oppose | Written Testimony Only |

Comments:

When i was pregnant with my first born, I was all set to have an unmediated birth. Unfortunately it didn't work that way. I wasn't given any options for comfort measures other than epidural and other pain management. I was uneducated. No one to coach me through the contractions so I opted for the epidural. After that, it lead to a series of complications. To make it short, i had to have an emergency c-section.

Fast forward to 3 years later, I was pregnant with my daughter. I was told by my provider that I had to get a C-section because VBACs are not allowed anywhere on the Big Island. The only place that would assist in VBACs was in Oahu. It was expected of me to go to Oahu at 36 weeks and stay in a hotel (during Christmas and New Year) and wait until I labored. I absolutely did not want to do that. First of all, we didn't have the means financially. I was a stay at home mom with my 3-year-old and my husband worked full time to provide for us. There was no way he could take off work and just wait in Oahu. Our insurance only covered the flight for myself, so we would've had to come out of pocket for hotel for an uncertain amount of time. Secondly, having to find childcare for my son in Oahu since he couldn't be in the room with us while I birthed was already stressful since we didn't have any family who lived there.

Meanwhile, with all of this in mind, I still continued to see my provider who kept reassuring me that I was healthy enough for a VBAC and was working with me and the insurance to get me ready for Oahu. It wasn't until I went in for my weekly check up at 34/35 weeks, when I realized I didn't feel seen or heard. My normal provider was on Christmas vacation and another provider was flown in from California. She knew nothing about me, so when I told her my desire to do a VBAC, she looked at me shockingly and drilled me on the dangers and risks I would be taking as if I hadn't been doing the research and talking about this since my first prenatal appointment. I was in tears and expressed that I didn't feel like my choices for my own body were being respected. I left that appointment with the intention to never return.

I reached out to Rachel, my midwife, and she took me in at 35 weeks pregnant and she was super encouraging letting me know I could most definitely have a VBAC. After meeting her once, I had so much confidence in myself because she had confidence in me. She even had more experience in VBACs than the doctor I was scheduled to see in Oahu.

With my short time with Rachel, she learned about me, my history, my family, my culture. And because of this, she gained my full trust. I was able to birth my baby at home with zero complications, with my husband and son there, and my mom who served me a fresh bowl of

Chicken Tinola that she cooked in my kitchen moments before. My baby and I were immediately taken care of from birth to weeks following.

My home birth was a dream come true. Why deny that dream from me or anyone else? Even if it wouldn't have worked out, I still would've felt accomplished because someone believed in me to try. Unlike that provider who treated me like a case study. I am a mother, not a cookie cutter, text book procedure. And just like any other mother, we all deserve and demand our right to choose how we want to bring our children into this world.

Midwives are not witch doctors and they are most certainly not criminals. They are professionals and experts in their craft, and I will birth a hundred VBAC babies at home before I birth at hospital again.

HB-1194-HD-2

Submitted on: 3/12/2025 2:59:25 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kathy Shimata | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Senators,

My name is Kathy Shimata &I live in Honolulu.

I urge you to vote no on HB1194 without amendments to expand its protections.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Kathy Shimata

Honolulu. 96822

HB-1194-HD-2

Submitted on: 3/12/2025 1:53:55 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Melissa hashimoto | Individual | Oppose | Written Testimony Only |

Comments:

Hawaii Bill 1194 undermines the fundamental rights of individuals to make informed decisions about their own healthcare. By restricting midwifery freedom, it limits patient choice and access to personal and alternative birthing options. Empowering individuals to choose their preferred care providers is essential for ensuring personal autonomy and promoting diverse, patient-centered healthcare choices. This bill poses unnecessary barriers to those seeking midwifery care, disregarding their rights to make decisions in consultation with qualified professionals.

HB-1194-HD-2

Submitted on: 3/12/2025 1:29:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Julia Solomon | Individual | Oppose | Written Testimony Only |

Comments:

I am vehemently opposed to the passage of bill HB1194. This bill goes against women's and families rights to have their birth the way that they choose it. Home birth has better outcomes for all in general and we need our birthing families to have the choice to birth in the most culturally sensitive, peaceful way for all. We need you to prioritize health and well being and cultural practices over profit. As your constituent I urge you to vote no. Do not pass bill HB1194.

thank you

Julia Solomon

HB-1194-HD-2

Submitted on: 3/12/2025 2:11:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Cheryl Bellamy | Individual | Oppose | Written Testimony Only |

Comments:

This amendment limits a women's right to choose.

*Please **defer HB1194** unless the following amendments are made:*

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

HB-1194-HD-2

Submitted on: 3/12/2025 2:15:49 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--------------|--------------------|---------------------------|
| Rev. Dr. Robert W. Nelson | Individual | Oppose | Written Testimony Only |

Comments:

I urge representatives to vote NO, unless amendments are added to protect birth attendants, to protect religious and culturale birth practices, and to expand midwifery licensure pathways for our communities

HB-1194-HD-2

Submitted on: 3/12/2025 2:26:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Meg Ganser | Individual | Oppose | Written Testimony Only |

Comments:

I stand in opposition to this Bill. How dare any elected official assert laws and regulations over the birthing process, the most intimately connected process with nature in one's life, when one is free to do so. All women have the natural right to birth as she fits, where and when and with whom she sees fit. To force women into hospital settings traumatizes many, divorces her from trusting her own intuition and instincts, and catapults her and her family into a cascade of interventions that will impact her family for generations. Hewa you, shame on you for trying. No to this Bill now and in perpetuity!

HB-1194-HD-2

Submitted on: 3/12/2025 2:30:09 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| J. Takane | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I oppose this bill because without clear exemptions, the persons attending a birth or engaging in religious and spiritual birthing practices without a midwifery license may be subject to monetary penalties and criminalization, including a misdemeanor conviction, subject to one year in jail. This current midwifery bill infringes on reproductive rights and restricts access to midwifery care, especially in reproductive care deserts on our neighbor islands and in rural communities.

We must expand this practice in order for women to have choices that do not involve expensive hospital care unless deemed appropriate and necessary.

Mahalo, J. Takane

HB-1194-HD-2

Submitted on: 3/12/2025 2:37:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Colleen Inouye | Individual | Support | Written Testimony Only |

Comments:

Dear Senators Buenaventura and Aquino and the Committee on Health and Human Services,

Please support HB1194 HD2.

I practiced Obstetrics/Gynecology on Maui for over 35 years. I strongly support HB 1194 HD2. Midwives in Hawaii need to meet the educational and training standards that allow for increased obstetrical patient safety and quality outcomes. Improved education and training also allows for collaboration amongst all involved providers, increasing communication especially during emergent or high risk situations. We should not allow substandard training models that bypass accreditation and oversight. A lack of uniform education puts both mothers and babies at risk. This bill still acknowledges traditional birth practices.

I respectfully urge you to pass HB1194 HD2 to support a safer, more collaborative maternity care system in Hawaii.

Thank you for your kind attention,

Colleen F Inouye MD MMM MS-PopH FACHE FAAPL FACOG

HB-1194-HD-2

Submitted on: 3/12/2025 3:32:12 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Emily Kichefski | Individual | Oppose | Written Testimony Only |

Comments:

To whom it may concern,

I as a citizen and resident completely oppose this bill. I am a mother of a healthy talented and gifted 5 year old child who excels in school and home life.

She was successfully birthed nearly 3 weeks past her due date, off grid and in my kitchen at home in 2019, in Pahoehoe HI.

It is natural and the safest option (and most affordable) for many families to pursue a home birth. It is how ancestors of Hawai'i and all places were birthed, with the land and in tune with a mother's body. Regardless of due dates, multiple babies, and certifications of those attending births, that is the safest option and results in the healthiest children in my research and lived experience. The infant mortality rate is increasing in hospitals in the US, and infant mortality rate of home birth in US is lower regardless on the complications this bill looks at.

The hospital is a place for sick people and not new borns, this bill will force more women to have hospital births that hurt their bodies and mental health.

Women have been birthing babies at home successfully , alone, since the dawn of humanity. Whoever they chose to attend and assist their personal birth should innately be a mother's choice.

This bill would cost so much harm to our community, residents, and islands. It would put so many hard working midwives out of work and force many experienced and educated people to relocate or quit their jobs.

This would not benefit anybody in any way and be a major inconvenience to our people.

This bill seems to be in support of pharmaceutical companies, to exploit home birth, and create more monetary gain for hospitals. Less than 1% of the population in the US is born at home, while children born at home have scientifically been proven to have higher IQs, less allergies, and better health as adults. This bill would make that percentage even lower in Hawai'i.

This is a horrible bill and I oppose it completely.

Emily A Kichefski

mother of a child born off grid, on water catchment, past due, and at home

HB-1194-HD-2

Submitted on: 3/12/2025 3:47:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Stephanie Austin | Individual | Oppose | Written Testimony Only |

Comments:

Please do not pass this flawed bill unless amended to :

1. Ensure an apprenticeship pathway for Hawaii residents with NARM certification: as 27 other states have done. This is especially important in Hawaii, where distance greatly limits other options for residents. We need to increase midwifery care in our communities- especially as other options are very limited in outer island and rural areas.

2. Include an amendment to protect religious and cultural birthing practices, by means of a clear statutory exemption.

3. Include a statutory amendment to protect family and friends who attend a birth from being criminalized.l

It is a shame that an excellent bill was, without public input which overwhelmingly supported it, was rejected out of hand, with out due consideration.

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HB-1194-HD-2

Submitted on: 3/12/2025 3:48:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Dyana ten Berge | Individual | Oppose | Written Testimony Only |

Comments:

Ioha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Dyana ten Berge, and I am a resident of Kailua. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Dyana

HB-1194-HD-2

Submitted on: 3/12/2025 3:50:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kate Paine | Individual | Oppose | Written Testimony Only |

Comments:

Home births should always be a choice. Medical settings are not always the healthiest options.
Freedom of choice.

HB-1194-HD-2

Submitted on: 3/12/2025 3:56:11 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Rachel Miyazaki | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Rachel, and I am a resident of Honolulu. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Rachel

HB-1194-HD-2

Submitted on: 3/12/2025 4:48:11 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sierra Dew | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices.

As a mother, I had the privilege of experiencing a home birth with the support of a traditionally trained midwife. Having the ability to choose who was present during my birth was incredibly important. Birth is a deeply vulnerable experience, and without the right conditions, it can become traumatic.

As someone who has experienced medical trauma, I do not feel safe in hospital or clinical settings, which often lack trauma-informed care. The ability to choose how and with whom we give birth is essential to ensuring a safe, empowering, and culturally appropriate experience.

I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration,

Sierra Dew

HB-1194-HD-2

Submitted on: 3/12/2025 3:57:06 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Barbara Essman | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

My name is Barbara Essman and I am the owner, director and teacher of the Sacred Birthing School. I have been working with birthing families for the last 30 years in my capacity as a doula, childbirth educator and counselor.

Birthing is about her body, her choice and her home.

Every birthing woman has the basic human right to determine who touches her body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person herself. Those choices may not be limited, otherwise it is a violation of human rights.

The current Midwifery Licensure bill, “Act 32, HRS 457j” (2019) is set to expire June 30, 2025. Hawaii State needs to pass new legislation in order to keep the licensing program active. [HB1194-HD2](#) is now the only viable bill that can continue the midwifery licensing program in Hawaii, but it needs work.

There are 5 MAIN POINTS that we are pushing for:

1. All birthing people’s RIGHT TO CHOOSE ANYONE to attend their birth must be supported to end criminalization.
2. Cultural and Spiritual Practices must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.
3. Licensure Equity: There needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue.
4. Full Scope of Practice for CMs and CPMs must be recognized and allowed.
5. The term “Midwife” belongs to the community, especially in cultural use. It is not a proprietary term and should not be treated as such.

The safety, bodily autonomy, and happiness of birthing women should not be controversial. Let us all pledge to carry on the legacy of women’s rights and protect the true autonomy of all birthing women.

Aloha,

Barbara

Written Testimony in *Opposition* of the Midwifery Bill HB1194

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Kristel Whippy, and I am a resident of Manoa. I am testifying **in opposition to HB1194**, relating to midwifery. I ask that you read the following in the context of the ramifications (express and implied) on women and their families. When families are destabilized children are often ripped from their homes and their communities in egregious situations. This continues to lead to destabilization throughout their lives and exposes them to further potential trauma of sexual assault and other abuse including a high risk of suicidal ideation or action. It's also traumatizing for the families and communities who lose their children. This is an all too familiar colonial tactic to destabilize communities. As someone who works with children aptly put it, there's no better way to destabilize communities and keep them oppressed than to target their children. Families and children are at risk. Minimizing harm is the least we can do for our community. I am reiterating this context as it is personally relevant to me and in minimizing harm to children and their families. This is at the heart of providing women with accessibility to make reproductive choices that are best for them and ensure they have the best care for their physical and mental well-being too.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please **defer HB1194 unless** the following amendments are made:

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote **NO** on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo Nui,

Kristel Whippy

E: kris25@hawaii.edu

96848, Manoa

2025 LLM Candidate at William S. Richardson School of Law

HB-1194-HD-2

Submitted on: 3/12/2025 4:29:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Rita Wong | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB 1194 which harms Hawaii's pregnant moms by removing their birthing choices

HB-1194-HD-2

Submitted on: 3/12/2025 3:59:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Briana Puahala | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194

It is every pregnant person's right to decide what happens to their body during birth.

Deciding what happens to your body is a choice, Our choice. If we decide to deny a medical intervention during our birth then it if our God given right to do so.

If something was to happen to the person giving birth or the baby because of a medical invention then the doctors, nurses, and hospitals are to be held 100% RESPONSIBLE.

HB-1194-HD-2

Submitted on: 3/12/2025 4:09:59 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Fiona Custer | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

My name is Fiona Custer and I oppose HB1194. I am a resident of Hawaii and proud to raise my 4 daughters in Kaneohe. I worked in the birth field for over 9 years and I had the privilege of having a beautiful birth in 2016 in the sacredness of my home in Kaneohe. I was supported by the most professional and knowledgeable midwife. I never once doubted her training or expertise. I felt safe every step of my pregnancy, delivery and postpartum journey.

I believe every mother should possess the right to choose where and with whom she desires to deliver her children. My homebirth changed my life. It empowered me in a way no hospital birth every could.

It is not appropriate for the government to regulate the autonomy of a mother's body or choice in birth.

We do not CURRENTLY have any free standing birth centers for mothers in Hawaii to deliver at, they only have two options: Home or the hospital. PLEASE do not take away our ability to choose who delivers our children.

We want to be heard. We want a voice. The future of Hawaii deserves the right to deliver wherever and with whomever they feel most safe with.

Thank you for your time,

Fiona Custer - Mother of 4 daughters

HB-1194-HD-2

Submitted on: 3/12/2025 5:18:31 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Christina Marzo | Individual | Support | Written Testimony Only |

Comments:

I am submitting this testimony in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

As a family physician, I see firsthand the lifelong impact that birth experiences have on newborns. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term infant health outcomes.

Newborns are especially vulnerable during labor and delivery, and the ability of a midwife to recognize and respond to complications can mean the difference between life and death. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both normal and high-risk situations.

We cannot afford to weaken midwifery standards by allowing pathways like the Portfolio Evaluation Process (PEP), which lacks standardization and does not guarantee adequate clinical oversight. All midwives should be held to the same high safety and competency standards that other healthcare professionals must meet.

For the health and well-being of Hawaii's newborns, I strongly urge you to pass HB1194 and ensure that every midwife practicing in our state is fully qualified to provide safe, high-quality care.

Thank you for your time and commitment to maternal and infant health.

HB-1194-HD-2

Submitted on: 3/12/2025 4:55:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------|--------------|--------------------|------------------------|
| Rachel Barreras-Kleemann | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194 HD2

HB-1194-HD-2

Submitted on: 3/12/2025 4:47:19 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kait Pratt | Individual | Oppose | Written Testimony Only |

Comments:

Please save a woman's choice to birth her baby the way she wants to. I am a mother of 4 and my births have been the most special days of my life. Please don't take those joys away from the mothers to come. We are humans, we have been birthing since the beginning. Please treat us with dignity in the most important and hard and beautiful day of our lives. Please do not pass this bill.

HB-1194-HD-2

Submitted on: 3/12/2025 4:40:43 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Lydia McShane | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Lydia Kawelinaonāpua McShane

kawe.mcshane@gmail.com

808-489-5141

HB-1194-HD-2

Submitted on: 3/12/2025 4:40:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Juliana Mello | Individual | Oppose | Written Testimony Only |

Comments:

I am in opposition of this bill.

Women should have the freedom to choose who they want in their birthing support group, where they want to give birth receive care and attention to anyone she feels fit to her needs, may that be cultural or spiritual birthing practice beliefs.

HB-1194-HD-2

Submitted on: 3/12/2025 4:39:01 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Adrienne Van Berg | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Adrienne Van Berg

PO Box 1558

Kapaau, HI 96755

[Yourlllllll]

[Your Email]

[Your Phone Number]

HB-1194-HD-2

Submitted on: 3/12/2025 4:11:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| MARIO GARCIA | Individual | Oppose | Written Testimony Only |

Comments:

Oppose ROTUNDANLY .
women have to have CHOICE .
ITs their responsibility right!

HB-1194-HD-2

Submitted on: 3/12/2025 5:32:01 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Stephanie Foxx | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am pleading you to oppose this bill for the safety of myself and my community. As a pregnant woman living in Hau‘ula, an hour away from any birthing center, this bill directly effects my life and my future daughters. We do not have access both financially or location wise to have a midwife that is certified based on the credentials you are requiring in this bill, and midwives during labor

Having a midwife during labor statistics on why this bill directly effects the lives of women like me who are unable to have a mainland certified midwife.

With a midwife at labor you are..**16% less likely** to have a cesarean section. **21% less likely** to have an episiotomy. **19% less likely** to experience regional anesthesia (epidural). **24% less likely** to have a preterm birth.

Please rethink this bill. Approving it is creating traumatic and potentially deadly situations and trauma for generations.

HB-1194-HD-2

Submitted on: 3/12/2025 5:37:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Bronson Teixeira | Individual | Oppose | Written Testimony Only |

Comments:

Aloha, I strongly oppose this bill, mahalo.

HB-1194-HD-2

Submitted on: 3/12/2025 5:53:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| James K. Rzonca | Individual | Oppose | Written Testimony Only |

Comments:

We have a right to decide when, where, & how we give birth to our keiki. Our state government allows almost unlimited options for abortion, but only one way, the governments way, of giving birth? Slap in the face to all our cultural & religious practices. This is another very good example of why we are the most corrupt "state".

HB-1194-HD-2

Submitted on: 3/12/2025 5:55:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Leona Souza | Individual | Oppose | Written Testimony Only |

Comments:

Oppose. No one has the right to take away a women's right to decide how she gives birth.

HB-1194-HD-2

Submitted on: 3/12/2025 6:00:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Rona Silva | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194.

HB-1194-HD-2

Submitted on: 3/12/2025 6:01:54 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Dennis Silva | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194.

HB-1194-HD-2

Submitted on: 3/12/2025 6:05:46 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Trina Koelwyn | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill

HB-1194-HD-2

Submitted on: 3/12/2025 6:28:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Lesha Mathes | Individual | Oppose | Written Testimony Only |

Comments:

This bill severely restricts and reduces access to birth care leaving families with little or no choices. Childbirth is not an illness it is a natural part of life. It criminalizes most traditional, cultural and religious birth workers. It also imposes a permanent framework for licensing and forced education and tracking in the profession.

HB-1194-HD-2

Submitted on: 3/12/2025 6:44:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Robert Culbertson | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Senators!

Kill the bill as written.

Too bad the most important amendments were ignored!

Respectfully,

R A Culbertson

Honokaa

HB-1194-HD-2

Submitted on: 3/12/2025 6:20:42 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Michael alapai | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill they have been doing it for decades leave it to individuals to decide

HB-1194-HD-2

Submitted on: 3/12/2025 7:06:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Laurence Limasa | Individual | Oppose | Written Testimony Only |

Comments:

I oppose

HB-1194-HD-2

Submitted on: 3/12/2025 6:55:09 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Leah | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,
Leah Cheng

HB-1194-HD-2

Submitted on: 3/12/2025 7:09:42 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Krislyn Oyama | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill because it infringes upon my rights to choose who is at my birth and where I get to have it. I want to be able to have the choice on where I would like to give birth and who gets to be there. Bill HB1194 will strip all present and future mothers of their freedom to choose where they would like to have their babies and who can be at that birth.

Why is it that the state is in support of "my body my choice" when it comes to a 16 year old who would like to get an abortion, but when it comes to a woman who would like to have a home birth that support is not found?

This bill is not protecting anyone, it is not in support of anyone. It is just making the lives of hard working midwives and future mothers harder and stressful.

I oppose this bill because I should have the freedom to choose where I want the birth of my child to be, and who is to be with me in that room.

HB-1194-HD-2

Submitted on: 3/12/2025 7:52:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| mary shields | Individual | Oppose | Written Testimony Only |

Comments:

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

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- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

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4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
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 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
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HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Mary Shields

Mary.wun.shields@gmail.com

808-230-1345

HB-1194-HD-2

Submitted on: 3/12/2025 7:17:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Carol D. Yokoyama | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Committee,

Please STRONGLY OPPOSE HB1194. This bill would restrict birth choices and midwives.

Mahalo for your time.

HB-1194-HD-2

Submitted on: 3/12/2025 7:13:12 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Kylee Mar | Individual | Oppose | Written Testimony Only |

Comments:

****OPPOSE****

IT NEEDS WORK!

There are **5 MAIN POINTS** that we are pushing for:

1. All birthing people's **RIGHT TO CHOOSE ANYONE** to attend their birth must be supported to end criminalization.
2. **Cultural and Spiritual Practices** must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.
3. **Licensure Equity:** There needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue.
4. **Full Scope of Practice** for CMs and CPMs must be recognized and allowed.
5. **The term "Midwife"** belongs to the community, especially in cultural use. It **is not a proprietary term** and should not be treated as such.

HB-1194-HD-2

Submitted on: 3/12/2025 7:19:39 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Audrey Alvarez | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

My body, my choice, my home.

As a mother of 3 that had my babies peacefully at home with people that I love and trust supporting and empowering me (my traditional midwife, partner and two dear friends), I believe that every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices may not be limited- or it is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawai‘i is not ok. Criminalization of any practitioner limits the reproductive choice of any birthing person. We ask you to stand by your words from the "Stand with "the safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women’s rights forged by our ancestors..." and protect the true autonomy of all birthing people.

Please do what is pono and stand with us.

Mahalo,

Audrey Alvarez

March 12, 2025

Aloha e Honorable Chair Senator San Buenaventura and Committee members,

My name is Lilinoe Luhaipohahawainani Pe'a Atkinson. I am a kanaka maoli born and raised on the island of Hawai'i. I have been studying to become a midwife as a portfolio evaluation process midwife student (PEP student midwife). I have been studying with my NARM Certified preceptor since 2016. I could have been done with my education and become a CPM by now except, in 2019, when the midwifery law 457J passed, it made me illegal to continue to learn midwifery. The way the law is currently written, I also do not have the opportunity to use all of my years of education and training to become a licensed midwife o my native home. I have maintained my cardiovascular pulmonary certification, and neonatal resuscitation certification in a hope that the legislature will amend 457J and allow me to complete my training that I am so close to achieving.

I want to thank you for all of your work to protect reproductive rights for women in Hawai'i. The legislature needs to DO MORE than just pass legislation because the bill is going to sunset, we need to pass GOOD legislation and fix the flaws that exist in the current version of 457J.

Traditional Birth Attendant Exemption

Act 32 passed in 2019, it established a three-year period to allow birth attendants to define themselves and develop common standards, accountability measures, and disclosure requirements with the intent that at the end of the three-year period, the legislature would adopt further legislation to establish a permanent pathway for traditionally-trained, non-certified birth attendants to continue to legally practice in Hawai'i, regulated through the traditional birth attendant exemption. Act 32's exemption was originally drafted based on the precedent of Oregon's successful midwifery law. Under section 687.415 of the Oregon Revised Statute, a person can practice direct entry midwifery without a license, if that person does not use legend drugs and devices, does not advertise as a midwife, and provides a State approved disclosure statement to every client. Although Hawai'i law contains similar provisions, the exemption is limited to only persons acting as a traditional birth attendant on or before July 1, 2023.

With the loss of the traditional birth attendant exemption on July 1, 2023, provided in HRS 457J, and although this group of traditional birth attendants are recognized by the State and provide culturally appropriate care to the communities they serve, their continued service is now criminalized and punishable with jail time and a fine of \$1,000 per day should they continue serving the birthing people who desire their services. Most of these traditional birth attendants are not covered by the native Hawaiian midwife exemption recognized by the State. Neglecting to exempt other cultures from stringent, western licensing requirements, predominantly disenfranchises people of colour. Traditionally-trained birth attendants of all cultures are valued and preferred by some consumers, and the type of birth attendant utilized at birth should be the birthing person's choice alone. All birthing parents should have the right to choose their preferred birth attendant. The consumer does not need the State to pass laws to protect them from their own well informed choices.

https://www.oregon.gov/oha/PH/HLO/Forms/DEM_Traditional_Midwife_Information_Disclosure.pdf

Omission of Portfolio Evaluation Process (PEP) Certified Professional Midwives for Licensure

Act 32 inadvertently omitted a category of certified professional midwives who are certified by the North American Registry of Midwives (NARM), the national certifying body of the certified professional midwife. NARM offers two pathways of accreditation to obtain the certified professional midwife credential.

Individuals may graduate from one of eight midwifery schools accredited by the Midwifery Education Accreditation Council (MEAC), none which exist in Hawai'i. This is known as the MEAC pathway;

Or

Individuals may pursue independent study with the guidance of NARM approved preceptors known as the PEP pathway.

Both pathways require an extensive apprenticeship as well as acquisition of the same knowledge base, training, and hands on skills. The knowledge necessary to practice midwifery as a CPM is confirmed by passing the same standardized exam. NARM has submitted testimony that they, as the certifying body of all CPMs, find both educational routes to be equal, and there is no distinction between midwives once credentialed. NARM further testified that greater than HALF of all the CPMs are certified through the PEP pathway. The vast majority of the State's currently licensed midwives were certified through the PEP pathway.

As there are no MEAC accredited schools in Hawaii, the inclusion of the PEP pathway offers more reasonable access and affordability for midwifery students, specifically in Hawai'i, to obtain certification as a CPM. As 457J is currently written, only PEP trained midwives, who were credentialed prior to January 1, 2020 may receive a license. Moving forward, this leaves only those credentialed by way of the MEAC pathway able to be licensed in Hawaii.

<https://narm.org/pdf/files/CIB.pdf>

Limited Prescriptive Authority for Certified Professional Midwives

Midwives undergo comprehensive training to ensure safe use of medications common the pregnancy, childbirth, breastfeeding, and the postpartum period. CPMs have already been granted the ability to obtain and administer certain prescription and over the counter medications. Granting limited prescriptive authority to CPMs aligns Hawai'i with the growing body of evidence supporting the safety and effectiveness of midwifery care. Studies have shown that CPMs provide high-quality care that results in lower rates of interventions, such as cesarean sections, while maintaining excellent maternal and neonatal outcomes. By allowing CPMs to prescribe midwifery specific medications, they can manage common pregnancy-related conditions and complications more effectively, ensuring that women receive timely and appropriate care without unnecessary delays. Limited prescriptive authority also allows the consumer to utilize their health insurance coverage to pay for medications that are necessary during their course of care.

Hawai'i faces unique geographical and logistical challenges that hinder access to healthcare, especially on the neighbor islands. With many rural and underserved areas in the state, CPMs serve as a crucial resource for pregnant individuals who do not have easy access to obstetric care. By granting limited prescriptive authority, CPMs can better address healthcare these disparities by providing comprehensive care, including the ability to prescribe prenatal vitamins, antifungal creams, anti-nausea medications, and other necessary medications like IV antibiotics for group B streptococcus, and Rhogam for people with RH negative blood. Limited prescriptive authority will not only enhance the level of care provided by licensed midwives, it will empower pregnant people to take charge of their health during pregnancy.

Moreover, CPMs in Hawai'i are vetted trained professionals who have undergone rigorous apprenticeship programs and clinical training, equipping them with the knowledge and skills necessary to prescribe required medications safely. In 2022, Washington state granted limited prescriptive authority to CPMs. Since that time they have demonstrated responsible and effective prescribing practices. By following this

precedent, Hawai'i can ensure that CPMs are fully integrated into the healthcare system, working collaboratively with other healthcare providers to improve maternal and child health.

Lastly, granting limited prescriptive authority to CPMs will lead to improved consumer satisfaction. Many people prefer midwifery care for its holistic approach and personalized attention. When CPMs can prescribe medications, it enhances their ability to provide seamless and continuous care, fostering trust and satisfaction among their clients.

Granting limited prescriptive authority to CPMs in Hawai'i is the next logical step toward improving maternal and infant health outcomes, increasing access to care, and promoting a more integrated healthcare system. By following the example set by Washington state, Hawai'i can empower its CPMs to provide comprehensive, effective, and compassionate care to the women and families they serve.

All CPMs undergo comprehensive training to ensure safe medication prescribing, which typically includes the following components:

1. **Education:** All CPMs complete rigorous educational requirements that include theoretical knowledge and practical skills related to pharmacology, maternal-fetal medicine, and the management of pregnancy, childbirth, and the postpartum periods. This education includes specific training focused on pharmacology and medication management.
2. **Clinical Training:** During their education, midwifery students gain the experience needed in managing various pregnancy-related conditions. This training includes learning how to both use and prescribe medications pertaining to midwifery while under the supervision and guidance of their experienced midwife preceptors, and by taking pharmacology and medication management classes through NARM approved courses. This practical training is crucial for developing the skills needed to assess patients and make informed prescribing decisions.
3. **Certification:** After completing their individual educational pathway, a midwife must pass a certification exam (e.g., the Certified Midwife or Certified Professional Midwife credentialing exams) that assesses their knowledge and competencies, including those relating to medication use and management.
4. **Continuing Education:** Once certified, all midwives are required to engage in continuing education to maintain their credentials. This ongoing education includes updates on pharmacology, new medications, and best practices in prescribing, ensuring that midwives stay informed about current evidence-based guidelines.
5. **Clinical Guidelines and Protocols:** CPMs are trained to follow established clinical guidelines and protocols regarding medication use in pregnancy and childbirth. These guidelines help midwives make safe and effective prescribing decisions.
6. **Interprofessional Collaboration:** CPMs often work closely with naturopathic physicians, obstetricians, pediatricians, and other healthcare providers. This collaborative approach will allow them to consult with specialists when necessary and ensures a comprehensive understanding of when to prescribe medications, and when it is necessary to refer patients who fall outside of their scope for additional care.

Through this combination of education, clinical experience, certification, and ongoing training, midwives are equipped to prescribe medications safely and effectively, ultimately ensuring better health outcomes for mothers and infants. In summary, limited prescriptive authority for CPMs in Washington state has facilitated better access to care, improved health outcomes, and enhanced patient satisfaction, demonstrating a positive impact on maternal healthcare. This model serves as an example for other

states considering similar measures to empower midwives and improve maternal care.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-834-165&pdf=true>

Use of Standards Set for CPMs by Their Credentialing Body

Using the International Confederation of Midwives (ICM) guidelines over the credentialing body of Certified Professional Midwives (CPMs), the North American Registry of Midwives (NARM), is not appropriate for several reasons:

1. **Contextual Relevance:** The ICM guidelines are developed for a global audience and may not account for the specific legal, cultural, and healthcare contexts of midwifery practice in North America. CPMs operate within a distinct regulatory framework that considers the particular needs and challenges in American, making NARM's guidelines more relevant to their practice.
2. **Regulatory Framework:** NARM is specifically designed to establish standards and credentialing for CPMs in the United States, Canada, and Mexico. It focuses on the competencies and training necessary for CPMs practicing in North America. Using ICM guidelines could lead to a mismatch between the expectations set forth by the global organization and the practical realities of midwifery practice in this region.
3. **Scope of Practice:** The scope of practice for CPMs, as defined by NARM, is tailored to the unique aspects of care in the North American context. ICM guidelines may not fully align with the specific scope and responsibilities designated to CPMs, potentially leading to confusion or misinterpretation of what midwives are authorized and trained to do.
4. **Legal and Liability Considerations:** CPMs in North America are subject to specific state regulations and licensure requirements that are not addressed in ICM guidelines. Adhering to NARM's credentialing standards ensures that midwives are compliant with local laws and regulations, which is crucial for protecting both the midwives and their clients from legal liabilities.
5. **Training and Certification Differences:** NARM sets forth specific educational and training requirements for the CPMs that differs from those outlined by ICM. Relying on ICM guidelines may overlook the unique competencies and skills that NARM requires of its certified midwives, leading to gaps in authority to provide necessary care or address safety concerns.
6. **Professional Identity and Autonomy:** Utilizing guidelines from a global body may undermine the professional identity and autonomy of CPMs in North America. NARM represents the interests and needs of CPMs in the region, advocating for their practice and ensuring that their standards reflect local realities.

In conclusion, while the ICM provides valuable insights and resources for midwifery practice worldwide, it is essential for CPMs in North America to adhere to the guidelines and standards set by their credentialing body, NARM. This ensures that their practice is relevant, legally compliant, and aligned with the specific needs of the populations they serve.

The certified professional midwife should also not be held to the American College of Nurse Midwives (ACNM). CPMs are non-nurse midwives. Their professional organization is the National Association of Certified Professional Midwives (NACPM). It is NACPM practice standards that apply to the CPM.

<https://narm.org/> <https://www.nacpm.org/>

<https://www.amcbmidwife.org/> <https://midwife.org/>

Please help expand our reproductive rights. This law has the potential for greatness, sadly as written it is inadequate, too restrictive of freedom of choice, and it will not allow me to be licensed as a midwife someday. I want to be a midwife but 457J and HB1194 HD2 unduly restrict my entry into the workforce as a PEP trained CPM. I want to be licensed by the State.

Please help me!

He noi ha'aha'a keia ia

HB-1194-HD-2

Submitted on: 3/12/2025 7:21:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Michelle Bastardo | Individual | Support | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

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2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Michelle Bastardo

PO Box 1134 Kaneohe, HI 96744

HOUSE JOINT COMMITTEE ON FINANCE

FRIDAY, FEBRUARY 21, 2025 AT 3:00PM

HB 1194 HD2 - RELATING TO MIDWIVES

POSITION: STRONG OPPOSITION

Aloha Chair SanBuenaventura, Vice Chair Aquino, and Members of the Health and Human Services Committee,

My name is Kumelewaioluopaliuli Tiogangco, and I am a senior at Kamehameha Schools in Ola'a. I was born and raised in Hilo, Hawai'i, and was birthed at home in the waters of the pool in my mom's room. This makes this topic deeply personal to me and strongly connected to my Hawaiian heritage. Today, I share my strong support for HB 1328, which seeks to expand access to licensure and protect traditional and customary birth practices.

Our entire family **strongly opposes** HB 1194 HD 2, which makes midwife regulatory laws permanent. Clarifies the scope of practice of midwifery. Establishes licensure requirements for certified midwives and certified professional midwives. Grants global signature authority to licensed midwives. Establishes continuing education requirements. Grants prescriptive authority to licensed midwives practicing as certified midwives and amends the list of approved legend drugs that may be administered. Establishes peer review and data submission requirements. Clarifies exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses. Clarifies medical record availability and retention requirements for the purposes of medical torts.

I stand on my previous testimony for HB 1194 HD1, and state that the amendments added to the HD1 do not address any of the issues raised by myself as someone who was birthed at home, and a reproductive rights advocate wanting to have these options if I choose to have a family in the future. Our family supports the language, intent, and process of consensus that brought HB 1328 to life. All stake holders, rightholders, practitioners and families must be considered in the language to uphold reproductive rights.

I know many of you have been strong advocates for abortion rights and access, I hope that the members of this committee and the body uphold these rights of choice when it comes to all reproductive rights to include birth.

Our family takes great offense to the mischaracterization to Rep. Takayama and Rep. Marten's words on the floor for second reading of this measure. Their words are unequivocally misleading and untruths and this bill is an assault of reproductive rights. I urge you to adopt the amendments offered on the house floor by Reps Belatti and Souza.

Kumelewaioluopaliuli Tiogangco, East Hawaii Island

HB-1194-HD-2

Submitted on: 3/12/2025 7:48:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Laura Safranski | Individual | Oppose | Written Testimony Only |

Comments:

i am opposed and I feel no male should even be allowed to support this bill.. pregnancy is personal, private, and a spiritual experience..

Limiting birth mothers' choices is wrong.. it can cause undue stress and trauma to mother and child.. we all know navigating the healthcare system is stressful and not setup in the patients favor as it is a for-profit system.

as a white woman I see this as clear oppression, it's an attempted murder of cultural practices that have been in place far longer than anything else

HB-1194-HD-2

Submitted on: 3/12/2025 7:49:59 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Barry Yokoyama | Individual | Oppose | Written Testimony Only |

Comments:

Please OPPOSE HB1194. This bill restricts personal birth choices and midwives.

HB-1194-HD-2

Submitted on: 3/12/2025 7:53:25 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Grant Tiogangco | Individual | Oppose | Written Testimony Only |

Comments:

Please OPPOSE this bill. My son was born at home with midwives and the experience was TRAUMA FREE and ABSOLUTELY SAFE. I do not support making laws like this one that infringes on reproductive rights and are fundamentally racist in nature and practice. I urge you all to listen to community and support birthing people and practitioners.

Grant Tiogangco, Hilo

HB-1194-HD-2

Submitted on: 3/12/2025 8:07:50 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Holly Lewis | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Holly Lewis

111 W 1130 S

wellsville, Ut 84339

Testimony for HB 1194

Aloha, my name is Amber Seber and I am a resident of the Big Island of Hawaii.

First, I would like to thank you humbly for considering my testimony. I happen to hold a very unique and critical perspective on the current issue of HB 1194 and I promise that the information that I am giving is important and will be worth the read. Mahalo for your valuable time and thank you for representing the people of Hawaii.

To be clear, I am not a midwife or an obstetrician and I can in no way be affected financially by the decision either to pass or repeal this bill.

I also want to firmly establish that I am grateful for and in awe of the medical expertise of obstetricians and for their knowledge and abilities and the lifesaving care that they can provide. I am in no way whatsoever against any form of consensual medical care.

I strongly implore you to reconsider any decision to go forth with HB 1194 in any form. I completely understand that the bill is written and designed to appeal to those who care deeply about the safety of pregnant people and babies. I firmly and wholeheartedly agree that we should always consider health and safety first. However, the real-world implications of this bill are quite insidious and its actual intentions are very different from what is being told to those unfamiliar with exactly why this is being proposed and what is currently going on in the birth world regarding this legislation.

We are already seeing the frightening effects of similar legislation around the world and within other areas of our own country. I would like to call attention to the known issues facing women in areas where similar legislation has been enacted. Namely that the legislation proposed results in women and babies being placed in dangerous situations as well as women losing their rights completely to bodily autonomy and self-sovereignty. It is a revocation of women's innate right to reproductive freedom.

Midwifery regulation has been heavily pushed by the obstetric community for monetary reasons but has been sold under the guise of being designed to protect women and babies. This argument is designed to be incendiary and makes it easy for them to have legislation passed as no one wants to be the one to argue against that. It has been difficult to fight back with truth, science, and professional knowledge against people whose only straw-man argument needs to be, "so you're saying you want babies to die?"

The legislation, however, cannot make midwifery safer and is actually only designed to create a care monopoly to make it impossible for midwives to operate and to severely limit or even eliminate completely the ability of women to choose what type of care they receive. It creates regulation specifically designed to make acquiring licensure so difficult to obtain that it prevent most midwives from being able to attain it and then restricts them so heavily in their scope of practice that they can no longer even practice midwifery because almost no one qualifies under the law for midwifery care, effectively pushing out all competition and forcing midwives to – under threat of legal repercussions – funnel women back into the obstetric care they were initially attempting to escape.

It is very important for legislators first to understand that obstetrics and midwifery are not connected. They are completely separate and different practices with completely different skill sets and offer completely different services. Midwives are not obstetricians practicing outside of a hospital. They are not providing medicine or medical care and should not be bound under laws suggesting that they are. Unlicensed midwives do not prescribe medications or diagnose and treat illness.

Midwives have no obstetric training or knowledge of how to perform obstetrics nor do they offer any such services in their care. Likewise, obstetricians have no midwifery training or knowledge of how to perform any midwifery practices nor do they offer any such services in their care and, as such, are not able to be in any position in which to oversee or regulate those practices in exactly the same way that midwives are not in any position in which to oversee or regulate the practice of obstetrics.

Midwives are specifically trained to assist women in having safe, natural births. They are not trained in obstetrics and cannot provide surgical procedures. Obstetricians are highly skilled and trained surgeons who can provide optimal care in high-risk medical situations. Except in extremely rare cases, they have no training in and cannot facilitate safe natural births. Obstetricians are the only option for women seeking surgical or medicated births. Midwives are the only option available for women seeking safe natural births.

Obstetricians operate in a very new profession which is overseen by medical licensure as it is the practice of medicine. As it is quite new, it varies very little by area or by culture and is therefore regulated by fairly standardized policies.

Midwifery is an ancient profession which has existed as long as women themselves have existed and whose entire being has been driven by thousands of years of traditional knowledge and experience across a broad range of cultures. Midwifery scope has been decided by women, not by a medical board, and as such, it is as varied as are the women that it services. As its name suggests, midwifery (literally meaning “with-woman”) is about being with women. It is a service by women for women designed to support them physically, emotionally, and spiritually during pregnancy and childbirth and exists entirely because it is based in consent and freedom of choice. It offers a fully customizable model of care for each individual that is completely impossible with obstetric care.

There are many kinds of midwives available to women depending on what type of care one wants. At one end of the spectrum there are highly medical midwives who ARE trained medically and who do offer certain medical interventions. These midwives are institutionally trained and licensed, as they SHOULD be.

Some women want midwives with time-honored skills for safely delivering babies at home without the use of institutionalized medical practices. Other women may want to have a midwife in the home with them who does not interfere except when asked. Still others may choose to have a midwife who offers spiritual or emotional support alone. What is key is that women can customize care to suit their exact situation.

Women who choose to birth with a midwife do not do so out of ignorance or stupidity. Women care for their babies more than anything and spend a long time debating what type of care they would

like in pregnancy and in their birth. They read, speak with other women, and interview providers before making a decision.

Women have a CHOICE in who they want to have with them at their birth and under what capacity. Our legislative body should never under any circumstances subscribe to the idea that doctors care more about women's babies than women do or that women are ignorant and therefore the state must make decisions about their body for them.

Obstetrics as a patriarchal institution has long been vehemently opposed to midwifery, including here in Hawaii where obstetricians have been viscerally hostile towards midwives and homebirthing women. Midwives have been responsible for providing safe care to women who have fled medical care due to an obstetrician's lack of knowledge or ability to provide safe natural birth in certain situations or their refusal to allow it. Midwife care is also often sought as a safe haven from obstetric violence and sexual assault.

"Doctor" is a word that is regulated because it requires a medical degree to obtain. The word "doctor" by its very definition can only describe someone who has undergone education to receive a doctoral degree and achieve licensure. It is, by its very nature, designed specifically to be regulated.

"Midwife" is a word used to describe those who give a holistic model of care to women in pregnancy and childbirth. It is not a legal term and it is not an owned financial and legal asset. To take this word away from those it has always described and allow the state and obstetrics to have ownership over this word and decide who is legally allowed and not allowed to use it is preposterous. It is an abuse of power and a literal example of patriarchy.

Allowing a midwife to call themselves such only with the permission of an obstetrician and the state is a blatant attack on the rights of women. One might as well make a law saying that black people are not legally allowed to call themselves black people unless the "board of white people" decides they may. After very expensive due process, licensure, and oversight of course.

The whole of midwifery and all of its variation, backgrounds, knowledge, practice, culture, and service of women cannot be funneled into a single, streamlined, tightly controlled medical model in which there is but a single option allowed. That is how obstetrics is run. Why go to a midwife that offers the same standard of care you want to avoid AND pay thousands of dollars out of pocket for it? Only to be turned away for any reason at all because the law deems every normal variation immediately places a woman's body back under obstetric control.

This means that women will have no choice but to either give birth in a situation they refuse or be forced to go completely alone and without any knowledgeable assistance of any kind. There is no consent either way in this situation.

While this may sound far-fetched, this is already exactly what we are seeing happen now. This is happening as you are reading these words - to thousands of women across the globe and in this state at this very moment. Women are choosing to give birth completely unassisted because of the

abuse they received at the hands of medical professionals and because the care they do want has been made illegal for them to obtain.

We know EXACTLY what women do when denied legal options for care. They find another way, however safe or unsafe. And then women are treated as criminals.

I would like to tell my own story from 17 years ago, before midwifery regulation.

I became pregnant three times before having my first child. Two were lost to miscarriage. With the third, I was seeing an OB who I will refer to here as Dr. N in Hilo for prenatal care. I had received an HCG test at Bay Clinic to confirm my pregnancy in order to get a referral to him. Once in his care, I was given another HCG test some days later. Concerned due to my previous miscarriages, I noted the HCG levels on both of my tests. My levels had increased, but only slightly and not nearly enough for a viable pregnancy. It was a common sign of possible ectopic pregnancy, a dangerous condition in which the embryo develops outside of the uterus. A coworker of mine had had one some years prior and nearly lost her life.

I brought it to the attention of Dr. N the following day and asked if he would be able to order me another HCG test to check levels. Annoyed, he told me that if I wasn't in extreme pain, I couldn't possibly have an ectopic pregnancy. He denied me the test. My HCG levels were so alarming, however, that I asked a second time later during that appointment if I couldn't have a second test done. Dr. N became angry and refused me again, this time saying that he was the doctor, not me, and that I didn't know what I was talking about.

Frightened and in tears, I begged him to allow me the test. Furious and red-faced, he scribbled on a sheet of paper and threw it at me across his desk. He screamed at me to get out of his office and stop wasting his time. I cried on my way to have my blood draw and anxiously awaited my results. Again, it was a too-small increase. A stronger sign of possible ectopic.

Frightened, I called Dr. N's office and asked if he were available to ask advice. The receptionist was kind and went to ask. When she came back, she was agitated and asked me why I wanted to talk to the doctor. She asked if it was about HCG results. I said it was. She shortly replied that if I was concerned about something that I should just go straight to the emergency room and she hung up on me.

I took myself to the emergency room immediately and brought my test results. I was put under the care of the on-call OB, Dr. H. Upon looking at my HCG levels, he sent me immediately to ultrasound. What they found was an ectopic pregnancy on my right ovary which had already ruptured. My abdomen was filled with blood and fluids. Dr. H exclaimed that he was surprised that I was not in extreme pain as I was experiencing what may be a life-threatening emergency. He explained that in some cases, when an ectopic has ruptured, the bleeding may stop on its own and it can self-resolve so we decided I would be kept in the hospital under observation.

I was incredibly lucky and my situation did resolve itself. But what angered me was that I COULD have died but was denied medical care by Dr. N. After I was sent home, I contacted Dr. N's office. I politely informed the front office that I had been in hospital with an ectopic pregnancy and that I

was requesting my medical file to be sent to Dr. H's office as I was being transferred to his care. The woman I spoke to was initially very kind and said that she would be happy to get the file for me and send it over. She put me on hold for several minutes and I waited. When she came back, she was hostile. She loudly informed me that I was not allowed to have my file and that if I ever called their office again, they would have a restraining order placed against me. Then she hung up.

I went with my new OB, Dr. H with my fourth pregnancy a few months later. After finding I was pregnant, we suffered a devastating financial blow but I was able to get prenatal care covered by Med-QUEST. I decided I wanted minimal invasive care this time and no ultrasound.

I arrived at my first appointment 12 weeks pregnant and so happy and excited as I had never carried a pregnancy this far. I was made to sign paperwork on arrival stating that I would be paying partially out-of-pocket for his services because I was on Med-QUEST which I weeks later learned is illegal.

I was told to put on a gown for a vaginal exam but I declined as they always seemed to cause me yeast infections. Then I was told I had to disrobe for an ultrasound and I explained that I was declining US as well. He scowled and said that I wasn't allowed to get care there if I was planning a home birth. I had given him no reason to think this was happening.

He asked me what I was even doing there if I didn't want care. I told him that I would like to have blood tests and urinalysis, and I asked if he might be able to listen to my baby using a fetoscope. He laughed and said that he had never even owned a fetoscope nor had he ever used one even in school. He informed me that they did not work and that it was anyway impossible to hear a fetal heartbeat at 12 weeks.

Dr. H then told me that I was allowed to decline the ultrasound this once but that I would definitely be receiving one at my next visit, I didn't "have a choice." He told me that it was necessary for him to give me one because there was no other way to know I was still even pregnant and that I could be lying to him about how far along I was. I left his office so incredibly sad and defeated as he had been so kind to me before in hospital.

The next day, I decided not to go back and began contacting midwives in the area. I called a few to ask if they took my insurance and was told no. The third told me that there is no midwife here that takes insurance. I told her that I was experiencing a financial crisis and had no private funds for midwife care so if there was no one, I would be on my own. She hesitated, then gave me a phone number and told me to contact this midwife, that she could help me.

I called the midwife, M, and told her my story. I said I wanted prenatal care but that I had decided I wanted to birth alone, without a doctor or midwife. This was my own choice and had nothing to do with an inability to access the care of my choice (as it so often is for many women). She was extremely supportive and she and her partner midwife came to my home the next day. I explained my insurance situation and she told me not to worry, that I did not have to pay because they cared for all women regardless of their financial abilities.

I was greeted warmly and with love. I asked so many questions. Each had been practicing for over 20 years. One was a traditional, direct-entry midwife. The other was a certified nurse midwife. They specialized in providing high-level care to women in poor and rural areas around the world. They worked on donations. I asked a million questions about what kind of care they could provide. I

wanted the best and safest care for my baby. I was very happy choosing them and comfortable with their unique levels of expertise.

They felt my uterus and said I was 12 weeks along. I said yes, exactly 12 weeks and one day! I knew the exact day I had conceived. They hugged me. They smiled. They were kind!

When I declined M's ultrasound, she pulled out a fetoscope. I told her my doctor had told me that fetoscopes don't work. She laughed. Within seconds, she had a heartbeat. They let me listen through the fetoscope and I heard my baby for the first time: the most beautiful sound! I told them my doctor had told me that it's impossible to hear a heartbeat at 12 weeks and they laughed again.

I never had to travel or sit in a waiting room. They visited me often. They came to my house. They would stay for hours. They performed testing at every visit.

When they saw I was leaning toward possible gestational diabetes, they coached me on how to properly control my diet to halt it. Doctors do not do this.

They brought me food and fresh fruits and vegetables. They taught me what foods were safe and unsafe. Nothing about diet from my doctors.

My midwives could tell without ultrasound how big my baby was. Doctors cannot.

They stayed after every appointment to teach me how to care for a baby, infant safety, how to recognize illness or problems in infants, use diapers, wash and clean my baby, how to wrap and even hold them. They showed me how to make their sleeping area safe and how to tell if they are hot or cold. Doctors do not.

They taught me how to breastfeed and what problems to look for. They gave me nipple creams and supplies. They showed me how to get WIC and how to get a free breast pump. They loaded me up with books and videos. My doctors did not.

When I could not sleep, they showed me what worked. When I was experiencing excruciating back pain, they did a cranial massage that made it stop. They called me to make sure I was doing okay and to ask if I needed anything. Years go by between me seeing M on the street and she calls out to me every time and hugs me and tells me how lovely I am. She remembers my children's names. Even seventeen years later. My doctors did not even recognize me from one appointment to the next.

When I went into labor and called my midwives, they told me I was doing amazing and that they would stay up all night by the phone in case I wanted them to come. Later, they drove by my home to make sure I was comfortable and happy before leaving when I asked.

I had the most wonderful and incredible birth and when I asked them to come after, they came. They smiled and petted me. They weighed my baby and gave us full exams. They explained every step. They watched over me. They asked me if I wanted stitches for a small tear and I did. They made a sterile field, administered lidocaine, and stitched me in my own bed. They brought food. They listened to me and treated me like a sacred human being.

I have never felt so cared for or treated with such humanity as those women showed me. My doctors refused me even the most basic humane respect.

This is what we stand to lose. All of this.

In the years following, I had a second child, also on my own, completely out of preference and by privilege, not force. And then a very curious trend began happening. When other moms would find out that I had had my children by myself, they would sometimes say to me, “I have to tell you what happened to me.” And I would always brace myself for some horror birth story intended to shame me for my dangerous choices. But was always the opposite: a horror story they experienced at the hands of their doctor. These women saw me as someone who was safe to tell their story to because I would be someone who understood. I would be someone who would not tell them, “at least your baby is alive. That’s all that matters.” Because it isn’t ALL that matters to women.

Bodily autonomy, sense of self, sense of safety, and the right to say no and to avoid abuse and trauma of every kind is also essential to every mother.

My coworker told me the story of her second daughter’s birth at Hilo Medical Center, completely unmedicated, and how her 12 year old was able to be there to videotape the birth. She told me angrily about how the doctor tried to cut an episiotomy as her baby’s head emerged and when she said no loudly, he grabbed the camera from her daughter and tried to wrestle it away from her while jabbing at my friend with the scissors. He forced his way between her legs as she screamed for her daughter to keep recording and she kicked him over and over again in his face before he restrained her legs, shoved his hands between her thighs, and sliced her open. This doctor never had to answer for or receive any repercussions for his actions.

Another woman I met at a breastfeeding group cried as she told me that a Hilo OB, Dr. E, had told her when she arrived from out of state that she was much farther along than her previous doctor had said she was. She insisted she was only 6 months along, but Dr. E pressed that based on ultrasound that her baby was very overdue and too large to be born vaginally. She was booked immediately for cesarean for a baby that ended up being only just over three pounds. Her daughter suffered permanent mental disabilities due to being so premature. Now she cannot ever have a vaginal birth as it is not allowed at our hospital. This doctor also never had to answer for or receive any repercussions for his actions.

But they both think that midwives here should be strictly controlled at every turn – enough to completely eliminate them as an option for women.

We protested outside of HMC as moms and midwives against our hospital’s policy banning VBAC despite all evidence, including from ACOG, that it is safer for a woman to attempt a VBAC than it is for her to undergo a repeat cesarean, especially with multiple pregnancies. Women were being forced into a system with an already high cesarean rate and then denied safe and evidence-based care in the future with nowhere else to turn.

Again and again, I hear these stories. As a freebirther, I am part of many birth groups online. Over the decades, something very disturbing we often see is women choosing unassisted birth because

they have had extremely traumatizing experiences with medical professionals and are unable to access midwife care due to regulation restriction.

I cannot begin to tell you how desperate a woman has to be to choose to give birth completely alone and with no support whatsoever because the alternative she is left with is too unspeakable to even consider. I implore you to spend some time listening to the stories of women who choose unassisted childbirth and the heartbreaking stories that sometimes lead them to make such decisions. I find freebirth to be incredibly wonderful and beautiful but would never, ever, ever try to coerce or force a woman into it by removing her born right to the care of her choice.

Making any form of midwifery illegal completely takes away women's right to choose. It eliminates safe options for women to birth how they want to. It strongly implies that women are at best stupid and irresponsible and at worst an active danger to their babies, completely incapable of deciding for themselves what type of care they should have and unable to make rational decisions regarding their care to such an extreme level that threat of legal punishment must be used to literally force them into submitting.

HB 1194 is a way for obstetricians to funnel women seeking asylum from the obstetric system forcefully back under their care to sustain further abuse or to go completely alone without anyone's assistance. This is cruelty at its core. It is inhumane and goes against a woman's sovereign right over her own body. To now give obstetricians the right to completely govern midwives and their scope of practice essentially allows them unchecked control of whether or not midwives can even practice at all and gives them the power to punish them under the law.

You know this is true so strongly that you have made amendments to the bill to allow traditional Hawaiian midwives and healers to continue practicing. Because it would be unusually cruel to take that away from native people. But midwifery is traditional FOR ALL WOMEN EVERYWHERE. Regardless of race or origin, midwifery belongs to all women from all cultures and all backgrounds and all women have a born right to it.

This is what you will be taking away from women if you pass HP 1194.

Please take a moment to consider this and what it means to take away women's choices and to control their bodies and deny them any decisions over their own bodies and healthcare. Please do not give governance of midwifery to the very profession who would gain financially from its control or demise.

Instead, I suggest something that WILL absolutely create a better and safer birth environment for women and babies – passing only the legislature requirements suggested for traditional Hawaiian practitioners as a blanket requirement for all midwives (with edits from **§457J-I**):

“...a person acting as a midwife and are intended to assist pregnant people during pregnancy, birth, and the postpartum period shall, at the time care is first initiated, disclose to each client verbally and in writing on a form adopted by the department:

- (1) Whether or not the person is a licensed midwife and is engaging in the practice of midwifery;

- (2) Whether or not the person possess a professional license issued by the State to provide medical care to women or infants;
- (3) Whether or not the person's education and qualifications to provide assistance through traditional practices to people during pregnancy, birth, and the postpartum period have been reviewed by the State;
- (4) The person's education and training;
- (5) Whether or not the person is authorized to acquire, carry, administer, or direct others to administer legend drugs;
- (6) Any judgment, award, disciplinary action, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing regulatory authority, territory, state, or any other jurisdiction; and
- (7) A plan for transporting the client to the nearest hospital if a problem arises during the provision of care.”

Such direction would in no way limit a woman’s choice of provider or punish midwives for providing care to a consenting woman but would instead require all midwives of every type to fully explain and disclose their level of education, scope of care, licensure or lack thereof, and provide an alternative care plan in case of need to every client. Women deserve to be given full disclosure on the type of care they are requesting. They ALSO deserve the right to choose or deny it.

I implore you to allow women to retain the right to make their own educated decisions and avoid the control of women’s bodily autonomy by the state. It is only possible to harm women and babies with the passing of this bill.

Very sincerely and humbly,

Amber Seber

HB-1194-HD-2

Submitted on: 3/12/2025 8:27:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sovereign | Individual | Oppose | Written Testimony Only |

Comments:

I am kanaka maoli. One of my grandmother's is filipino but under this law my it is ILLEGAL for my grandmother to help "administer care" when I give birth. Certain family members are very clearly exempt in this law, while others are not.

(6) Administering care to [a] the person's spouse, domestic partner, parent, sibling, or child."

The exemption for family domestic remedies is NOT clear.

Please end criminalization of grandmothers and include them and all family members (including hānai) to be able to administer care when family members choose them.

HB-1194-HD-2

Submitted on: 3/12/2025 8:33:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kimmer Horsen | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Kimmer Horsen, and I am a resident of Ewa Beach. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the

State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery

license.

- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Kimmer Hosen

HB-1194-HD-2

Submitted on: 3/12/2025 8:37:16 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Johanna Anagaran | Individual | Oppose | Written Testimony Only |

Comments:

What about my body, my choice in this context? Let birthing moms choose their providers- people whom they trust! Hawai'i islands consist of many areas with limited hospital access- please keep allowing these traditional and religious midwives to be there to help without getting criminalized. This is a place of cultural diversity- current midwifery service take this into account by allowing for cultural practices surrounding birth. It is a major financial hardship for many that have extensive years of training and experience under their belt to have to go to the mainland for training leaving their families behind. School/Study costs often aren't met by salaries here as you know, which is why providers once trained on the mainland often stay away to live. Please support educated decision making of all citizens instead of mandating. These practitioners were promised to be "grandfathered in" as far as I know. Please do your best to protect them. Nobody has to use these services, people choose to, Both of my children were born at home without complications, healthy and well. It was one of the safest and best experiences for me that I could have ever hoped for!! The care I received was outstanding before, during, and after my birth. The education I received from my provider let me make my choice about the journey of birth as far as I was able to. My background is in the medical field. Please re-think your decision on this bill. Mahalo!!

HB-1194-HD-2

Submitted on: 3/12/2025 8:38:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| J Pualani Vendiola | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill.

HB-1194-HD-2

Submitted on: 3/12/2025 8:40:09 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Maly Gella | Individual | Oppose | Written Testimony Only |

Comments:

I strongly Oppose this bill!

HB-1194-HD-2

Submitted on: 3/12/2025 8:49:18 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Krista Carella | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill. The government shouldn't be involved in how women birth, no matter how much money the pharmaceutical companies give you.

HB-1194-HD-2

Submitted on: 3/12/2025 8:55:29 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Erica McMillan | Individual | Oppose | Written Testimony Only |

Comments:

Dear Senators,

I thank you for taking the time to read my testimony and I will keep it straight to the point. As a voting resident of Honolulu, a mother of homebirth 5 children (since 1996) and a midwifery student here on Oahu I urge you to vote NO on HB1194. This bill does NOT represent the needs and desires of the birthing families and their chosen care givers who will be most affected - as it stands now.

As a member of the homebirthing and midwifery community here in Hawaii for over 25 years I can tell you we are willing to work with other healthcare providers, regulatory bodies, and government - however, our concerns must be recognized for the legislative process to be successful. HB1194 as is stands will negatively impact the homebirth communities across the Hawaiian islands. As written at this time, the bill forces birthing mothers to work with care providers they don't want or trust, criminalizes grandmas, aunties, and friends who want to support birthing moms, criminalizes traditional and religious birth workers, and creates major financial hardships for training midwives.

Passing HB1194 as it stands now will create dangerous problems for families and the state itself. History shows us that unfair legislation such as this will NOT stop people from choosing the path they want and will force them into dangerous situations. It makes good sense to stop this bill now so it can be rewritten to truly serve and protect mothers, families, and their care givers. Please acknowledge the concerns of the communities directly affected by this legislation by voting no.

I urge you to OPPOSE HB1194 and play a positive role in creating something that works for everyone so mothers and their babies will have the best inclusive care possible. Hawaii is unique in this country for its tolerance and respect for people of many races, religions, and life philosophies. Let us be positive leaders by uniting communities in this most precious stage of life that. I urge you to uphold this tradition of Aloha for all.

Respectfully,

Erica McMillan

HB-1194-HD-2

Submitted on: 3/12/2025 9:00:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Heather Quintana | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I am writing in strong opposition to HB1194. It fails to protect birthing people's reproductive freedom and unfairly limits access to midwifery licensure.

For the love of our hānau community and culture please consider taking this bill back to the drawing board.

Mahalo nui,

Heather Quintana

HB-1194-HD-2

Submitted on: 3/12/2025 9:01:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kristen Floyd | Individual | Oppose | Written Testimony Only |

Comments:

My name is Kristen Floyd, I am a Native Hawaiian woman and I strongly OPPOSE this bill. I oppose this bill on behalf of my daughter. I oppose this bill on behalf of my nieces, my aunties, my cousins and my sisters at heart. To criminalize practices that have been passed down from generations is to criminalize a culture! Access to healthcare is already so limited on Maui, with Maui Memorial Hospital already being nicknamed one of the worst hospitals in the state for its constant malpractice stories from families who have fallen victim to western medicine that has not helped them! Give women a choice. Let them choose who is right for their bodies! Cultural birthing practices are such a huge part of our culture and to criminalize it is to criminalize me for speaking the Hawaiian Language. This bill NEEDS to be killed. This will not be good for anyone. This will only limit resources and limit the health and safety of all women in Maui County.

HB-1194-HD-2

Submitted on: 3/12/2025 9:14:12 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Deanna Lloyd | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

*Drawbacks of HB1194 HD2***1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. **Add a Birth Attendant Exemption with Consumer Protections**

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. **Add a Religious and Spiritual Birthing Practices Exemption**

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. **Add an Exemption for Hānai Family and Grandparents**

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. **Allow Multiple Pathways for Midwifery Licensure**

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration **Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i**

HB-1194-HD-2

Submitted on: 3/12/2025 9:22:42 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Sai Sooriyakumar | Individual | Oppose | Written Testimony Only |

Comments:

Please vote No on this bill.

Mahalo,

Sai

HB-1194-HD-2

Submitted on: 3/12/2025 9:22:44 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Brian Kahele | Individual | Oppose | Written Testimony Only |

Comments:

I oppose

HB-1194-HD-2

Submitted on: 3/12/2025 9:22:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|------------------------|
| Jennifer Noelani Ahia | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Noelani Ahia and I am a resident of Wailuku, Maui. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Noelani Ahia, MSTOM

HB-1194-HD-2

Submitted on: 3/12/2025 9:27:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Teagan Weeks | Individual | Oppose | Written Testimony Only |

Comments:

I oppose bill 1194 because it forces birthing mothers to work with care providers they don't want or trust. It criminalizes family members and friends who want to help birthing mothers. And it criminalizes traditional and religious birth practices. Not to mention cause financial hardship for those who are training to become midwives forcing them to train in the states at western schools.

It should be my choice to choose how I want to birth my baby and to choose a midwife I trust who is experienced to know the difference between a normal labor and one that isn't. This bill takes my freedom and choices away.

HB-1194-HD-2

Submitted on: 3/12/2025 9:32:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kyra Kahele | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill because it's dangerous and strips people of their freedom to choose who they want at their birth.

HB-1194-HD-2

Submitted on: 3/12/2025 9:32:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| David Kahele | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill because it's dangerous and strips people of their freedom to choose who they want at their birth.

people should be free to choose what they want for themselves, that is the right of all

HB-1194-HD-2

Submitted on: 3/12/2025 9:36:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Cheryl Rzonca | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB 1194 and ask that you vote no on it. This is an unnecessary bill that restricts our rights to medical choice. There is also government is not our doctor. This also restricts cultural and religious practices. Vote no!

HB-1194-HD-2

Submitted on: 3/12/2025 9:41:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Lauren Rolland | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Lauren Rolland

67-222 Kukea Circle

Waialua, HI 96791

lauren@rolland.biz

HB-1194-HD-2

Submitted on: 3/12/2025 9:43:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Akana | Individual | Oppose | Written Testimony Only |

Comments:

As people who are "standing with wahine" I want you to stand and not make women or pregnant individuals feel as if they have to listen to others instead of themselves when it comes to their body. I want people who will not only listen but be there for mothers and their birth choices.

HB-1194-HD-2

Submitted on: 3/12/2025 9:55:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Mahie | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made. Mahalo nui loa for your time and consideration.

With deep respect,

Mahie King

Kailua-Kona, Hawaii

mahiedarling@gmail.com

8084988392

HB-1194-HD-2

Submitted on: 3/12/2025 9:59:17 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|------------------------|
| Cecilia rouvillois | Individual | Oppose | Written Testimony Only |

Comments:

I believe that this bill is extremely detrimental to our community here in Hawaii. I was born with the help of a traditional midwife and have been present at the birth of family members and it has impacted our family in such a supportive and empowering way. I now am entering into the field of birth work and this bill can prevent me from providing care and support that families absolutely need and deserve access to. I have spent several years establishing community and family here and if this bill does not change, I will have no legal option to continue my studies and my work.

HB-1194-HD-2

Submitted on: 3/12/2025 10:05:31 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kelly Delgado | Individual | Oppose | Written Testimony Only |

Comments:

When We Stop Pushing

Birth is not about pushing - And perhaps that is how the medical and midwifery world should look at each other. Instead of pushing back on one another, creating a plan on how to work together, to work together for the benefit of women- just like a woman's body works with the baby at the end of Labor. When a woman stops fighting against herself, she no longer has to push.

That place, when the body takes over- a place that a midwife understands. It's a time in labor when all senses are heightened, when the women must fully let go, yet be completely supported on the outside by the people around her.

Yes, this support can happen both in the hospital and at home. But there is no more comfortable place than being in your own space in your word, your home. And this is the role of a homebirth Midwife- to assist you in that space where you're most comfortable. To fully support the mother in her being. And shouldn't that be the goal, the goal for all births? To fully support the mother and child.

No two laborers are like and likewise, the care that a mother needs may also look different each time it happens. But different is the beauty of Labor. Each woman finding her place where she doesn't have to push, Finding her team that fully supports her and her child. Finding the space which allows her to be her strongest self. Just because it may look different than the medical world, the goal to support the mother and child at home is the same- and there is no fear in that.

I have six children, two were born in the hospital and four were born at home. My first birth in the hospital was absolutely beautiful, a water birth with full support of a hospital based midwife. My second birth in the hospital was the more typical rushed, chaotic scene with lots of resident doctors staring over clipboards watching me labor in a squatting position, which was considered new and unheard of in that hospital. From that experience, I decided to have home births with my next children. And like each hospital birth, each home birth was also unique.

However, what I learned from my home births, and something that I did not experience in a hospital setting, was understanding what my body was capable of. I learned to let go, I learned not to Push. I learned to not fight the contractions. To let them do the work they are supposed to

be doing. I learned to let my body do the work that woman are created to do, letting go, being without fear and being supported by my Midwife and her team.

As any mother knows, you never forget labor, the good and the bad, the details. In the hospital, I remember the heart monitor, the cold wires, the feeling of being on center stage, nurses and doctors around poking and prodding both before the baby and then through the night and day after the baby- never having a time to bond with either the baby or my husband without interruption. Never being able to fully rest.

But when at home I remember a different piece of labor. I remember the sun shining on my face. I remember the wind through my hair. I remember the sounds of the birds. I remember a monarch butterfly flying overhead. I remember the smells and the touch of those around me, warm and inviting. I remember giving birth and then being wrapped in towels and blankets. I remember nursing my child in my own bed without interruptions. I remember eating a warm meal with my other children all around me. This is the beauty of a homebirth. A birth with Aloha, a birth where women find an inner beautiful strength that will stay with them forever. A birth where we can start supporting women as a whole.

A birth where we stop pushing and start fully supporting.

HB-1194-HD-2

Submitted on: 3/12/2025 10:07:02 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Tina-marie Mahiai | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Tina-Marie Mahiai

164 Hartsock Ct 103 Wahiawa, HI. 96786

Tinamariamahiai@yahoo.com

(808)364-2692

HB-1194-HD-2

Submitted on: 3/12/2025 10:35:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Tehani Kahalewai | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

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2. Limits Birthing Options and Accessibility

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4. Fails to Protect Consumer Choice and Autonomy

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HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Tehani Kahalewai

HB-1194-HD-2

Submitted on: 3/12/2025 10:07:35 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jill Fields | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I strongly oppose HB1194. It is a dangerous bill that will harm women, children and families across Hawaii. This bill needs to be amended or killed immediatly. As a mom to six and grandmother to seven, I feel that this bill over regulates parents and will lead to more harm than good. If there is anyone to trust with a child it is their owns parents. Both mom and dads will do whatever is best for their kids, including finding the best doctors for them and their situation. If you take away midwives in Hawaii, you will find that parents will be forced to not turn to Western medicine but to their own devises, especially in rural areas. Women and parents should be free to choose who they want and trust to bring their child into this world.

Please vote no to this dangerous bill for the present and future parents and children in Hawaii.

Mahalo,

Jill

HB-1194-HD-2

Submitted on: 3/12/2025 10:09:06 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|------------------------|
| Aria Juliet Castillo | Individual | Oppose | Written Testimony Only |

Comments:

Expand, Don't Restrict, Access to Midwifery Care

I strongly urge you to OPPOSE HB 1194 HD2 and instead support policies that expand access to midwifery and indigenous birth practices. Hawai'i must uphold its legacy of reproductive rights, protect Native Hawaiian cultural practices, and ensure birthing people retain the right to choose where and with whom they give birth.

HB-1194-HD-2

Submitted on: 3/12/2025 10:09:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Emma Davis | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I strongly oppose HB1194. It is a dangerous bill that will harm women, children and families across Hawaii. This bill needs to be amended or killed immediatly. As a mom to three, I feel that this bill over regulates parents and will lead to more harm than good. If there is anyone to trust with a child it is their owns parents. Both mom and dads will do whatever is best for their kids, including finding the best doctors for them and their situation. If you take away midwives in Hawaii, you will find that parents will be forced to not turn to Western medicine but to their own devises, especially in rural areas. Women and parents should be free to choose who they want and trust to bring their child into this world. Even now, I'm restricted in who I can hire as my midwife. Instead of being able to hire the team I had for my first two births, I have to hire another for my third child. The state regulating birth and women's bodies in completely inappropriate and dangerous.

Please vote no to this dangerous bill for the present and future parents and children in Hawaii.

Mahalo,

Emma

HB-1194-HD-2

Submitted on: 3/12/2025 10:13:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Lori kimata | Individual | Oppose | Written Testimony Only |

Comments:

Aloha honorable Senators,

I strongly oppose HB1194 even with its current amendments because these amendments have not corrected the major problems this bill will bring to the families of Hawaii! i have been supporting home birth families since 1985 and it is vital we leave this choice to the well informed families who are called to choose it. Government interference in the spiritual ceremony of birth will only lead to more trauma for everyone involved. The people have spoken clearly and i urge you all to please listen carefully to what they are saying.

If a religious exemption like the one in HRS 457-13 (5), practice of nursing can be included, along with a apprenticeship pathway for students, as well as an exemption for hanai family and grandparents and birth attendants with consumer protection, perhaps we would be closer to an acceptable bill. Still there are problems with the language and definitions. Safer for all concerned if this bill can be deferred until a better one can be written.

Please oppose HB1194

Mahalo for your time and consideration,

Dr. Lori Kimata

HB-1194-HD-2

Submitted on: 3/12/2025 10:16:16 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| JT Davis | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I strongly oppose HB1194. It is a dangerous bill that will harm women, children and families across Hawaii. This bill needs to be amended or killed immediatly. As a dad to three, I feel that this bill over regulates parents and will lead to more harm than good. If there is anyone to trust with a child it is their owns parents. Both mom and dads will do whatever is best for their kids, including finding the best doctors for them and their situation. If you take away midwives in Hawaii, you will find that parents will be forced to not turn to Western medicine but to their own devises, especially in rural areas. Women and parents should be free to choose who they want and trust to bring their child into this world.

Please vote no to this dangerous bill for the present and future parents and children in Hawaii.

Mahalo,

JT

HB-1194-HD-2

Submitted on: 3/12/2025 10:20:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Sierra Santiago | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

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4. Fails to Protect Consumer Choice and Autonomy

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Sierra Puuwaiokalani Santiago

HB-1194-HD-2

Submitted on: 3/12/2025 10:28:24 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Susan Kuwaye | Individual | Oppose | Written Testimony Only |

Comments:

Oppose.

HB-1194-HD-2

Submitted on: 3/12/2025 10:38:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Caree Edens | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194. I have birthed in a hospital and at home with a midwife. With the midwife, I felt incredibly safe and well taken care of. The only goal was the well being and successful birth for myself and the baby. There was no rush, pressure, or the hindrance of schedules seen in standard hospital care. There was much education and preparation for birth throughout the pregnancy. Midwives have birth knowledge from generations before that is no longer taught in medical schools. This knowledge often helps navigate and prevent potentially tricky situations in labor and birth. I've personally noticed they also do their due diligence to stay up-to-date on current peer-reviewed medical studies on labor, delivery, newborn, and post-partum care. They often know of advances in care long before the OB will hear of it in the current medical system. Women feel safe, educated, and cared for in the natural process of birth with midwives. It would be cruel and criminal to take this away. It should be a personal decision how a woman births her baby. Why allow a woman's choice to have an abortion, but restrict her access to a comfortable, and safe home birth? Births in US hospitals are not more safe than planned home births. The UK has acknowledged this. Home birth is free of the rush, control, and cascade of interventions women are facing in US hospitals today.

I was involved in a non-emergency transfer from the midwife to the hospital in my last birth. She cared for our health above any personal benefit and together we made an educated decision to transfer to avoid possible complications to the baby. Two times she was up to care for me throughout the middle of the night. I was honored and forever grateful to once birth naturally with her help and had a nice, quick recovery, unlike my painful C-sections that have caused lasting damage. Midwives do life-changing work. They should be honored, respected, and even consulted more by OB's, rather than the other way around. They shouldn't be under attack, and neither should a woman's right to choose the desired care of her body and baby during the natural process of birth.

HB-1194-HD-2

Submitted on: 3/12/2025 10:50:24 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------------|--------------|--------------------|------------------------|
| Shayden Galinato-Moriwaki | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

I do not have children of my own, but would like to one day, without the fear of myself or my loved ones possibly being punished for proving me aid if I choose to have a natural birth at home.

Mahalo nui loa for your time and consideration.

With deep respect,

Shayden Kamakanaokalani Galindo-Moriwaki

56-378 Huehu st. Kahuku HI 96731

shaydengm@gmail.com

HB-1194-HD-2

Submitted on: 3/12/2025 10:50:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Chelsea Taito | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

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2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Chelsea Taito

5517 Kanau street

chelbelltaito@gmail.com

8082917860

HB-1194-HD-2

Submitted on: 3/12/2025 10:55:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Mariah Bulawan | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
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 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Mariah Bulawan-Kaikuana

91-1510 keonekapu St, Ewa Beach, HI, 96706

Mariahbulawan@gmail.com

(808)428-5541

HB-1194-HD-2

Submitted on: 3/12/2025 11:01:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Skyler Brown | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Skyler Brown

11-2823 Lehua St.

Brownsky5@gmail.com

8087854594

HB-1194-HD-2

Submitted on: 3/12/2025 11:04:25 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kyle Kahele | Individual | Oppose | Written Testimony Only |

Comments:

i oppose this bill because it's dangerous and strips people of their freedom to choose who they want at their birth. i am not a father yet, but i look forward to the day i can be apart of the journey to becoming one. my significant other & i, want to choose who we have at our birth. because it is our right & choice.

HB-1194-HD-2

Submitted on: 3/12/2025 10:55:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Stella Caban | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Stella Caban, and I am a resident of Honomu. I am testifying in strong opposition to HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including the freedom to choose where and with whom to experience pregnancy and birth care. HB1194 does not uphold this right. Instead, it restricts access to culturally rooted, community-driven midwifery care and places additional barriers on those seeking to enter the profession. This bill disproportionately harms rural and Native Hawaiian communities, where access to reproductive care is already deeply limited.

Hawai‘i has long been home to diverse birthing traditions, spanning generations and grounded in ‘ike kupuna (ancestral knowledge). These Indigenous practices must not be criminalized but rather honored, protected, and uplifted. Midwifery has always been practiced outside of Western medical institutions—long before hospitals and licensing boards existed. The fact that we are even debating the legality of these time-honored traditions is a reflection of systemic inequities that continue to dismiss and regulate community care rather than support and sustain it.

I urge you to defer HB1194 unless the following amendments are made:

- **Protect Birth Attendants:** Ensure a clear statutory exemption so that hānai family, friends, and community birth attendants are not criminalized for offering traditional or supportive care during labor and birth.
- **Protect Religious and Cultural Birthing Practices:** Add explicit statutory exemptions for religious, spiritual, and cultural birth practices. No one should face investigation or prosecution for choosing to incorporate ancestral and community-based birth traditions.
- **Expand Access to Midwifery Licensure:** HB1194 fails to acknowledge that 27 states and Washington D.C. already allow an apprenticeship pathway to licensure. Currently, the bill blocks those who earned a Midwifery Bridge Certificate (NARM) after 2020 from obtaining licensure in Hawai‘i, further limiting pathways for community-based midwives. Apprenticeship and direct-entry routes must remain viable and accessible options to increase midwifery care in underserved communities.

At its core, this bill is about reproductive justice. We must ensure that all birthing people—especially those in rural, Indigenous, and historically marginalized communities—have access to the care they need, in the way they choose, with the providers they trust. We should be expanding options, not restricting them.

I ask you to vote NO on HB1194 unless these amendments are made to safeguard reproductive autonomy, cultural and religious rights, and equitable access to midwifery care.

Mahalo nui loa for your time and consideration.

Stella Caban

HB-1194-HD-2

Submitted on: 3/12/2025 11:04:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Sheramie Esteban | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Sheramie Esteban

Sheramiekhe@gmail.com

HB-1194-HD-2

Submitted on: 3/12/2025 11:11:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Kekoa Williams | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

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3. Criminalizes Families and Birth Attendants

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- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

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2. Add a Birth Attendant Exemption with Consumer Protections

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3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Kekoa K Williams
60 walaka st kihei Hi 96753
Kekoawilliams93@gmail.com
808-344-8462

HB-1194-HD-2

Submitted on: 3/12/2025 11:19:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Donavyn Fontes | Individual | Oppose | Written Testimony Only |

Comments:

I am submitting this testimony in opposition of HB 1194. I have recently given birth to my first child with the help of my birthing team which included doulas and midwives. It was my CHOICE to give birth at a hospital but also under the care of my doula and midwife. I labored at home for almost all of my labor because I had the support from a very knowledgeable midwife. I am so thankful that I was able to make informed choices and decide the type of birthing experience I wanted. This wouldn't have been possible if not for my birthing team. Midwifery should not be made inaccessible to those wanting to train here in their home of Hawai'i. Midwifery has been around long before modern medicine. It would be a crime to infringe on women and birthing people's choice of care in one of the most honorable and challenging experiences in this world, birthing a child. I urge you to deny this bill.

HB-1194-HD-2

Submitted on: 3/12/2025 11:21:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| M Stanwood | Individual | Oppose | Written Testimony Only |

Comments:

I have birthed three beautiful children at home with the assistance of some amazing midwives. The prenatal and postpartum care I received, at home without having to drive myself or my new born babies anywhere was wonderful. Having our babies at home is one of the best decisions my husband and I have made for our family.

This bill reads like a shoehorn working to fit the timeless practice of midwifery in the mold of the medical establishment. Midwives have learned from each other for ages. The desire to protect the citizens from danger and harm seems a cover for limiting freedom and sovereignty from those seeking out midwives for care. This bill should not pass without significant amendments or revision.

Mahalo for your time and consideration.

HB-1194-HD-2

Submitted on: 3/12/2025 11:28:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jennifer Lum | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is [NAME], and I am a resident of [TOWN]. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Jennifer Lum, 'Ewa Beach

HB-1194-HD-2

Submitted on: 3/13/2025 12:36:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Melania Aghakian | Individual | Oppose | Written Testimony Only |

Comments:

WE DO NOT NEED THE GOVERNMENT TO PROTECT US FROM OUR CHOICES. This is a violation of a woman's right to give birth however feels safe for them. Western medicine had only existed a tiny fraction of human existence. It is not the only truth.

HB-1194-HD-2

Submitted on: 3/12/2025 11:43:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Susan wadas | Individual | Oppose | Written Testimony Only |

Comments:

This bill is absolutly horrible and is a total overreach of government. You absolutly have no right to tell mothers how to have children. PERIOD.

No laws should ever be made for midwives.

Thank you for listening to the citizens and mothers of Hawaii.

Susan Wadas

HB-1194-HD-2

Submitted on: 3/12/2025 11:46:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Blaine De Ramos | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194

HB-1194-HD-2

Submitted on: 3/13/2025 12:06:14 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| K Mantanona | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Keeley Mantanona

Kapolei, HI

(808)927-8952

HB-1194-HD-2

Submitted on: 3/13/2025 12:10:24 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Kaylene Sheldon | Individual | Oppose | Written Testimony Only |

Comments:

To: Committee Health and Human Services,

My name is Kaylene Kauwila Sheldon and I oppose HB 1194. As a Kanaka Maoli 'Ōiwi, I am offended at this bill, as a wahine, makuahine and young kūpuna, I am extremely insulted by the tone, intention and language of this bill- specifically where it mentions 1) Having a director call the shots for the scope of midwifery 2) It sounds dangerous because it gives no oversight over the director by certified midwifery boards 3) This bill has no business mentioning Native Hawaiian Traditional Hawaiian Healers, this bill has no business in undermining and discrediting our healers especially when the authors of this bill has not recognized the rich history of midwifery nor the mo'olelo or origins of our birthing practices. The goddess Hi'iaka was known to teach the people or healers of He'eia the art of child birth approximately two thousand year's ago. I would not been born if it wasn't for the skills and knowledge of our child birth healers. Please kill this bill!

Sincerely,

Kaylene Kauwila Sheldon

HB-1194-HD-2

Submitted on: 3/13/2025 12:37:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| Alana Sooriyakumar | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. Please vote no.

It is a woman's sacred right to choose with whom she wants to give birth and where. I am concerned this bill is infringing upon our reproductive rights as it pertains to birth.

I am also concerned this bill is over regulating and making it more difficult for competent and qualified midwives to become licensed midwives with the state.

Please vote NO.

Mahalo,

Alana Sooriyakumar

HB-1194-HD-2

Submitted on: 3/13/2025 12:41:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Nancy Valdez | Individual | Oppose | Written Testimony Only |

Comments:

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

I'm Nancy Valdez, and I am submitting testimony in **strong opposition** to HB 1194. This bill imposes unnecessary regulatory burdens on midwives, restricting access to traditional, community-based, and culturally significant birthing practices in Hawai'i.

Midwifery has long been an integral part of Hawai'i's history, especially among families who seek alternative, holistic, and personalized birthing options. By making midwifery laws permanent and increasing licensure and regulatory requirements, HB 1194 limits the ability of skilled midwives—especially those trained outside Western certification models—to serve families who prefer natural, home-based births.

Additionally, while the bill claims to exempt Native Hawaiian traditional practices, the overall framework continues to favor medicalized birth systems and creates unnecessary barriers for practitioners and families alike. Instead of further restricting midwifery, we should be expanding options that honor diverse cultural and personal choices in childbirth.

For these reasons, I urge you to **oppose HB 1194** and support policies that promote true birthing autonomy and accessibility in Hawai'i.

Mahalo for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 12:49:30 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Tajah Low | Individual | Oppose | Written Testimony Only |

Comments:

1. Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Tajah Low

665 ulukahiki st

kailua, HI 96734

W84taj@yahoo.com

808-745-7456

March 13, 2025

Re: Opposition to HB 1194 Unless Amended, Hearing Date: March 14, 2025

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Deb Marois and I am a resident of Makawao, Hawai'i. I am submitting testimony in opposition to HB1194, relating to midwifery unless it is amended to ensure greater access to midwifery care and maternal health services in Hawai'i. I have worked in community health for more than 30 years and currently serve as a consultant and coordinator for Ho'oiikaika Partnership, a coalition of health and human service providers dedicated to preventing child maltreatment and strengthening families so all our 'ohana are healthy, safe and supported in Maui County.

While I appreciate recent amendments to HB 1194 that acknowledges exemptions for Native Hawaiian traditional practitioners, this bill still creates unnecessary barriers to midwifery licensure and fails to address the pressing need for maternal health access in underserved communities. Access to maternity care is significantly more limited across Maui Nui than on O'ahu. Midwives and community birth attendants play a critical role in ensuring safe, culturally aligned, and trauma-informed care for families, particularly in rural areas.

Midwifery access is an essential element of providing trauma-informed care, which also supports child abuse prevention. Given the higher rates of maternal mortality among Native Hawaiian and Pacific Islander women, expanding midwifery access is not just about reproductive choice—it is a critical public health and child well-being issue. Research consistently shows that culturally competent, trauma-informed birthing practices strengthen maternal-child attachment and reduce maternal stress, both of which are directly linked to reducing the risk of child abuse and neglect (See attachment: Connecting Trauma-CAP-Birthing Choice).

It is imperative that women in Hawai'i have culturally appropriate choice in maternal care. As written, HB 1194 fails to protect reproductive freedom and expand access to midwifery licensure and care. Therefore, I urge you to include the following amendments:

1. Reinstate the Birth Attendant Exemption:

- Community-based birth attendants—including hānai family members, traditional healers, and birth support providers—play a vital role in ensuring culturally and spiritually aligned maternal care. The removal of the birth attendant exemption in 2023 has already led to an increase in unassisted births, putting mothers and babies at greater risk.
- Maui County Council passed Resolution 24-183, which urges the Legislature to allow birth attendants to practice legally citing “Research evidence highlighted by the Centers for Disease Control and Prevention (CDC) and in The White House Blueprint for Addressing the Maternal Health Crisis 22 (June, 2022) that suggests

that legal access to culturally responsive care of the birthing person's choosing, including traditional practices of that person's culture, is strongly correlated with increased safety and well-being. Home birth with a skilled, unlicensed midwife has been found to be safe and has not been found to be a contributor to the high maternal mortality rate in Hawaii, or any other harm to health and safety."

2. Allow for an Apprenticeship Pathway to Midwifery Licensure

- The Portfolio Evaluation Process (PEP) apprenticeship route is recognized in 23 states and Washington, D.C. as a valid training pathway.
- Hawai'i has no MEAC-accredited midwifery school. Aspiring midwives must leave the state for training – an unrealistic and costly burden, particularly for those in rural and neighbor island communities. Online programs may not adequately address learning needs and also present barriers due to technology limitations in rural areas.
- The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

3. Include Financial Support for Midwifery Training and Licensure

- Midwifery education can cost \$15,000–\$30,000+, creating a financial barrier that disproportionately impacts Native Hawaiian and Pacific Islander students.
- HB 1194 does not currently include funding for tuition, training, or licensure support. The Legislature should establish scholarships or earmarked funding to ensure a local pipeline of trained midwives who can serve Hawai'i's diverse communities.

At its core, midwifery care is about reproductive choice, autonomy, and ensuring equitable access to safe, culturally responsive maternity care. HB 1194, without amendments, fails to support the maternal health workforce in rural areas and limits opportunities for aspiring midwives who want to train and serve in their home communities.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive rights and expand access to critically needed midwifery care in our communities.

If you would like additional information, please contact me at deb@convergecrt.com.
Mahalo for your time and consideration,



Deb Marois

Maui Resident, Community Development Consultant, Ho'oikaika Partner

Attachment: Connecting Trauma-Informed Practices and Child Abuse Prevention in the Context of Birthing Choice and Maternal Care

Prepared by Ho'oikaika Partnership Public Education & Advocacy Committee

Summary: *Aligning birthing practices with cultural and spiritual traditions* strengthens mother-child sense of safety and ability to form a healthy attachment, which correlates with the prevention of child abuse and neglect. Culturally competent and *trauma-informed* care reduces maternal stress, which fosters a stronger bond. Integrating culturally-aligned midwifery and Indigenous birthing practices increases access to care, enhances emotional well-being, and promotes healthier mother-child relationships, family bonds, and extended support systems.

1. *****Cultural Alignment, Safety and Trauma-Informed Care:** Allowing mothers to align their birthing practices with cultural and spiritual traditions is a trauma-informed approach that can strengthen the bond between mother and child. This alignment also fosters building a stronger family support system, promoting healthier relationships and emotional well-being. Cultural safety as a trauma informed principle helps Indigenous mothers feel accepted and free from judgment when accessing healthcare. This approach is critical for trauma-informed care, especially for Native Hawaiian and other Pacific Islander communities.
2. *****Prevention of Child Abuse and Neglect:** Trauma-informed birthing practices includes a birthing plan that prioritizes safety, values, emotional well-being, cultural alignment, and choice such as place-based birthing. Choice and culturally relevant planning contribute to healthier parent-child relationships. When mothers feel supported and empowered during childbirth and early motherhood, there is less postpartum depression and stress—both of which are linked to an increased risk of child abuse. A nurturing, trauma-free environment promotes healthier attachment, which is essential in preventing child abuse and neglect.
3. *****Building Resilience and Support Systems:** Trauma-informed care focuses on building psychological resilience and leveraging existing strengths. Aligning birthing choices with cultural practices enhances resilience and strengthens family support systems, which are key to long-term well-being.
4. *****Empowerment Through Choice:** Providing women with birthing choices fosters a sense of control and reduces the potential for re-traumatization. Empowerment is a cornerstone of trauma-informed care, leading to healthier outcomes.
5. **Reducing Maternal Mortality:** In Hawai'i, Native Hawaiian and other Pacific Islander women face the highest pregnancy-related mortality ratio, at a 23% maternal death rate. A review of maternal deaths from 2015 to 2017 revealed that 44% of these deaths occurred among Native Hawaiian and Other Pacific Islander (NHOPI) women, despite this group comprising approximately 22% of the female population. A Black or Indigenous woman is up to 5 times more likely to die in pregnancy (and up to a year after) than her White counterpart.

Expanding access to midwifery care can help prevent these deaths by reducing unnecessary medical interventions, improving birth outcomes, and providing culturally responsive, trauma-informed support.

6. **Midwifery-Led Continuity of Care:** Midwifery-led care, where midwives oversee continuity of care during pregnancy, birth, and postpartum, has been shown to improve birth outcomes. This model emphasizes personalized care, trust, and empowerment, aligning with trauma-informed principles.
7. **Addressing Racial Disparities:** Systemic disparities in healthcare access, provider bias, and the social and economic conditions of where people are born and live, learn, work and play all contribute to the disproportionate negative impact on Black, Indigenous, and Pacific Islander women. Research shows that culturally responsive and trauma-informed midwifery care, which treats the individual holistically, can improve outcomes.
8. **Enhancing Patient Satisfaction:** Women who experience continuity of midwifery care report higher satisfaction. The deepened relationship between midwife and woman fosters trust and empowerment, facilitating personalized care.
9. **Reducing Cesarean Deliveries:** Midwifery-led continuity care is associated with fewer epidurals, fewer episiotomies, and a reduced risk of preterm birth, all of which contribute to improved maternal and infant health outcomes.
10. **Improving Communication and Trust:** Trauma-informed care emphasizes relational safety and trust. Midwifery care, with its focus on personalized and culturally sensitive practices, can improve trust between healthcare providers and patients, enhancing care quality.

*** As a Trauma-informed state, Hawai'i is working towards integrating trauma-informed care principles into all executive state departments and agencies to help mitigate the impact of Adverse Childhood Experiences (ACEs) and build resilience in children, adults, families, and communities, as well as our state workforce. Trauma is described by the federal Substance Abuse and Mental Health Services Administration as the result of *"an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."* [Office of the Governor, State of Hawai'i Executive Order No 24-01](#)

Sources: [American College of Nurse-Midwives](#), [Child Welfare Information Gateway \(CWIG\)](#), [Common Wealth Fund](#), [Journal of Midwifery & Women's Health](#), [National Child Traumatic Stress Network \(NCTSN\)](#), [National Library of Medicine - BMC Psychology](#), [National Library of Medicine-The Lancet Global Health](#), [National Library of Medicine-Scientific Reports](#), [Psychology Today \(Obstetrics Violence\)](#), [Trauma-Informed Care - Wikipedia](#), [Trauma-Informed Practice \(CWIG\)](#)

[Click here for a comprehensive source list.](#)

HB-1194-HD-2

Submitted on: 3/13/2025 1:27:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Donna Bareng | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice-Chair Aquino, and Committee Members,

My name is Donna Marie Kaleihomaimakealoha Bareng of ‘Aiea, and I am submitting this testimony to express my strong opposition to HB1194 HD2 in its current form, specifically regarding the licensure of midwives and severe infringement on human rights and indigenous birth practices.

My body, my choice.

HB1194 seeks to permanently regulate who can attend births in the privacy of our own homes. This bill continues to criminalize traditional, religious, and cultural practitioners who do not specifically qualify as “Hawaiian healers,” effectively pushing them out of existence. Additionally, it fails to exempt extended or hānai family members and improperly makes the term “midwife” proprietary, taking it away from the community.

Every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices should not be limited—anything less is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawai‘i is not acceptable. The criminalization of any practitioner limits the reproductive choice of any birthing person.

I ask you to stand by your words "The safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women’s rights forged by our ancestors." I urge you to protect the true autonomy of all birthing people in Hawai‘i by opposing HB1194.

As a woman and mother, I firmly believe I have the fundamental right to choose the model of care that best suits my family. For myself, and for many others, pregnancy and childbirth are deeply spiritual and cultural experiences.

Unless this bill is revised to address the severe restrictions and oppression it imposes on the rights of birthing families, I urge this committee to reconsider this bill’s impact, as it clearly is an overreach into something so sacred, spiritual, and personal.

Below are the five essential points that any bill must address to ensure it does not harm birthing families:

- 1. Support for the right of every birthing person to choose their birth attendants:** Criminalizing a person's choice of attendants, including extended or hānai family, is unacceptable.
- 2. Protection of cultural and spiritual birth practices:** This is especially important for Indigenous Kanaka Maoli traditions but must apply to all cultural practices. We must ensure that these practices are clearly protected.
- 3. Licensure equity:** We need a realistic, local pathway for clinical students (PEP) to access licensure without having to relocate or overcome other MEAC obstacles.
- 4. Full scope of practice for Certified Midwives (CMs) and Certified Professional Midwives (CPMs):** Midwives should be allowed to practice to their full scope, which is especially important for safety in remote, rural areas with limited hospital access.
- 5. Preservation of the term “midwife”:** The term belongs to the community and should reflect the diverse cultural practices that use it. It should not be a proprietary title that removes it from communities that have historically used it.

For centuries, our kupuna have given birth naturally, surrounded by a sisterhood of care that honors love, respect, and cultural traditions. We must continue to allow women the freedom to birth in harmony with their bodies, minds, spirits, ancestors, and higher powers. Our bodies, our choices.

The home births I experienced were some of the most loving and spiritual moments my husband and I shared privately. Our traditional midwives provided the care model that our family needed—one rooted in love, respect, education, and mutual care. If this bill is passed as written, it would restrict my personal freedom and hinder my ability to choose care providers who align with our values.

There is a clear and significant difference between traditional midwifery models and others. As a mother, and for my daughters, all women should have the right to choose a care model that resonates with their values, beliefs, and needs. If the legislature is truly concerned about the safety of mothers and children, it is crucial that all members are thoroughly educated on the full spectrum of care options before making decisions that directly impact women's rights. It is not the role of the legislature to dictate where, how, or with whom a woman chooses to give birth.

I stand in opposition to this bill, not only for myself but also for my daughters and future generations of women. It is vital that they, too, retain the right to choose a path that aligns with their beliefs, cultures, and personal needs. To restrict our rights today is to take away the freedom of choice for future generations. We cannot afford to diminish the rights of mothers in Hawai'i.

Finally, men who cannot biologically give birth should not be making laws or voting on laws that concern women's bodies. The choices we make about our bodies, including how we give birth, are deeply personal. It is not for those who will never experience this journey

to decide what is best for us. It was not long ago that all of our ancestors were born at home with the support of those they chose, and we are all here today.

Please do not take away this freedom from our families or from future generations of mothers in Hawai'i. Our rights are not just for today, but for the generations that will follow. E ola!

Mahalo for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 2:13:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Michelle Neal | Individual | Oppose | Written Testimony Only |

Comments:

Chair San Buenaventura, Vice- Chair Aquino and Committee members,

I am a community member, clinical psychologist, and home birthing mother of three. Every birthing person has the right to bodily autonomy and self-determination and I believe this includes the freedom to make choices surrounding their place of birth, care providers, and support during pregnancy, labor, and beyond. The regulation of the practice of midwifery can and should be an important part of protecting women's access to safe birth options and reliable information rather than means to criminalizing traditional practitioners or birth attendants. I ask that you make the necessary adjustments to any bill regulating the practice of midwifery such that it might protect women and families access to safe birthing opportunities, foster pathways within our community towards licensure backed by rich academic and experiential learning, and uphold women's rights to choice and bodily autonomy.

Thank you for your time and consideration.

Michelle Neal

HB-1194-HD-2

Submitted on: 3/13/2025 2:19:50 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Terry Murakami | Individual | Oppose | Written Testimony Only |

Comments:

I oppose.

This will reduce options of birthing choices and mid-wives.

Given how much the CDC and other government Health departments has backtracked on many things such as the COVID issue and no accountability has placed, I believed they have no right to restrict and regulate birth options for mothers.

HB-1194-HD-2

Submitted on: 3/13/2025 3:19:32 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Precious Packard | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

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- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Precious Leolani Packard

91-1012 Peekaua St

Kapolei, Hi 96707

pleolani@gmail.com

8084369873

HB-1194-HD-2

Submitted on: 3/13/2025 3:45:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Michelle R Stefanik | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194. Any woman has a right to decide what she does with her body. Just like people say "My Body My Choice" when they are fighting over abortion rights, we'll so are the rights to choose where, how, and with whom she gives birth to her child. You can't say a woman has a right to her choose what she does in on situation without giving her the same right in the other situation. It's either her choice in both situations because it's her body and she can decide for herself or it's not only her body and she has to take the babies rights into account as well in both situations.

I strongly oppose this bill and request that you vote no and allow a woman her right to choose what she does with her body while giving birth. If she wants to do it in the comfort of her home with her family and with whomever present she has a right to do so.

Thank you for your time.

Michelle Stefanik

HB-1194-HD-2

Submitted on: 3/13/2025 4:17:10 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--------------|--------------------|---------------------------|
| Kameananiokalani Blackman | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Kameananiokalani, and my home is Hawai‘i, Moku o Keawe. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to

transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Kameananiokalani Blackman

HB-1194-HD-2

Submitted on: 3/13/2025 4:30:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Mia peters | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Mia peters

HB-1194-HD-2

Submitted on: 3/13/2025 4:33:39 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kainani Clark | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

As a native Hawaiian (kanaka maoli) woman and mother of two healthy and beautifully successful home births, I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

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2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have

historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

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We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

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4. Add an Exemption for Hānai Family and Grandparents

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5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Kainani Clark

8086364814

Kamuela, HI

kainaniclark@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 4:57:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|---------------------------|
| Isabela Adams-Guzzo | Individual | Oppose | Written Testimony Only |

Comments:

This bill will cause women to lose rights and knowledge that is very important to child bearing. Midwife's have delivered both my babies and i could not have asked for better or safer births.

Please think of our communities and children before passing this bill.

HB-1194-HD-2

Submitted on: 3/13/2025 5:07:23 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| dawn alba noble | Individual | Oppose | Written Testimony Only |

Comments:

Each individual woman has the inherent right to choose how to birth where to birth and with whom to birth. Birth itself is as old as mankind. Those who choose to attend birth must be allowed access to safely learn here where there teachers and mentors and wise women who keep the art of gentle and competent birthing alive. No one is allowed to deny this basic human right of choice to care for one's own body and pregnancy labor delivery and postpartum

LEAVE US IN PEACE TO CHOOSE THAT WHICH IS PEACE FOR OUR OWN BODIES

anything less would be devastating to traditional birth attendants native culture pregnant and birthing women and the generations to come

HB-1194-HD-2

Submitted on: 3/13/2025 5:43:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| John Carty | Individual | Oppose | Written Testimony Only |

Comments:

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

I am writing in strong opposition to House Bill 1194. This bill is an egregious overreach that strips birthing mothers of their autonomy and criminalizes those who support them.

This bill would force birthing moms to work with providers they do not want or trust. For many, this is not just a matter of preference—it is a matter of deeply held cultural, spiritual, and personal beliefs. A mother has the right to choose who attends her birth. The government has no business interfering in this most intimate and sacred moment of a woman’s life.

Forcing a woman to submit to medical care she does not consent to—whether from a doctor, nurse, or licensed midwife—is a violation of her body and her rights. A coerced birth experience is a traumatic birth experience. This bill does not protect mothers; it disempowers and violates them.

This bill unfairly criminalizes grandmothers, aunties, and friends who have supported birthing women for generations. It also criminalizes traditional and religious birth workers, many of whom serve mothers who feel safest in their hands rather than in a hospital setting. These practitioners play an essential role in our community, providing culturally appropriate and spiritually grounded care.

By imposing rigid, Western-style licensing requirements, this bill makes it nearly impossible for aspiring midwives in Hawai‘i to train locally. Instead, they are forced to leave their homes and families to attend expensive mainland programs, which many simply cannot afford. This is a direct attack on the ability of local women to continue the traditional knowledge of the cultural ancestors.

We chose to have our children at home, and it was a fantastic experience. Like many families in Hawai‘i, we were deeply concerned about the high cesarean rates and the overmedicalization of birth in hospitals. We wanted a birth on our terms, in a setting where we felt safe and supported. This is a fundamental right that belongs to every mother and every family—not to bureaucrats.

Hawai‘i has a long, rich history of traditional birthing practices, and these sacred practices must be protected. Midwifery and birth work are more than medical procedures; they are cultural

legacies, passed down through generations. Forcing our people into a Western model of birth is yet another form of colonization.

The bottom line is simple: Birth belongs to the mother and her family. The government has no right to dictate who attends a woman's birth, how she births, or where she births. This bill is a direct assault on bodily autonomy, parental rights, cultural sovereignty, and religious freedom.

NO on HB 1194. Stay out of our family's right to choose.

Mahalo for your time and consideration.

John Carty

Lahaina, HI

HB-1194-HD-2

Submitted on: 3/13/2025 5:44:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Haley Kim | Individual | Oppose | Written Testimony Only |

Comments:

Testimony in Opposition to HB1194 HD2

Submitted by Haley Kim

Registered Nurse

To: The Honorable Members of the Hawaii State Legislature

Re: Opposition to HB1194 HD2 – Limiting Birth Practices, Female Autonomy, and Access to Care

Aloha Senators San Buenaventura and Keohokalole,

I am submitting this testimony in strong **opposition** to HB1194 HD2, a bill that would impose severe restrictions on birth practices, limit female autonomy in reproductive healthcare, and reduce access to essential maternal and perinatal care in Hawaii. This legislation represents a significant step backward in the rights and well-being of birthing individuals and their families.

Concerns Regarding HB1194 HD2

1. Violation of Female Autonomy and Reproductive Rights

This bill undermines a fundamental principle of healthcare—**informed consent and bodily autonomy**. Every individual has the right to make decisions about their body, including the right to choose how, where, and with whom they give birth. By restricting birth practices, this bill disempowers women and birthing individuals from making decisions that align with their health needs, values, and cultural traditions.

2. Increased Barriers to Midwifery and Community Birth Options

HB1194 HD2 imposes unnecessary limitations on midwives, birth centers, and home birth practices, thereby reducing access to **safe, evidence-based, and culturally competent care**. Midwifery care has been associated with improved maternal outcomes, lower cesarean section rates, and greater satisfaction among birthing individuals. Restricting these services will disproportionately impact communities in rural and underserved areas of Hawaii, where hospital-based obstetric care may be limited or unavailable.

3. Potential Negative Health Outcomes for Mothers and Infants

Research has shown that limiting access to midwifery and birth choices can lead to **higher intervention rates, increased medicalization of birth, and greater risks of**

postpartum complications. Restrictive policies push individuals into less-preferred or non-optimal birthing environments, leading to increased rates of trauma, stress, and unnecessary medical procedures that do not align with patient-centered care.

4. **Disproportionate Impact on Indigenous and Underserved Populations**

Native Hawaiian, Pacific Islander, and other marginalized communities have long-standing traditions of holistic and culturally integrated birth practices. This bill disregards the importance of **indigenous birth traditions** and will exacerbate health disparities by further restricting access to culturally respectful perinatal care.

5. **Contradiction of Evidence-Based Maternity Care Standards**

The World Health Organization (WHO), the American College of Nurse-Midwives (ACNM), and other leading health organizations recognize that **expanding** birth options—including home birth and midwifery-led care—leads to better maternal and neonatal outcomes. HB1194 HD2 contradicts these well-established guidelines by narrowing rather than broadening access to diverse birth options.

Call to Action

I strongly urge the members of this committee to **reject HB1194 HD2** and instead focus on policies that:

- **Expand access** to midwifery care, birth centers, and culturally inclusive maternity care options.
- **Support informed decision-making** and the right of individuals to choose their birth settings.
- **Invest in maternal health equity** and ensure that all birthing individuals, particularly those in underserved communities, receive the care that aligns with their values and needs.

Thank you for your time and consideration. I urge you to vote **against HB1194 HD2** to protect the rights, health, and dignity of birthing individuals across Hawaii.

Respectfully submitted,

Haley Kim

Registered nurse BSN-RN

HB-1194-HD-2

Submitted on: 3/13/2025 5:54:06 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jami L Sai | Individual | Oppose | Written Testimony Only |

Comments:

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

HB-1194-HD-2

Submitted on: 3/13/2025 5:59:51 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Rebecca Aasand | Individual | Oppose | Written Testimony Only |

Comments:

Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am concerned for all mothers in Hawaii who moving forward and will be giving birth. I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

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- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

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- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

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- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Respectfully,

Rebecca Aasand

Kalaheo, Kauai

Sunnybrookranch@live.com

HB-1194-HD-2

Submitted on: 3/13/2025 6:01:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Noel Shaw | Individual | Oppose | Written Testimony Only |

Comments:

Please oppose this bill that seeks to limit the choice of birthing people to limited western modalities of bringing forth new life into the world. These rules fail to create opportunities for cultural and religious birth practices, for hānai and grandmothers to participate, and midwifery licensing through apprenticeship. They penalize people who birth outside of a limited scope of what that means, infringing on reproductive rights which are an essential part of maternal health. When unable to choose what kinds of care is received, the impact collides upon the birthing person causing additional traumas in a time when they are already experiencing so much. Please oppose this bill and go back to the drawing board to create something that better captures the voice and practices of birthing people, protecting the support systems they choose for the process.

HB-1194-HD-2

Submitted on: 3/13/2025 6:33:13 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jamie Manzi | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant

families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

All women should have the right to choose how, where and with whom they give birth.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 6:41:17 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Javiera Kuncar | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura and Keohokalole,

I am writing to express my strong opposition to HB1194 HD2. This bill poses a significant threat to the cultural and reproductive rights of families in Hawai‘i, particularly for Native Hawaiian families and those who embrace traditional or alternative birthing practices.

I urge you to oppose this bill unless essential amendments are made to safeguard our community’s rights to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

Thank you for considering the voices of the community.

HB-1194-HD-2

Submitted on: 3/13/2025 6:46:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Linda Miyata | Individual | Oppose | Written Testimony Only |

Comments:

Please give mothers the right to choose their birthing choice. Vote no.

HB-1194-HD-2

Submitted on: 3/13/2025 6:51:47 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kim Haine | Individual | Oppose | Written Testimony Only |

Comments:

Hawaii must honor cultural and religious practices. Modern " medicine " has lost touch with actual health and safety. No one should be forced into any type of medical paradigm....

HB-1194-HD-2

Submitted on: 3/13/2025 6:53:14 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Keala Badua | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Keala Badua

Fantasywarrior7972@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 7:14:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|------------------------|
| Ricardo Molero Bravo | Individual | Support | Written Testimony Only |

Comments:

I strongly support HB1194 HD2, which enhances midwifery licensure and regulation, ensuring high-quality, evidence-based care for families across our state. The regulation of midwifery has been recognized as a crucial step in protecting maternal and newborn health, as demonstrated by national and international standards, including those outlined by the International Confederation of Midwives (ICM). Proper licensure ensures that midwives meet essential competency standards, improving maternal outcomes and increasing access to safe, community-based birthing options. Research confirms that states with stronger midwifery integration experience better maternal and neonatal health outcomes. This bill will promote accountability, facilitate collaboration across healthcare settings, and enhance safety by requiring adherence to established professional standards. I urge you to pass HB1194 HD2 to support comprehensive, accessible, and high-quality midwifery care for all families in our state.

HB-1194-HD-2

Submitted on: 3/13/2025 7:21:48 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| distin Barca | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Dustin Barca

2460 Kolo rd Kilauea hi 96754

(808)652-9553

HB-1194-HD-2

Submitted on: 3/13/2025 7:22:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| maria diessner | Individual | Oppose | Written Testimony Only |

Comments:

As a mother of 4 beautiful and healthy children born on the Big Island of Hawaii I oppose bill HB 1194!

I had one hospital birth and 3 home births with qualified traditional midwives present. I low risk births, I had long labors but fairly easy births. My hospital birth was a nightmare, it was invasive and scary, I was treated as though I was having an emergency instead of a baby. Thankfully I was prepared with a birth plan and people to advocate for me or it could have been much worse. But after that first experience I CHOSE to have a different experience for my next births.

The following 3 births all 2 years apart after that were also low risk and beautiful.

I was able to have peaceful and uneventful birthing experiences where I was allowed to sleep, eat, walk and generally be comfortable in my own space at home. I was able to be calm and supported by my family and midwives. I would not have it any other way my birthing experiences were beautiful blessings and I hope my daughters may experience their own births at home in a safe and legal way as I was able too.

I pray that you listen to the women of Hawaii when we tell you that an uncomplicated low risk birth is not an emergent medical procedure! It is something that women and midwives have been experiencing together since the beginning of time. We will continue to fight for our right to have access to this ancient practice of womanhood. We need the option to do this safely and legally! Without this option we run the risk of dangerous unassisted birthing and or putting midwives in danger of practicing their profession illegally!

Please allow us to continue to practice this most sacred and important of female reproductive rights!

We are your Mothers, Daughters, Sisters, Aunties, Grandmothers and Wives! Please help us to grow, birth and nurture the future as it is not only our right it is our sacred duty!

Thank you,

Maria Diessner

Daughter, Sister, Mother and future Grandmother

HB-1194-HD-2

Submitted on: 3/13/2025 7:23:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Woody Child | Individual | Oppose | Written Testimony Only |

Comments:

I Strongly Oppose HB1194.

HB-1194-HD-2

Submitted on: 3/13/2025 7:26:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kazuo Flores | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I'm writing in strong opposition of HB1194 HD2.

Mahalo

Kazuo Flores

HB-1194-HD-2

Submitted on: 3/13/2025 7:26:45 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Wailani Carty | Individual | Oppose | Written Testimony Only |

Comments:

I am Wailani Carty, I am 11 years old, and I was born at home with the help of midwives. I am happy and proud that I was born at home. It sounds bad and scary to start my life in the Hospital where bad things happen to babies and moms. Too many women are cut open. I think you should let mom's choose what they want to do.

HB-1194-HD-2

Submitted on: 3/13/2025 7:34:53 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Katie Peterson | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB-1194-HD-2

Submitted on: 3/13/2025 7:30:01 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| April Ching | Individual | Support | Written Testimony Only |

Comments:

Aloha and Mahalo to the Committee, Women giving birth should have the right to choose the method they feel comfortable with for that birth. And that choice, should it be a midwife, should be a choice that automatically ensures that qualified, licensed, practitioners are available state-wide, just as is the case for hospital birth choices. As this bill does not apply to practitioners of Native Hawaiian traditional practices, which are separate, passing this bill should not impede ensuring that women have high-quality care should they desire to give birth with a midwife. Help us move women's right to choose their own healthcare and have qualified care move forward and pass this bill. April Ching

HB-1194-HD-2

Submitted on: 3/13/2025 7:33:42 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| RICHARD WEIDMAN | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

[Richard Weidman]

[1566 KewaloStreetApt1D]

[Likekeakamai73@gmail.com]

[808-465-0292]

HB-1194-HD-2

Submitted on: 3/13/2025 7:41:14 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Patricia Blair | Individual | Oppose | Written Testimony Only |

Comments:

Amendments that increase access to reproductive care and an end to the criminalization of tradition, cultural, and religious birthing practices are needed.

HB-1194-HD-2

Submitted on: 3/13/2025 7:38:39 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Richard Domingo | Individual | Oppose | Written Testimony Only |

Comments:

I STONGLY OPPOSE HB1194.

What ever happened to, "My body, my choice"? If this passes, it only says no one really believed that rhetoric. I OPPOSE

HB-1194-HD-2

Submitted on: 3/13/2025 7:43:39 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Denise Veal | Individual | Oppose | Written Testimony Only |

Comments:

I am opposed to this bill because this a clear example of government overreach under the guise of protecting women. Families have had the freedom to choose how they bring their child into the world. For some, it is a health choice. For others, it is a religious choice. They knowingly accept the responsibility of choosing to use a midwife. They understand the "risks" involved with this choice. This bill is a backhanded insult, implying that they are too stupid to make their own decisions.

I fail to see how this measure gives me freedom. I'm being told what I am allowed to do with my body and my child's. Where is the freedom of choice when you take away ALL my choices?

HB-1194-HD-2

Submitted on: 3/13/2025 7:52:17 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Astrid Drolson | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Opposition to HB1194 –

Protect Birthing Choice and Safe Home

I am writing to express my strong opposition to HB1194.

Every person deserves the right to choose how and where they give birth. Home birth has been a safe and natural option for centuries, and while hospitals may be the preferred choice for many, others find comfort and empowerment in birthing at home with skilled midwives.

This bill will limit access to experienced midwives and restrict personal birthing choices. Rather than imposing unnecessary regulations, we should focus on supporting midwives with education, collaboration between midwives and hospitals, and safe practices that respect individual autonomy.

Please vote against HB1194 and protect the rights of families to choose safe home birth options.

Sincerely,

Astrid Drolson

HB-1194-HD-2

Submitted on: 3/13/2025 7:55:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Jessica Shipley | Individual | Oppose | Written Testimony Only |

Comments:

Please do not vote for this outlandish bill which opposes reproductive rights in the state of Hawaii. Aloha.

HB-1194-HD-2

Submitted on: 3/13/2025 7:57:32 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Paul Giles | Individual | Oppose | Written Testimony Only |

Comments:

I Oppose HB1194,

Paul Giles

HB-1194-HD-2

Submitted on: 3/13/2025 8:01:29 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Morgan Manzo | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

*Drawbacks of HB1194 HD2***1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Morgan Manzo

morganmanzo6@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 8:03:29 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Heather Toves | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Heather Toves and I'm a resident of Kapolei.

I am testifying in opposition to HB1194.

HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices.

This bill fails to expand access to midwifery licensure limiting access to critical reproductive care that our communities need.

Reproductive choice needs be safeguarded and upheld by the law. Birthing rights are human rights.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and expand access to critically needed midwifery care in Hawai'i.

Mahalo,

Heather Toves

HB-1194-HD-2

Submitted on: 3/13/2025 8:03:52 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Elna Nagasako | Individual | Support | Written Testimony Only |

Comments:

Dear Chair, Vice Chair, and Committee members,

Please support HB1194. This bill supports increased safety for mothers and babies by ensuring that certified midwives have training to respond appropriately if emergencies should arise. Importantly, it also affirms that these regulations do not apply to practitioners of Native Hawaiian traditional practices.

Thank you for the opportunity to testify.

Elna Nagasako

Makiki

HB-1194-HD-2

Submitted on: 3/13/2025 8:07:38 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Jenae Taguiped | Individual | Oppose | Written Testimony Only |

Comments:

Dear Committee Members,

I am writing to express my opposition to HB1194, a bill that seeks to regulate midwives and the practice of midwifery in Hawai'i. This bill is deeply concerning, particularly because it threatens the fundamental right of mothers to choose where and with whom they give birth.

I personally had a home birth, and I am incredibly grateful for the opportunity to choose the birth experience that was best for me and my family. Having the ability to work with a midwife and birth in the comfort of my own home was a deeply empowering and meaningful experience. Forcing others to give up that choice by limiting their options for birth support is not something I take lightly.

This bill also criminalizes cultural and traditional birth workers, many of whom have been serving the people of Hawai'i for generations. Midwifery is more than a medical practice—it is a cultural tradition, an integral part of our community. This bill threatens to disrupt these long-standing practices that have supported our families with care rooted in respect, culture, and individual needs.

Additionally, the requirement for aspiring midwives to leave Hawai'i to obtain expensive mainland training is a significant barrier to those who wish to provide midwifery care to our communities. It creates an undue financial and logistical burden and will prevent many from pursuing midwifery as a career, depriving us of culturally competent care and skilled professionals.

I urge you to consider the impact this bill will have on our communities and our ability to make informed, empowered choices about our birthing experiences. I respectfully ask that you vote against HB1194 and allow families in Hawai'i to continue choosing the birth support that aligns with their values, traditions, and needs.

Thank you for your time and consideration.

Mahalo,

Jenae Taguiped

Lahaina, HI

HB-1194-HD-2

Submitted on: 3/13/2025 8:09:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Tiana Clark | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Tiana Clark

17-263 Volcano Rd. Keaau, Hi 96749

Jayntysmami808@gmail.com

8084370174

HB-1194-HD-2

Submitted on: 3/13/2025 8:11:28 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Julia OLeary | Individual | Oppose | Written Testimony Only |

Comments:

In March of last year, I gave birth to my daughter in my home in Kaneohe. The birth was hard but we got through it and by 9 pm that night I was laying in bed with my husband and my baby. After getting up to use the bathroom, I began to bleed and did not stop. We made the call that it was time for an ambulance. I was hemorrhaging. My husband and midwife stayed home with my child while my mom and I went to the hospital. The ambulance ride was quick and uneventful. It wasn't until I got into labor and delivery that the horror story begins.

The nurses began to work on cleaning me up so that the doctor, whenever she got there, could see what was happening.

From these moments, all I can really remember is the fear on my mom's face. I still felt fine.

The doctor arrived. She immediately put her hand inside of me. I remember screaming for her to stop... please stop. My mom held me as the doctor pulled out blood clots and told me that I had a ruptured blood vessel which would need to be stitched. My ears began to ring. I remember saying I was going to pass out and the doctor responded that it would probably be for the best if I did. I felt everything she did to me. She began stitching me without giving me any medication for the pain or a local anesthesia. At my request, she began to numb me. Every time she touched me it was extremely violating. At one point I told her something was stabbing me. She told me I was "hypersensitive to her touch". My mom pointed out that the needle used to numb me was now sticking into my leg as the doctor had left it on the bed. She took it out and handed it to the nurse. Then she continued to stitch me. I remember asking her what she was stitching. I did not want more stitches than absolutely necessary. She responded and said "you don't want a big scar on your labia".

I cannot remember how long she took or how many stitches she did.

When she was done, I lay there on the bed and cried. This doctor was the same one that, over two decades ago, had delivered me in that same hospital. She did not have any empathy for me or ask me how the birth went. She was very matter of fact. I had a bleeder, she stitched it, and that was that. I am grateful for the emergency care that she gave me as without it I might not be here with my daughter today. Having said that, I am also traumatized by her robotic actions and treating me as I am somehow lesser than.

All in all I was in the hospital for four hours. Most of that time the nurse was telling me how I could have died or how my baby could have died. She outlined how my decision to birth at home was unbelievably reckless and stupid. She told me that I was endangering my baby by not giving her vitamin k or doing the strep test. I was lying in that bed broken and she was relentless on her attacks of my choices. I remember seeing cockroaches on the floor and thinking to myself that I was so grateful my baby had stayed at home in the comfort of her father's arms. They told me I needed to stand without being dizzy before I could leave. I remember standing, seeing stars, and her asking if I felt dizzy. Wanting to get home, I responded that I felt fine. Finally we were discharged. We asked for a wheelchair to leave. The nurse said "we don't do that". I walked out of that hospital barefoot and broken in nothing but an oversized shirt and diaper just 8 hours after having given birth. Granted, they offered to give me socks to wear out but I had refused.

I do not want to say which hospital, which doctor, or which practice I had used because I do not think they are to blame at all. This flawed system is to blame. We need to encourage the weaving of traditional and more modern practices. Women deserve better treatment as a whole. We deserve to be listened to and our intuition should be trusted. Protecting midwifery protects women.

Throughout the entirety of this pregnancy, I have been seen by my regular OBGYN and my midwife. I have been able to compare the care that I received from each. I would not say that I received "care" at my obgyn. I left each appointment worried about something, whether it was my blood pressure, too much amniotic fluid, my baby's size and position, etc.. After each meeting with my midwife, I felt empowered, heard, and ready. I felt like just another patient in the doctors office whereas my midwife made me feel like a person. I remember our first meeting she asked me: "so what is your dream for your birth?". I had already had 20 weeks worth of doctors appointments at that point and not once had anyone even asked about anything I wanted or felt. It was always so procedural.

Anyway, this is my long winded way of saying that we, all women, deserve better care. We deserve to be respected, heard, valued, and protected. My daughter deserves better.

HB-1194-HD-2

Submitted on: 3/13/2025 8:19:32 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Heather McVay | Individual | Oppose | Written Testimony Only |

Comments:

*Please **defer HB1194** unless the following amendments are made:*

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo, Heather McVay

HB-1194-HD-2

Submitted on: 3/13/2025 8:26:27 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Lindsey Heathcock | Individual | Support | Written Testimony Only |

Comments:

Aloha my name is Dr Lindsey Heathcock and I am writing in support of HB 1194. As a pediatrician my goal is to keep babies as safe as possible. That means ensuring that all birthing providers are licensed and have basic training such as CPR and NRP (neonatal resuscitation program).

Mahalo.

Dr Heathcock

HB-1194-HD-2

Submitted on: 3/13/2025 8:29:17 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Clardean Lehano | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill. I can choose to abort my baby. But I cannot choose how i would like to bring my child in to this world. Our body, our choice!

Clardean Lehano

HB-1194-HD-2

Submitted on: 3/13/2025 8:35:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| susan walczak-pol | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino and Members of the Committee,

I am writing in strong opposition of House Bill 1194 HD2, which makes laws regulating midwives and the practice of midwifery permanent. This bill takes away a mother's right to choose who supports her during birth. It forces women to work with providers they may not trust and criminalizes grandmothers, aunties, friends, and cultural birth workers who have been safely helping families for generations.

HB1194 also creates huge financial barriers for those wanting to become midwives. It forces them to leave Hawai'i and their families to train in expensive, Western schools on the mainland, making it nearly impossible for local or Native Hawaiian birth workers to continue their practice.

Birth is sacred, and every mother deserves to choose who cares for her. This bill does not protect families—it punishes them. Please oppose HB1194 HD2 and respect the right of women to choose their own birth support.

Mahalo for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 8:36:04 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Pamela Gerega | Individual | Oppose | Written Testimony Only |

Comments:

Opposition Testimony for HB1194 - Relating to Midwifery

Dear Chair and Members of the Committee,

I respectfully oppose HB1194, which seeks to regulate midwifery practice through licensure requirements, prescriptive authority, and additional regulatory measures. While the intent to ensure safety is appreciated, several provisions of the bill raise concerns:

1. **Exclusion of Traditional Practices:** The bill excludes Native Hawaiian traditional and customary practices from midwifery. This could undermine cultural heritage and limit the role of traditional midwives, who play a vital role in Hawaiian communities.
2. **Impact on Certified Professional Midwives (CPMs):** The licensure requirements and prescriptive authority may create unnecessary barriers for CPMs, particularly in underserved areas, potentially limiting access to affordable care.
3. **Bureaucratic Burden:** The proposed regulations, including continuing education and peer review, could impose financial and administrative burdens on midwives, making it more difficult for them to continue practicing.
4. **Overextension of Authority:** Granting global signature and prescriptive authority may place midwives in positions outside their expertise, leading to potential conflicts with other healthcare providers.

In conclusion, we urge the committee to reconsider provisions that may restrict access to care, interfere with cultural practices, and burden midwives with excessive regulations.

Thank you for your consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 8:43:00 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Paolo Morgan | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Chair San Buenaventura and Committee Members,

I oppose HB1194 HD2 as written unless amended.

I am a resident of Hawai'i island, and a father of 5 children, 4 of which were born at home with a traditional midwife. My sister and I were born at home. This bill matters to my wife and me as well as our ohana.

Please amend this bill to:

1. Allow PEP students and PEP CPM midwives to be licensed regardless of when they received their credential.
2. Reinstate the traditional birth attendant exemption that expired July 1, 2023.
3. Grant limited prescriptive rights to the CPM so women can use their health insurance to pay for medications related to pregnancy, childbirth, and the postpartum period.
4. Use the CM and CPM credentialing bodies and professional organizations to set the scope and practice guidelines for non-nurse midwives.
5. Take out all language that talks about licensed or accredited birth facilities or birth centers as there is precedent or statute to define these facilities in place and this will complicate future legislation when they do.

Please protect the reproductive rights of my wife, daughters, and future daughters in law!

Mahalo for amending this bill!

Paolo Morgan

HB-1194-HD-2

Submitted on: 3/13/2025 8:44:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| shayna esteban | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

*Drawbacks of HB1194 HD2***1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. **Fails to Protect Consumer Choice and Autonomy**

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. **Disproportionately Impacts Marginalized Communities**

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. **Strengthen Protections for Native Hawaiian Traditional and Customary Practices**

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. **Add a Birth Attendant Exemption with Consumer Protections**

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. **Add a Religious and Spiritual Birthing Practices Exemption**

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. **Add an Exemption for Hānai Family and Grandparents**

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. **Allow Multiple Pathways for Midwifery Licensure**

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Shayna Esteban

45-688 Halekou Rd, Kaneohe, HI 96744

shayna.esteban@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 8:45:05 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Emili Janchevis | Individual | Oppose | Written Testimony Only |

Comments:

Aloha kakou,

I oppose this bill because I believe in freedom of choice. In 2025 we have access to all information we need, and also that we don't need, to make an informed decision about anything. Besides stripping the Hawaiian Kingdom of its sovereignty, the culture being suppressed for many years, now you want to further strip cultural practices and their bodily autonomy. That's unacceptable.

I understand some people have the best interest of other peoples in mind. But don't forget that if some mothers can choose to kill their perfect babies before birth because they choose to, other mothers should have the same right to choose what kind of birth they want for themselves knowing the benefits and risks of the different kinds of birth offered nowadays.

If there's human beings on earth today is because natural birth is perfectly designed by nature.

Again we all have all the tools we need to make an informed decision about whatever it is. Do not treat us like ignorant people to further strip our rights, beliefs and cultural practices.

I appreciate the opportunity to give my testimony.

Mahalo.

HB-1194-HD-2

Submitted on: 3/13/2025 8:47:13 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Janice Staab | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill! Midwifery in Hawaii should not be under regulation. As a mother of two home birth babies, I strongly support a families right to choose who and where they give birth. It is NOT the state's job to decide what a woman should do with her body.

HB-1194-HD-2

Submitted on: 3/13/2025 8:49:10 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Meleana Judd-Cox | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Policymakers,

I am writing an opposition of HB1194 that limits reproductive rights. With the United States spending more on healthcare, but having the highest maternal and infant mortality rates among high income countries we must question our current system. Instead of criminalizing we should support traditional birth workers.

HB-1194-HD-2

Submitted on: 3/13/2025 8:51:06 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------------------|--------------|--------------------|---------------------------|
| Ezekiel Kekoanuiokeakua Struempf | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Chair San Buenaventura and Committee Members,

I oppose HB1194 HD2 as written unless amended.

I am a resident of Hawai'i island. I was born at home with a traditional midwife, so were my brothers and sisters. This bill matters to me! Please protect reproductive rights!

Please amend this bill to:

1. Allow PEP students and PEP CPM midwives to be licensed regardless of when they received their credential.
2. Reinstate the traditional birth attendant exemption that expired July 1, 2023.
3. Grant limited prescriptive rights to the CPM so women can use their health insurance to pay for medications related to pregnancy, childbirth, and the postpartum period.
4. Use the CM and CPM credentialing bodies and professional organizations to set the scope and practice guidelines for non-nurse midwives.
5. Take out all language that talks about licensed or accredited birth facilities or birth centers as there is precedent or statute to define these facilities in place and this will complicate future legislation when they do.

Please protect the reproductive rights of my future wife and sisters to birth with the person they choose!

mahalo,

Ezekiel Struempf

HB-1194-HD-2

Submitted on: 3/13/2025 8:52:51 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|---------------------------|
| Angel M. Willey, MD | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I strongly support HB1194 to assure safe deliveries in Hawai'i. I'm an OBGYN in Honolulu who trained here and has been practicing for almost 17 years.

Thank you,

Angel Willey, MD

OBGYN

ACOG Hawai'i Section Chair

HB-1194-HD-2

Submitted on: 3/13/2025 8:55:31 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--------------|--------------------|---------------------------|
| Michele Yamada Pangilinan | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I am a community obstetrician, gynecologist and addiction medicine physician at Kapiolani Medical Center for Women and Children and Pali Momi Medical Center. I am also an assistant professor with the John A Burns School of Medicine, invested in educating the next generation of physicians in our community.

I support this bill as a means to ensure safe evidenced based care for one of our most vulnerable populations, birthing people and their children. I urge you to please protect them through this bill that holds providers accountable for the care they provide, while championing trauma informed care delivery by safeguarding the choices available for childbirth.

Thank you for providing this opportunity to have our voices heard.

Respectfully,

Michele Yamada Pangilinan,MD

Assistant Professor, JABSOM

Depts of Psychiatry and Obstetrics Gynecology and Womens Health

Generalist OB GYN, Hawaii Pacific Health

HB-1194-HD-2

Submitted on: 3/13/2025 8:56:54 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Teresa Vo | Individual | Support | Written Testimony Only |

Comments:

As a pediatrician who attended high risk deliveries, CPR and NRP is necessary to saving infants during critical moments. It is important for midwives to be certified in CPR and NRP for deliveries. It is necessary for the safety of infants and birthing parents.

HB-1194-HD-2

Submitted on: 3/13/2025 8:58:38 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Catherine Carlevato | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services,

My name is Kate Carlevato, and I am a community member writing in strong support of HB1194 HD2 as it is currently written.

This bill is essential because it:

- Ensures mandatory licensure for midwives, safeguarding the health and safety of families in Hawai‘i.
- Maintains accredited education requirements to uphold high standards of midwifery care.
- Aligns language regarding Native Hawaiian traditional birth practices with the protections in the Constitution of the State of Hawai‘i, ensuring that cultural birthing traditions remain safeguarded.

As someone who has benefited from midwifery care, believes in protecting access to safe, regulated midwifery services, and values the role of midwives in our healthcare system, I urge you to pass HB1194 HD2 without amendments. This bill provides a balanced approach to regulation while respecting the rights of Native Hawaiian practitioners and ensuring quality care for families across our state.

Mahalo for your time and consideration. I respectfully ask for your yes vote on HB1194 HD2 as written.

Sincerely,

Kate Carlevato

katecarlevato@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 9:00:13 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Michelle Saito | Individual | Support | Written Testimony Only |

Comments:

I strongly support this bill. Thank you.

HB-1194-HD-2

Submitted on: 3/13/2025 9:00:15 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Carol Maxym | Individual | Support | Written Testimony Only |

Comments:

Please support this important healthcare measure to protect mothers and their keiki

Thank you

HB-1194-HD-2

Submitted on: 3/13/2025 9:01:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Nicole Struempf | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Chair San Buenaventura and Committee Members,

I oppose HB1194 HD2 as written unless amended.

I am a resident of Hawai'i island, and the eldest of 5 children. My younger 4 siblings were born at home, I remember their births well! My mom had a traditional midwife attend her, and it is my desire when I start my own family in the next 2-3 years that I be legally able to have the same midwife attend me, however she is currently criminalized if she attends births. This bill matters to my sister, my friends and me.

Please amend this bill to:

1. Allow PEP students and PEP CPM midwives to be licensed regardless of when they received their credential.
2. Reinstate the traditional birth attendant exemption that expired July 1, 2023.
3. Grant limited prescriptive rights to the CPM so women can use their health insurance to pay for medications related to pregnancy, childbirth, and the postpartum period.
4. Use the CM and CPM credentialing bodies and professional organizations to set the scope and practice guidelines for non-nurse midwives.
5. Take out all language that talks about licensed or accredited birth facilities or birth centers as there is precedent or statute to define these facilities in place and this will complicate future legislation when they do.

Please protect MY reproductive rights! Amend this bill!

Nicole Struempf, Miss Aloha Hawai'i 2025

HB-1194-HD-2

Submitted on: 3/13/2025 9:08:47 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Krista Vessell | Individual | Oppose | Written Testimony Only |

Comments:

VEHEMENTLY OPPOSE! Why are politicians so obsessed with controlling our God-given human rights to medical self-determination? Giving birth to a child is NOT an assembly-line process, as the current for-profit medical system is set up. Women have given birth supported by family and community member for, quite literally, thousands of years, and now you want to legislate that right away because of fearmongering over licensure? Having experienced the rushed nature of modern hospital birthing procedures, I wish I could go back in time and use midwives instead of being manipulated by fearmongering. I may not be in the chronic pain I'm in now because of being rushed and not listened to by overworked hospital staff during my last childbirth.

HB-1194-HD-2

Submitted on: 3/13/2025 9:10:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Jendy Malaikini | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

We all live different lives, that's what makes us all unique. The type of mother or father you choose to be is your choice and the right to choose how you want to birth your baby is not a separate situation. As Kanaka maoli we have traditions that we want to uphold, that we have the right to uphold. Please please please don't take away our right just like they did with the rest of our culture when they overthrew our country. Midwives are the only reason the human race has survived all these centuries. Please do the right thing, one persons choice to use a midwife has nothing to do with a woman who chooses not to but please allow these women the right to choose.

HB-1194-HD-2

Submitted on: 3/13/2025 9:11:30 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Joey Badua | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Buenaventura and Vice Chair Aquino, and Members of the Committee on Health and Human Services:

I write to oppose H.B. 1194 and appreciate the time and consideration of my testimony.

In its current form, H.B. 1194 fails to protect reproductive autonomy, restricts access to midwifery care, and threatens cultural and community-based birthing practices in Hawai‘i. Regulation of midwifery is important. However, the significant flaws in this bill would harm birthing individuals, families and midwifery practitioners across the states.

A key concern is the criminilization of birth attendants and cultural practices. My mom was born in the Philippines to my grandma with a midwife. She came out fine even without the midwife having a license, because this is their practice passed down from generations. Her mother, grandmother, and siblings came out fine. There were no regulations then. Without clear exemptions, persons attending a birth or engaging in religious and spiritual birthing practices without a midwifery license may be subject to monetary penalties and criminalization, including a misdemeanor conviction punishable by up to one year in jail.

This provision infringes on reproductive rights and undermines Hawai‘i's rich cultural heritage by criminalizing traditional birthing practices and spiritual care.

Secondly, a concern is the failure to protect extended and hānai family who provide birthing support. The values of ‘ohana extends beyond blood-related; the value of community care is central to Hawai‘i's identity. If the birthing person wants the extended family there for support, then let them support.

A third concern is there is no apprenticeship pathway for licensure. HB1194 currently does not establish an apprenticeship pathway for residents who have earned certification from the North American Registry of Midwifery (NARM) which is recognized by 27 other states and Washington D.C. As the youth today are trying to figure out their calling, some are drawn to midwifery. Omitting an apprenticeship pathway creates unnecessary barriers for aspiring midwives in Hawai‘i and reduces access to midwifery care, particularly in reproductive care deserts on neighbor islands and in rural communities. We know this is a problem because a lot of healthcare providers are either retiring early or moving to other locations for better opportunities. We want qualified midwives to be there.

The fourth concern is barriers to reproductive autonomy. At a time when reproductive rights are under attack nationally, Hawai'i must lead the way in protecting reproductive autonomy. The current version of this bill restricts access to diverse birthing options by imposing rigid licensure requirements without accommodating alternative or non-medical models of care.

This bill disproportionately impacts individuals in underserved areas who already face limited access to reproductive care.

Respectfully submitted,

Joey Badua
Concerned Citizen

HB-1194-HD-2

Submitted on: 3/13/2025 9:15:19 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Mariano Castillo | Individual | Oppose | Written Testimony Only |

Comments:

I oppose hb1194

HB-1194-HD-2

Submitted on: 3/13/2025 9:15:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Terrie Armbruster | Individual | Oppose | Written Testimony Only |

Comments:

STRONGLY OPPOSE HB1194

Protect Native Hawaiian Traditional & Cultural Midwife practices--Choose HB1328

VOTE NO to HB1194

HB-1194-HD-2

Submitted on: 3/13/2025 9:19:49 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| benjamin simpson | Individual | Support | Written Testimony Only |

Comments:

To whom it may concern,

This submittal of testimony is in SUPPORT of HB1194 HD2, which upholds mandatory midwifery licensure and educational requirements for midwives in Hawai'i.

Please maintain the requirement that midwives have both formal education and licensure. PEP pathway is not enough.

Please pass HB1194 HD2 as it is written and help support a collaborative community effort for safe care during the perinatal period for families in Hawai'i.

Mahalo & Gratitude

Benjamin Simpson

Hawai'i County Resident

HB-1194-HD-2

Submitted on: 3/13/2025 9:23:21 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Sue | Individual | Oppose | Written Testimony Only |

Comments:

When is it ever legal , sane or ok to dictate to a woman how or where she will birth her own God given child ?

Her body and baby, her choice .

Please vote no.

HB-1194-HD-2

Submitted on: 3/13/2025 9:24:45 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| Donna Sue Shepherd | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

I m against HB1194 relating to midwifery. The state constitution guarantees our total rights to choose.

Vote NO Please.

Mahalo, Donna Sue Shepherd Kailua Kona HI

HB-1194-HD-2

Submitted on: 3/13/2025 9:30:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Mari T | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill.

HB-1194-HD-2

Submitted on: 3/13/2025 9:33:37 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Frances Hartley | Individual | Support | Written Testimony Only |

Comments:

To whom it may concern,

without the protected title of Midwife and accreditation of education for midwives, women and infants will continue to be badly injured and killed in our state. This is something that is already happening, and I have seen it with personal experience. The only thing that a pregnant woman has on her side at this point is the protected title of Midwife in order to distinguish between someone who can safely help her give birth, or someone who is using the title of Midwife but lacks the necessary skills to keep you and your family safe when choosing to birth outside of the hospital.

trying to find a safe health care provider who can assist in a home birth is a very difficult and confusing process, I will give an example to illustrate my point. A friend of mine was pregnant and looking for a midwife. She was approached by a woman who called herself a traditional midwife. This woman did not have any traditional Midwife training, she also had no license and no medical training of any kind. She gave my friend homemade medicines that were potentially harmful to her and not created with any oversight or training of any kind. Once she was in labor and started bleeding heavily, this midwife abandoned her and she had to transport herself to the emergency room. Her child did not survive.

Another friend in 2023, her pregnancy ended with tragedy when her baby had shoulder dystocia, she labored for four long days at home under the care of a non licensed "midwife." A skilled and trained Midwife would have been able to diagnose the situation, and safely resolve it. But because this woman was untrained and unskilled, she allowed my friend to labor at home in agony for days. The baby did not survive.

This heartbreaking situation could have been prevented if women could confidently rely on the title of Midwife.

These occurrences are all too common, and the only way that we can avoid this currently is the fact that the title of Midwife is protected, and that we can search for a licensed Midwife with proper training. We live in a very rural place, the life-saving training is more important than where we live because emergency services cannot respond to our emergency emergencies promptly.

we really rely on being able to find licensed midwives with proper training. Personally, I was incredibly relieved to be able to find a licensed midwife, who was able to safely deliver my babies. I had complicated birth, and my midwives were able to handle these with ease because of their incredible training. But my situation definitely could have gone much much worse and ended with heartbreak if I would have trusted someone who called herself a midwife but lacked

that training. This does not keep women safe. There is another issue of a lack of midwives and there needs to be a clear path to licensure. But that is a separate issue that needs to be addressed.

I urge you to consider these stories, and not conflate them with the opposing issue of the lack of preceptors in Hawai'i that can allow aspiring midwives to become licensed. That issue is very important it needs to be addressed, but it does not take away from the fact that Midwife needs to be a protected title, women need to have clear choices so that they can have the ability to make safe healthcare decisions for themselves.

Thank you for your time and consideration and for reading my story.

with aloha

Fran Hartley

HB-1194-HD-2

Submitted on: 3/13/2025 9:41:33 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Maple breitbach | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB 1194. I oppose the limiting of midwifery via these certifications.

March 13, 2025

Aloha e Honorable Chair Senator San Buenaventura and Committee Members,

My name is Rachel Curnel Struempf, I have lived on Hawai'i island for most of my life. I am a licensed certified professional midwife, and the first midwife licensed in Hawai'i under 457J. I also have the honor of serving on the Hawai'i DCCA Midwife Committee, the North American Registry of Midwives Peer Review Committee and Complaints and Grievances Committee, as the President of the Hawai'i Midwifery Council, as the leader of the Kona Coast La Leche League (since 2002), and an elder on the Elders Council under the Hawai'i Home Birth Collective (HiHBC). I represented Hawai'i island as an elder midwife member on the Hawai'i Home Birth Taskforce. I hold professional memberships with Hawai'i Midwifery Council, National Association of Certified Professional Midwives, Hawai'i Home Birth Collective, and Pacific Birth Collective. I have been attending mothers during childbirth and beyond in Hawai'i nei since 1994.

The Midwives Alliance of Hawai'i does not represent or speak for me.

I want to thank you for all of your work to protect reproductive rights for women in Hawai'i. There are some really great changes to 457J by HB1194. Global signature authority will increase my ability to help my clients immensely. I was also happy to see the addition of allowing delegation of tasks, and the ability of family members to utilize family remedies.

As someone who is on the frontline of this discussion, I want to share with you what is still needed in Hawai'i to properly serve ohanas in Hawai'i and provide consumer protection. With the impending sunset date of June 30, 2025, the necessity to pass legislation is upon us, but we need to DO MORE than just pass legislation to continue this licensure program, we need to pass GOOD legislation and fix the flaws that exist in the current version of 457J.

Traditional Birth Attendant Exemption

Act 32 passed in 2019, it established a three-year period to allow birth attendants to define themselves and develop common standards, accountability measures, and disclosure requirements with the intent that at the end of the three-year period, the legislature would adopt further legislation to establish a permanent pathway for traditionally-trained, non-certified birth attendants to continue to legally practice in Hawai'i, regulated through the traditional birth attendant exemption. Act 32's exemption was originally drafted based on the precedent of Oregon's successful midwifery law. Under section 687.415 of the Oregon Revised Statute, a person can practice direct entry midwifery without a license, if that person does not use legend drugs and devices, does not advertise as a midwife, and provides a State approved disclosure statement to every client. Although Hawai'i law contains similar provisions, the exemption is limited to only persons acting as a traditional birth attendant on or before July 1, 2023.

With the loss of the traditional birth attendant exemption on July 1, 2023, provided in HRS 457J, and although this group of traditional birth attendants are recognized by the State and provide

culturally appropriate care to the communities they serve, their continued service is now criminalized and punishable with jail time and a fine of \$1,000 per day should they continue serving the birthing people who desire their services. Most of these traditional birth attendants are not covered by the native Hawaiian midwife exemption recognized by the State. Neglecting to exempt other cultures from stringent, western licensing requirements, predominantly disenfranchises people of colour. Traditionally-trained birth attendants of all cultures are valued and preferred by some consumers, and the type of birth attendant utilized at birth should be the birthing person's choice alone. All birthing parents should have the right to choose their preferred birth attendant. The consumer does not need the State to pass laws to protect them from their own well informed choices.

https://www.oregon.gov/oha/PH/HLO/Forms/DEM_Traditional_Midwife_Information_Disclosure.pdf

Omission of Portfolio Evaluation Process (PEP) Certified Professional Midwives for Licensure

Act 32 inadvertently omitted a category of certified professional midwives who are certified by the North American Registry of Midwives (NARM), the national certifying body of the certified professional midwife. NARM offers two pathways of accreditation to obtain the certified professional midwife credential.

Individuals may graduate from one of eight midwifery schools accredited by the Midwifery Education Accreditation Council (MEAC), none which exist in Hawai'i. This is known as the MEAC pathway;

Or

Individuals may pursue independent study with the guidance of NARM approved preceptors known as the PEP pathway.

Both pathways require an extensive apprenticeship as well as acquisition of the same knowledge base, training, and hands on skills. The knowledge necessary to practice midwifery as a CPM is confirmed by passing the same standardized exam. NARM has submitted testimony that they, as the certifying body of all CPMs, find both educational routes to be equal, and there is no distinction between midwives once credentialed. NARM further testified that greater than HALF of all the CPMs are certified through the PEP pathway. The vast majority of the State's currently licensed midwives were certified through the PEP pathway.

As there are no MEAC accredited schools in Hawaii, the inclusion of the PEP pathway offers more reasonable access and affordability for midwifery students, specifically in Hawai'i, to obtain certification as a CPM. As 457J is currently written, only PEP trained midwives, who were credentialed prior to January 1, 2020 may receive a license. Moving forward, this leaves only those credentialed by way of the MEAC pathway able to be licensed in Hawaii.

<https://narm.org/pdffiles/CIB.pdf>

Limited Prescriptive Authority for Certified Professional Midwives

Midwives undergo comprehensive training to ensure safe use of medications common the pregnancy, childbirth, breastfeeding, and the postpartum period. CPMs have already been granted the ability to obtain and administer certain prescription and over the counter medications. Granting limited prescriptive authority to CPMs aligns Hawai'i with the growing body of evidence supporting the safety and effectiveness of midwifery care. Studies have shown that CPMs provide high-quality care that results in lower rates of interventions, such as cesarean sections, while maintaining excellent maternal and neonatal outcomes. By allowing CPMs to prescribe midwifery specific medications, they can manage common pregnancy-related conditions and complications more effectively, ensuring that women receive timely and appropriate care without unnecessary delays. Limited prescriptive authority also allows the consumer to utilize their health insurance coverage to pay for medications that are necessary during their course of care.

Hawai'i faces unique geographical and logistical challenges that hinder access to healthcare, especially on the neighbor islands. With many rural and underserved areas in the state, CPMs serve as a crucial resource for pregnant individuals who do not have easy access to obstetric care. By granting limited prescriptive authority, CPMs can better address healthcare these disparities by providing comprehensive care, including the ability to prescribe prenatal vitamins, antifungal creams, anti-nausea medications, and other necessary medications like IV antibiotics for group B streptococcus, and Rhogam for people with RH negative blood. Limited prescriptive authority will not only enhance the level of care provided by licensed midwives, it will empower pregnant people to take charge of their health during pregnancy.

Moreover, CPMs in Hawai'i are vetted trained professionals who have undergone rigorous apprenticeship programs and clinical training, equipping them with the knowledge and skills necessary to prescribe required medications safely. In 2022, Washington state granted limited prescriptive authority to CPMs. Since that time they have demonstrated responsible and effective prescribing practices. By following this precedent, Hawai'i can ensure that CPMs are fully integrated into the healthcare system, working collaboratively with other healthcare providers to improve maternal and child health.

Lastly, granting limited prescriptive authority to CPMs will lead to improved consumer satisfaction. Many people prefer midwifery care for its holistic approach and personalized attention. When CPMs can prescribe medications, it enhances their ability to provide seamless and continuous care, fostering trust and satisfaction among their clients.

Granting limited prescriptive authority to CPMs in Hawai'i is the next logical step toward improving maternal and infant health outcomes, increasing access to care, and promoting a more integrated healthcare system. By following the example set by Washington state, Hawai'i can empower it's CPMs to provide comprehensive, effective, and compassionate care to the women and families they serve.

All CPMs undergo comprehensive training to ensure safe medication prescribing, which typically includes the following components:

1. **Education:** All CPMs complete rigorous educational requirements that include theoretical knowledge and practical skills related to pharmacology, maternal-fetal medicine, and the management of pregnancy, childbirth, and the postpartum periods. This education includes specific training focused on pharmacology and medication management.
2. **Clinical Training:** During their education, midwifery students gain the experience needed in managing various pregnancy-related conditions. This training includes learning how to both use and prescribe medications pertaining to midwifery while under the supervision and guidance of their experienced midwife preceptors, and by taking pharmacology and medication management classes through NARM approved courses. This practical training is crucial for developing the skills needed to assess patients and make informed prescribing decisions.
3. **Certification:** After completing their individual educational pathway, a midwife must pass a certification exam (e.g., the Certified Midwife or Certified Professional Midwife credentialing exams) that assesses their knowledge and competencies, including those relating to medication use and management.
4. **Continuing Education:** Once certified, all midwives are required to engage in continuing education to maintain their credentials. This ongoing education includes updates on pharmacology, new medications, and best practices in prescribing, ensuring that midwives stay informed about current evidence-based guidelines.
5. **Clinical Guidelines and Protocols:** CPMs are trained to follow established clinical guidelines and protocols regarding medication use in pregnancy and childbirth. These guidelines help midwives make safe and effective prescribing decisions.
6. **Interprofessional Collaboration:** CPMs often work closely with naturopathic physicians, obstetricians, pediatricians, and other healthcare providers. This collaborative approach will allow them to consult with specialists when necessary and ensures a comprehensive understanding of when to prescribe medications, and when it is necessary to refer patients who fall outside of their scope for additional care.

Through this combination of education, clinical experience, certification, and ongoing training, midwives are equipped to prescribe medications safely and effectively, ultimately ensuring better health outcomes for mothers and infants. In summary, limited prescriptive authority for CPMs in Washington state has facilitated better access to care, improved health outcomes, and enhanced patient satisfaction, demonstrating a positive impact on maternal healthcare. This model serves as an example for other states considering similar measures to empower midwives and improve maternal care.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-834-165&pdf=true>

Use of Standards Set for CPMs by Their Credentialing Body

Using the International Confederation of Midwives (ICM) guidelines over the credentialing body of Certified Professional Midwives (CPMs), the North American Registry of Midwives (NARM), is not appropriate for several reasons:

1. **Contextual Relevance:** The ICM guidelines are developed for a global audience and may not account for the specific legal, cultural, and healthcare contexts of midwifery practice in North America. CPMs operate within a distinct regulatory framework that considers the particular needs and challenges in American, making NARM's guidelines more relevant to their practice.
2. **Regulatory Framework:** NARM is specifically designed to establish standards and credentialing for CPMs in the United States, Canada, and Mexico. It focuses on the competencies and training necessary for CPMs practicing in North America. Using ICM guidelines could lead to a mismatch between the expectations set forth by the global organization and the practical realities of midwifery practice in this region.
3. **Scope of Practice:** The scope of practice for CPMs, as defined by NARM, is tailored to the unique aspects of care in the North American context. ICM guidelines may not fully align with the specific scope and responsibilities designated to CPMs, potentially leading to confusion or misinterpretation of what midwives are authorized and trained to do.
4. **Legal and Liability Considerations:** CPMs in North America are subject to specific state regulations and licensure requirements that are not addressed in ICM guidelines. Adhering to NARM's credentialing standards ensures that midwives are compliant with local laws and regulations, which is crucial for protecting both the midwives and their clients from legal liabilities.
5. **Training and Certification Differences:** NARM sets forth specific educational and training requirements for the CPMs that differs from those outlined by ICM. Relying on ICM guidelines may overlook the unique competencies and skills that NARM requires of its certified midwives, leading to gaps in authority to provide necessary care or address safety concerns.
6. **Professional Identity and Autonomy:** Utilizing guidelines from a global body may undermine the professional identity and autonomy of CPMs in North America. NARM represents the interests and needs of CPMs in the region, advocating for their practice and ensuring that their standards reflect local realities.

In conclusion, while the ICM provides valuable insights and resources for midwifery practice worldwide, it is essential for CPMs in North America to adhere to the guidelines and standards set by their credentialing body, NARM. This ensures that their practice is relevant, legally compliant, and aligned with the specific needs of the populations they serve.

The certified professional midwife should also not be held to the American College of Nurse Midwives (ACNM). CPMs are non-nurse midwives. Their professional organization is the National Association of Certified Professional Midwives (NACPM). It is NACPM practice standards that apply to the CPM.

<https://narm.org/> <https://www.nacpm.org/>

<https://www.amcbmidwife.org/> <https://midwife.org/>

Please help expand our reproductive rights. This law has the potential for greatness, sadly as written it is inadequate, restrictive, and will not allow licensed midwives to practice to the full

extent of their credential. This hurts the consumer and unduly restricts entry of all CPMs to be licensed by the State. These midwives' abilities to conduct business in the state of Hawai'i should not be restricted.

Please amend HB1194 HD2 so I can support it! We want the licensure of midwives to continue in a fair way that protects reproductive rights of birthing people.

Mahalo,

Rachel Curnel Struempf, LM, CPM, TM, LS, CBE

HB-1194-HD-2

Submitted on: 3/13/2025 9:57:47 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Ryan Willis | Individual | Oppose | Written Testimony Only |

Comments:

I Strongly Oppose

HB-1194-HD-2

Submitted on: 3/13/2025 9:58:24 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kanoe Willis | Individual | Oppose | Written Testimony Only |

Comments:

I Strongly Oppose

HB-1194-HD-2

Submitted on: 3/13/2025 10:05:15 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| John le | Individual | Oppose | Written Testimony Only |

Comments:

subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect
John le

HB-1194-HD-2

Submitted on: 3/13/2025 10:08:28 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Zoe Durant | Individual | Oppose | Written Testimony Only |

Comments:

HB1194 is harmful because it restricts access to home birth options and midwifery care, infringes on personal choice, and could lead to more hospital births with higher intervention rates. It also creates an environment where less trained individuals are handling births, which poses risks to both mothers and babies.

The bill essentially removes a woman's right to choose her birth plan and limits her access to personalized, autonomous care. Many women who choose home births with midwives are seeking a low-intervention, natural birth experience, and HB1194 takes away their ability to make that choice.

While the bill claims to increase safety, the reality is that it may actually push home births underground or force women into less supportive environments. If midwives are restricted from practicing legally, women who want a home birth may resort to untrained individuals or unsupervised home births, which could be more dangerous.

Additionally, midwives who are well-trained in emergency procedures could be kept from providing care in rural areas, where access to hospitals is limited, increasing the risks for women who may have better outcomes with a midwife.

HB-1194-HD-2

Submitted on: 3/13/2025 10:11:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Olga Rovnaia | Individual | Oppose | In Person |

Comments:

Aloha Chair San Buenaventura, Vice-Chair Aquino and Committee members,

I trully believe that birthing process is the most sacred and beautiful moment in women life and it is critically important to be able to choose people you trust and feel comfortable with to deliver your child. I had 2 absolutly diffrent experiences of giving birth. One was traumatic C-section at the hospitol and second was a beautiful natural home birth breach. Both of my children decided to be breach during my pregnancies. And that was their choice. My choice was to decide if I want to deliver them naturally or at the hospital. Unfortunattely, hospitals in US are not giving even an option to deliver breach baby naturally so as soon as I got to the hospital I had only one option - C-section. It broke all my expectations about laboring and natural process of birth that I was getting ready for so long. Our birth plan was barely excecuted. The pre surgery anticipation time was like a turture for me and my husband. They broke our daughter's leg during the procedure and did not even tell us. They treated us without any consideration of our personal beleifs and requests.

During my second pregnancy we decided to deliver at home no matter what position the baby decides to be. It was the best experience ever. We were able to decide who is going to deliver and attend the birth moment. We were able to keep our sacred moment and share it with people we trust who are trully professionals and sweet hearts at the same time. Our baby was delivered in the most natural way it could be.

I belive that birthing people must have a right to choose anyone to attend their birth. I pledge to carry on the legacy of women's rights an dprotect the true autonomy of all birthing people.

Best regards

Olga Rovnaia

HB-1194-HD-2

Submitted on: 3/13/2025 10:13:07 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sapir | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai'i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

- 1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**
 - This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.
- 2. Limits Birthing Options and Accessibility**
 - By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.
- 3. Criminalizes Families and Birth Attendants**
 - Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.
- 4. Fails to Protect Consumer Choice and Autonomy**
 - The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a

narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. **Disproportionately Impacts Marginalized Communities**

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai'i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. **Strengthen Protections for Native Hawaiian Traditional and Customary Practices**

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. **Add a Birth Attendant Exemption with Consumer Protections**

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. **Add a Religious and Spiritual Birthing Practices Exemption**

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. **Add an Exemption for Hānai Family and Grandparents**

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai'i.

5. **Allow Multiple Pathways for Midwifery Licensure**

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Sapir

HB-1194-HD-2

Submitted on: 3/13/2025 10:15:16 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| Sean J deMello | Individual | Oppose | Written Testimony Only |

Comments:

I am opposing this bill, this is just more government over reach.

HAWAI'I MIDWIFERY COUNCIL

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

(808) 990-8025

‘A‘OHE HANA NUI KE ALU ‘IA

EST. 2015

Aloha e Honorable Chair Senator SanBuenaventura and Committee Members,

We are in strong OPPOSITION of HB1194 HD2 as currently written.

Our membership includes licensed midwives, midwife students, and traditional birth attendants. We have representatives on all of the Hawaiian islands save Ni‘ihau. We would like to advocate for the following amendments to HB1194 HD2 so we can see the practice of midwifery expanded to cover the current maternal healthcare desert that Hawai‘i finds herself in.

We can support this bill with the following amendments:

PROFESSIONAL STANDARDS

Certified midwives (CM) and certified professional midwives (CPM) have separate credentialing bodies and professional organizations. As these are two distinctly different types of midwives, it is only appropriate to use the standards set by the applicable organizations for practice standards, scope, and practice guidelines. Please ensure that the appropriate standards are used for the respective midwives.

The CM is credentialed by the American Midwifery Certification Board (AMCB)

<https://www.amcbmidwife.org/>

The CM professional organization is American College of Nurse Midwives (ACNM)

<https://midwife.org/wp-content/uploads/2024/10/Standards-for-the-Practice-of-Midwifery.pdf>

The CPM is credentialed by the North American Registry of Midwives (NARM)

<https://narm.org/>

The CPM professional organization is the National Association of Certified Professional Midwives (NACPM)

<https://www.nacpm.org/standards-of-practice>

SCOPE OF PRACTICE

Clarify this statute is for licensed midwives who are eligible for licensure as certified midwives and certified professional midwives based on national practice standards and national credentialing bodies.

These suggested amendments are copied from HRS which established regulation of Certified Nurse Midwives.

Pg. 4 Line 14 - Pg 10 Line 7: Scope of practice of midwifery; licensed midwives; certified midwives; certified professional midwives.

a) The scope of practice of licensed midwifery means the full practice scope of midwifery, regardless of compensation or personal profit, as determined by the director, rules adopted by the director, and midwifery standards established or recognized by the director pursuant to this chapter. The scope of practice of licensed midwives midwifery shall be based on and be consistent with a midwife's education and national certification, including but not limited to:

(1) The American College of Nurse-Midwives and the American Midwifery Certification Board or their successors for a licensed certified midwife, provided these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law; and

(2) The National Association of Certified Professional Midwives and the North American Registry of Midwives or their successors for a licensed certified professional midwife, provided that these organizations shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.

REQUIREMENTS FOR LICENSURE

Amend the application for license as a midwife to be consistent with their national credentialing body to the following;

To obtain a license under this chapter, the applicant shall provide:

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

(7) Any other information the department may require to investigate the applicant's qualifications for licensure. [L 2019, c 32, pt of §2]

<https://narm.org/pdf/CIB.pdf>

<https://narm.org/certification-recertification/examination/>

https://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0457J/HRS_0457J-0008.htm

REGULATION THROUGH EXEMPTION

Traditional midwifery has existed since time immemorial. Oregon Revised Statutes 687.415 requires persons performing midwifery duties in Oregon to be licensed by the State of Oregon *unless*:

- The person is already licensed as a health care professional with midwifery duties within the scope of the license; or
- The person is a traditional midwife.

The Oregon statutes recognize a category of midwives called "Traditional Midwives". Oregon law allows a person to practice direct entry midwifery as a traditional midwife without a license if that person complies with certain requirements.

What are the requirements for being a Traditional Midwife?

According to Oregon Revised Statute 687.415, a person can practice direct entry midwifery without a license as a traditional midwife if the person:

Does not use legend drugs and devices (a license is required to use legend drugs and devices in Oregon); Does not advertise as a midwife; and Provides a Board approved disclosure statement to every client.

Under Oregon Administrative Rule 332-025-0125, the Board has prescribed a specific Traditional Midwife Information Disclosure Form that a midwife must give to each client and have each client sign. A copy must be retained in the client's record.

<https://www.oregon.gov/oha/ph/hlo/pages/board-direct-entry-midwifery-traditional-information.aspx>

https://www.oregon.gov/oha/PH/HLO/Forms/DEM_Traditional_Midwife_Information_Disclosure.pdf

Adherence to the exemption requirements serves as a form of regulation for traditionally trained midwives while also ensuring consumer protection. This type of midwife has been practicing since time immemorial, passing down invaluable knowledge and skills that cannot be replicated in a classroom setting. By allowing traditional midwives to continue their practice, we are preserving an essential aspect of our cultural heritage while also providing families with safe and personalized care during one of life's most significant moments.

I would offer that in addition to reinstating the traditional birth attendant exemption in 457-J that expired on July 1, 2023, this category of birth attendant should have the following additional requirements.

- Basic Life Support Cardiopulmonary Resuscitation through the American Red Cross
<https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training>

- Neonatal Resuscitation or Helping Babies Breathe through the American Association of Pediatricians
https://www.aap.org/en/pedialink/neonatal-resuscitation-program/?srsId=AfmBOor0dNgFTD_mno7btfdlprAocBjk7jf2X2DDxtwEzf7dwkas8Llj

<https://www.aap.org/en/aap-global/helping-babies-survive/our-programs/helping-babies-breathe/?srsId=AfmBOorx2Sals-qzCrSsfMSzV88K1WIFZhgCosylGO476tnUey6mQ-Yy>

[§457J-6] Exemptions.

A person acting as a birth attendant on or ~~before July 1, 2023~~, who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

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

(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

(ii) That the person's education and qualifications have not been reviewed by the State;

(iii) The person's education and training;

(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;

(v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and

(vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and

(D) Maintains a copy of the form required by subparagraph for at least ten years and makes the form available for inspection upon request by the department.

(E) Maintains current Basic Life Support Cardiopulmonary Resuscitation (BLS CPR), and Neonatal Resuscitation Program (NRP) certifications; and

(F) Provide copies of current BLS CPR and NRP certificates to the DCCA midwife program on a form adopted by the Director.

To be exempt, the exempt person must follow the exemption criteria; and provide current copies of their Basic Life Support Cardiopulmonary Resuscitation (BLS CPR), and Neonatal Resuscitation (NRP) certifications, to be kept on file by the Hawai'i DCCA Midwife Program, to set a basic level of competency for the protection of the consumer. Failure to comply with

exemption requirements would result in a person not being exempt and therefore practicing midwifery without a license.

Add the following definitions:

The National Association of Certified Professional Midwives means: the professional membership organization representing Certified Professional Midwives (CPM) in the United States.

REMOVE THE FOLLOWING

All references to licensed birth centers or accredited birth facilities as there are currently no definitions or statute for their use and this will create unnecessary issues with the implementation of birth center regulations in the future.

Delete the following definition:

~~"International Confederation of Midwives"~~

The International Confederation of Midwives does not have authority over State nor Federal Statutes. The authority over CMs and CPM should be maintained by their respective credentialing bodies, and standards set by their respective professional organizations.

Allow an exclusionary formulary for limited prescriptive authority for CPMs.

Washington state granted certified professional midwives limited prescriptive authority in 2022. The program is working well for the State and the consumers of non-nurse midwifery care. Please allow CPMs limited authority to prescribe needed medications to utilize the consumer's health insurance coverage. People should not have to compromise the care they receive due to financial restrictions.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-834-165&pdf=true>

Add the following:

(a) The department shall determine the drugs or categories of drugs listed in the exclusionary formulary. (b) The Exclusionary Formulary, and any revised formularies, shall be made available to licensed pharmacies at the request of the pharmacy at no cost. (c) The certified professional midwife shall comply with all applicable state and federal laws and rules relating to prescribing and administering of drugs. The certified professional midwife with limited prescriptive authority shall only prescribe, order, and dispense medical devices and equipment or drugs appropriate to the certified professional midwife's specialty and pursuant to HRS section 457-8.6. (d) Prescriptions by a certified professional midwife with limited prescriptive authority shall be written in accordance with section 16-95-82. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

ADD: Limited prescriptive authority renewal for certified professional midwife. (a)

Prescriptive authority for each certified professional midwife shall expire on June 30 of every three years and shall be renewed triennially. At the time of renewal, each certified professional midwife seeking renewal of prescriptive authority shall certify under oath that the licensee has completed the eight hours in pharmacology, within the last three years preceding the certified professional midwife's renewal and has a current national certification in their practice specialty. The certified professional midwife shall also satisfy the renewal requirements for certified professional midwife license pursuant to section 457J-10. The department may conduct a random audit to determine compliance with the prescriptive authority renewal requirements. The department shall provide written notice of an audit to all licensees selected for audit. Within sixty days of notification, the licensee shall provide the department with the following documentation verifying compliance:

(1) Evidence of current national certification in the certified professional midwife practice specialty by a board-recognized national certifying body; and

(2) Documentation of successful completion, during the prior triennium, of thirty contact hours of appropriate continuing education as determined by the department in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the certified professional midwife's clinical practice specialty area, approved by board-recognized national certifying bodies, or accredited colleges or universities.

Documentation of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal triennium, may be accepted in lieu of the thirty hours of continuing education required for renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized certified midwife on or before June 30 of each renewal year shall result in automatic forfeiture of prescriptive authority. Failure of the certified midwife to renew prescriptive authority shall cause the certified midwife prescriptive authority to forfeit on the day after the expiration date. The certified midwife shall not prescribe until prescriptive authority has been restored. Renewal application deadlines shall be as established by the department. Prescriptive authority may be restored within six months from the date of forfeiture, provided the restoration application is in compliance with subsection (a), and is submitted with an additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for limited prescriptive authority, the applicant shall meet the requirements of section —. (c) Any certified professional midwife subject to this chapter who fails to renew his or her limited prescriptive authority and continues to practice as a certified professional midwife with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties §16-89-123 89-50 provided for by law. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

We thank you for the opportunity to testify on this bill. We all hope you can protect access to midwifery services, expand the care that is provided by licensed midwives, and protect our residents reproductive rights!

Mahalo,

Rachel Curnel Struempf, LM, CPM, TM, CBE, LS ~ President

Tara Compehos, LM, CPM, TM ~ Vice President

Ki'i Kaho'ohanohano, TM, NHH ~ Maui Representative

Daniela Martinez Guzman, LM, CPM ~ Oahu Representative

Mieko Aoki, LM, CPM ~ Kaua'i Representative

Leah Aquino ~ Molokai Representative

HB-1194-HD-2

Submitted on: 3/13/2025 10:21:51 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Kiyanna Hamamura | Individual | Oppose | Written Testimony Only |

Comments:

Imagine you are like me, a first time Mother pregnant with your first child, and wanting nothing more than for your baby to be healthy and happy. You understand that your mental emotional and spiritual wellbeing is just as important for your little one as your physical needs. You are faced with choices: a hospital or home birth? Doctors or midwives, or both? Who do I want in the room with me when I give birth? Do I want my family there? As Mothers we have many choices to make, and we all want the freedom to make these decisions for ourselves. In my case, I chose to have a natural birth at home with my family and midwives. I had a healthy pregnancy and was fortunate enough to have access to both doctors (OBGYN) and a midwife. I wanted to experience a birth that was sacred and that honors the power of my body, one that welcomes my child into a home full of love rather than in a clinical hospital setting. I felt comfortable with having my doctor and preferred hospital accessible in case of an emergency, but I knew that my body was healthy and capable of giving birth and was not afraid. It helped me a lot mentally to surround myself with people who were not afraid for me as well. My midwives had all the confidence in me and their belief in me helped me during difficult times throughout my labor. I chose an experienced midwife who looked after me and my baby, body and spirit throughout the marathon of my pregnancy. She prepared me and empowered me and there was no one else I would have wanted around during the actual birth. I had a nearly 15 hour labor, with no use of drugs or painkillers, only my faithful partner and midwife with her assistant, patiently massaging and coaching me through my pain. My midwives were able to figure out that my baby was in a "sunny side up" position meaning that he was facing my front rather than my back, making it difficult for him to come out, and more painful for me. Luckily, they knew just what to do, and moved him into the optimal position called a "rebozzo" technique. It worked, and he was born immediately after they tried it. They did so calmly and patiently. I feel that if I were in a hospital, the staff may not have had the same patience with me and I would have felt pressured to receive medical treatment such as pitocin which I didn't want to do, or receive a C-section. I don't know what would have happened because I don't know who the staff would have been on that particular day. I am the type of person who would have been stressed around people that I don't know. When you are a woman in labor, your primal instincts kick in and your senses are heightened. And everything that you feel is also felt by your baby. It is a very tender and sensitive time, which is why I believe it is up to the mother to decide the way she wants to give birth and determine what is best for her and her child. She should have the right to choose who is there with her to make her feel the most comfortable. The people she chooses to be with her should not be criminalized. Native Hawaiian birth workers should not be criminalized, nor should family or spiritual practitioners. The act of birth is more than just physical or medical. A mother's spiritual and mental health must be prioritized. Personally, I would feel more

comfortable with a midwife who has spent a lifetime gaining experience and attending births even without a certification than someone who went to a training to receive a certificate but without real world experience. Others may feel differently and prefer a different birth than mine, but the point is the freedom to choose. Each individual's circumstances will be different and every birth will be different. No one else should be able to choose for me. My birth is my choice.

HB-1194-HD-2

Submitted on: 3/13/2025 10:22:33 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|------------------------|
| adaure ezinne dawson | Individual | Oppose | Written Testimony Only |

Comments:

Aloha My name is Ezinne Dawson. I am a licensed midwife and preceptor on the island of Oahu and I strongly oppose this bill HB1194 due to its lack of including multiple pathways to midwifery licensure.

The apprenticeship model, particularly through the Portfolio Evaluation Process (PEP), is a vital pathway to preserve in midwifery for several interconnected reasons:

1. ****Preservation of Traditional Knowledge and Practice****:

Midwifery has deep roots in community-based, hands-on learning. Apprenticeships allow the transmission of time-honored techniques and intuitive practices that formal programs may overlook. This ensures continuity of holistic, patient-centered care that aligns with cultural or community-specific traditions.

2. ****Accessibility and Diversity****:

- ****Geographic Flexibility****: Individuals in rural or underserved areas, where formal midwifery schools are scarce, can train locally.

- ****Financial Accessibility****: Apprenticeships often reduce costs compared to tuition-based programs, lowering barriers for socioeconomically diverse candidates.

- ****Inclusive Pathways****: Non-traditional learners (e.g., those balancing family/work commitments) gain entry, fostering a workforce reflective of varied backgrounds and experiences.

3. ****Hands-On Clinical Experience****:

Apprentices acquire skills in real-world settings from the outset, managing diverse cases under mentorship. This practical immersion can enhance confidence and competence in community births, home settings, and emergency scenarios.

4. **Cultural Competence and Community Trust**:

Apprenticeships embedded within specific communities (e.g., Indigenous, Black, or immigrant groups) produce midwives attuned to cultural norms, languages, and health practices. This builds trust and improves maternal outcomes in marginalized populations.

5. **Workforce Expansion**:

By offering an alternative to formal education, PEP addresses midwife shortages, particularly in regions with high maternal mortality rates or limited healthcare infrastructure. Diversifying entry routes helps meet growing demand for midwifery care.

6. **Rigorous Competency Assurance**:

PEP validates competency through portfolio assessments, skills evaluations, and standardized testing, ensuring apprentices meet the same benchmarks as formally educated peers. This balances flexibility with accountability.

7. **Advocacy for Autonomy and Professional Diversity**:

Preserving PEP challenges rigid credentialing systems that may exclude skilled practitioners. It upholds the principle that multiple pathways can coexist to enrich the profession, fostering innovation and resilience.

Counterargument Consideration: While critiques about standardization exist, PEP's structured evaluations ensure apprentices meet national competency standards, aligning outcomes with formal education. Studies, such as those by the National Association of Certified Professional Midwives (NACPM), show comparable safety and efficacy between apprenticeship-trained and school-educated midwives.

In conclusion, the PEP apprenticeship pathway is crucial for maintaining midwifery's heritage, expanding equitable access, and ensuring culturally responsive care. Its preservation supports a diverse, skilled workforce capable of addressing global maternal health needs.

Please oppose HB1194 if it does not include the PEP pathway. Thank you for your time.

HB-1194-HD-2

Submitted on: 3/13/2025 10:26:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Timothy | Individual | Support | Written Testimony Only |

Comments:

This bill important to ensure the safety of our women and children.

HB-1194-HD-2

Submitted on: 3/13/2025 10:28:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Justin Kaawa | Individual | Oppose | Written Testimony Only |

Comments:

Limiting a women's choice really? Government overreach strongly oppose

HB-1194-HD-2

Submitted on: 3/13/2025 10:28:38 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Fergie Kamaka | Individual | Oppose | Written Testimony Only |

Comments:

Here's a Template email:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

Government should have no say in natural birthing practices.

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to

uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With Aloha and respect

The Kamaka Ohana

HB-1194-HD-2

Submitted on: 3/13/2025 10:29:09 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Julia Rose Franklin | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

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- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Julia Franklin

120 Puueo St. Apt. A105 Hilo, HI 96720

jmcgann@hawaii.edu

(808)725-9416

HB-1194-HD-2

Submitted on: 3/13/2025 10:31:34 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------|--------------|--------------------|---------------------------|
| Katryana Hanley-Knutson | Individual | Support | Written Testimony Only |

Comments:

This bill will help protect women and children in the community

HB-1194-HD-2

Submitted on: 3/13/2025 10:31:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Keolamau Tengan | Individual | Oppose | Written Testimony Only |

Comments:

My name is Keolamau Tengan and I adamnatly OPPOSE HB 1194.

How we live is directly affected by how we are born into the world. At the moment of birth, the experience in that moment imprints upon the child creating a direct response in hormones that can influence a child well into adulthood. Therefore, it is upon the parents - especially the mother - of a child to determine what their ideal scenario for their child's birth is. As a father of two - who was present at the birth of both of my children - there was nothing more magical than that moment of being there to catch and receive my children.

I oppose HB 1194 because it is not upon the states to dictate how individual children come into this world. I oppose HB 1194 because it is the right of birth parents to decide how their children transition into life. I oppose HB1194 because the livelihood of generations to come depend upon this.

From a cultural perspective, from a community perspective, from a personal perspective I ask you to OPPOSE HB 1194 to ensure the rights of our birth community, our mothers, and children 7 generations to come.

HB-1194-HD-2

Submitted on: 3/13/2025 10:34:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Rachel LaBuda | Individual | Oppose | Written Testimony Only |

Comments:

My name is Rachel LaBuda, and I am a mother, writing to respectfully express my opposition to House Bill 1194, “Relating to Midwives.” While I support efforts to ensure safe and accessible healthcare for all Hawaii residents, I believe this bill, as currently drafted, poses significant concerns that outweigh its intended benefits.

HB1194 appears to impose restrictions that limit birthing options and barriers to practice that could reduce access to care. These measures could inadvertently harm families, particularly those in rural or underserved communities who rely on midwives for personalized, culturally sensitive care. For example, overly stringent requirements may drive qualified midwives out of practice, reducing options for expectant mothers and increasing reliance on overburdened hospital systems.

As a parent, I value the role midwives play in our state’s healthcare ecosystem. Midwifery has a long history of safely supporting low-risk pregnancies, often at a lower cost than traditional medical interventions. Studies consistently show that midwife-led care results in positive outcomes, including lower rates of cesarean sections and higher patient satisfaction. HB1194 risks undermining this by placing undue burdens on midwives and limiting parental choice.

Furthermore, I am concerned about the lack of clarity in how this bill balances safety with accessibility. Without robust input from midwives, families, and community stakeholders, the legislation may fail to reflect the needs of those it affects most. I urge the committee to consider alternatives, such as supporting voluntary certification programs and enhancing training opportunities, which could achieve safety goals without compromising care options.

In conclusion, I respectfully request that you vote “NO” on HB1194 or amend it significantly to address these concerns. Hawaii’s families deserve policies that expand, rather than restrict, access to safe, affordable, and compassionate care. Thank you for your time and consideration of this critical issue. I am available to discuss my concerns further if needed.

Aloha Honorable Chair Senator Buenaventura, Vice Chair Aquino & fellow committee members,

My name is Ye Nguyen. I am a licensed naturopathic physician, who has been doing birth work and practicing here in Hawaii for over 22 years. I came here to do an apprenticeship/residency straight out of my naturopathic doctorate program.

Many of my teachers were traditional midwives, naturopathic midwives, CPMs, CNMs, as well as physicians.

I am also a home birth mother of 2 children, one born in Kaimuki and the other born in the North Shore of Oahu.

Both of my births were supported also by naturopathic physician sisters who were also my “midwives”.

My husband caught my son in our bedroom in Kaimuki over 15 years ago. He said it was the best day of his life.

I was able to catch my daughter in our home here in the North Shore over 11 years ago. That was one of the most empowering days of my life.

We were also supported by a very kind ob/gyn, who told me that if I was over trying to do this at home...she would meet me in the hospital. She never once called me “geriatric” or put any “fear issues” onto me about birth. She treated me as an individual very much like my midwife sisters.

I am in agreement with Hawaii Home Birth Collective’s view point & deeply **opposed to HB 1194 HD 2** for the reasons, as stated below:

1. All birthing people’s **RIGHT TO CHOOSE ANYONE** to attend their birth must be supported to end criminalization.
2. **Cultural and Spiritual Practices** must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.
3. **Licensure Equity:** There needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue.
4. **Full Scope of Practice** for CMs and CPMs must be recognized and allowed.
5. **The term “Midwife”** belongs to the community, especially in cultural use. It is **not a proprietary term** and should not be treated as such.

This bill needs to be killed. It is a clear violation of a birthing person’s reproductive rights. It is a highly restrictive and dangerous bill. This bill is extremely controlling and divisive. It is written from a very biased perspective by lawmakers & practitioners who come from fear and trauma.

It is well known that our western medical system is flawed on many levels.

Many times the determination of when a baby needs to be born is based on “outdated studies” and providers who were trying to “manage” a mother based on protocols, their high patient load, and fear of being sued. Unnecessary intervention is made and many times causing more harm than good.

I urge you to check your bias around birth is, what perspective you are coming from as a lawmaker? Are you coming from fear? Are you coming from trauma?

Do you trust women & birthing people to make the right decision for their own bodies and not what you feel is right for your own family?

The fact of the matter is no two births are the same. Birth is unpredictable. Birth is wild. Birth is traumatic. Birth is beautiful. Birth is a sacred ceremony for many. The people that we choose to be by our sides matters.

We need to be collaborating and working together... not going on a modern day “witch hunt” and dictating how & with whom a person can invite into their home to birth their babies.

We need to trust our families in making the decision that is best for them.

An empowered birth is one where you have options, where you have true “informed consent” in making decisions.

Ultimately, if this bill is passed the midwives & providers who are still legal within the community will be burdened with a higher load of families to serve.

Underserved communities will have less access to midwifery care or maternal care for that matter. By trying to criminalize our native Hawaiian, religious and cultural midwives, the rest of the community ends up suffering. There is a ripple effect that affects us all..

It not only takes a village to raise our babies but also a village to support our mothers and birthing persons.

Thank you for your time, energy and service to our community.

Respectfully,

Dr. Ye Nguyen

HB-1194-HD-2

Submitted on: 3/13/2025 10:36:02 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------------|--------------|--------------------|---------------------------|
| Mark R. Villarin, MD, FACOG | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Mark R. Villarin, MD, and I am an OB/GYN practicing in Honolulu, HI. I practiced on the Big Island of Hawaii and personally have seen complicated home births with significant adverse neonatal outcomes. There was one failed home birth that I delivered in the hospital. That baby's heart stopped and I had to administer CPR with our pediatrician and ER team. The baby needed to be intubated. Eventually the baby's heart beat returned and needed to be transported to Kapiolani NICU. This could have been prevented if her lay midwife (she was not certified) recognized the signs of fetal distress and brought the patient to the hospital sooner. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

Sincerely,

Mark R. Villarin, MD, FACOG

Assistant Professor

Department of OB/GYN and Women's Health

University of Hawaii at Manoa, John A. Burns School of Medicine

HB-1194-HD-2

Submitted on: 3/13/2025 10:37:14 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|------------------------|
| Wendy Gibson-Viviani | Individual | Oppose | Written Testimony Only |

Comments:

Dear Chair SanBuenaventura, Vice Chair Aquino, and Members of the Committee on Health and Human Services,

My name is Wendy Gibson-Viviani. I am an RN who opposes the **current version** of HB1194 HD2 (related to Midwifery) because it fails to provide exemptions that would help protect reproductive freedom and expand access to midwifery licensure and care.

I would support a bill that provides clear exemptions for: a birth attendant; religious and spiritual birthing practices; grandparents and hānai family.

I would support a bill that provides an apprenticeship pathway for residents to obtain midwifery licensure in Hawai'i -- even though they have earned Certification from the North American Registry of Midwifery (NARM).

Please **vote "NO" on HB1194**, unless the requested amendments that increase access to reproductive care and end the criminalization of traditional, cultural, and religious birthing practices are put into place.

Thank you for this opportunity to provide testimony

Wendy Gibson-Viviani RN/BSN

Kailua

HB-1194-HD-2

Submitted on: 3/13/2025 10:38:08 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Charlene Calio | Individual | Oppose | Written Testimony Only |

Comments:

As a Christian wife, mother, and Chiropractor, I believe it is my duty to stand up for the voiceless and to protect God's people. In the beginning of the Book of Exodus (Found in the Holy Bible), the Hebrew midwives were instructed by the king of Egypt to kill all of the newborn babies that were males. But praise Jesus, the Hebrew midwives feared God and stood for what they believed was right. They spared the lives of the many babies and their people continued to multiply. (Exodus 1:15-21). Traditional & Biblical midwives play a vital role in empowering women to trust that God created their body to be able to birth their baby. I have heard from countless women who have given birth in the western medical system that fear was implanted into their minds that they are unable to birth their child without drugs or surgery. Jesus (my Lord and Savior) was born in a stable with animals all around him. Mary and Joseph didn't have a sterile hospital environment nor doctors, nurses, medical equipment, medications, etc when Jesus was being born into this world. He grew up perfect, HOLY, and healthy. How have we come so far from God's principles and put more trust in man rather than in God? I oppose this bill because I do not believe that midwives need western training in order to fulfill their God-given calling. I oppose this bill because I believe that every pregnant woman should be able to choose who is there to help her when it is time for birth her baby into this world. I oppose this bill because it does not align with Biblical principles. We need to learn how to put more trust in GOD instead of in drugs, surgery, and worldly systems and principles. We need to put more trust in GOD instead of in money. If the medical system were truly invested in the health of a pregnant mom and baby, why do we have more cesarean sections being performed instead of encouraging mothers to give birth naturally? Why do we have many babies that have birth injuries? Why do we have a nation that is overmedicated and sick? I pray that Jesus would give you wisdom and discernment as you vote on this bill and that you would choose to honor GOD. Mahalo & God bless.

HB-1194-HD-2

Submitted on: 3/13/2025 10:44:00 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Ayumi Imai | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill because it includes misinformation. Every birthing person has the basic human rights to determine who touches their body during sacred and intimate process of birth. Not the state, not medical institutions. My body! My coice! My home! If you were a pregnant lady, would you really support this bill?

HB-1194-HD-2

Submitted on: 3/13/2025 10:38:27 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Joshua M Gerega | Individual | Oppose | Written Testimony Only |

Comments:

Opposition Testimony for HB1194 - Relating to Midwifery

Dear Chair and Members of the Committee,

I strongly oppose HB1194, which seeks to regulate midwifery practice through licensure requirements, prescriptive authority, and additional regulatory measures. I believe women should have the freedom to choose how they wish to give birth, and this bill restricts that choice.

1. **Limiting Birth Options:** The regulation of midwifery will significantly reduce the number of available midwives, which directly impacts a woman's ability to choose her preferred birth plan. My wife is currently pregnant and searching for a midwife, but due to existing laws and regulations, there are very limited options. This makes the entire process more difficult and stressful for families like ours.
2. **Exclusion of Traditional Practices:** The bill also excludes Native Hawaiian traditional and customary practices from midwifery, which diminishes the cultural heritage and essential role these practices play in our communities.
3. **Unnecessary Barriers for Midwives:** The additional requirements for licensure, prescriptive authority, and continuing education may create unnecessary barriers for midwives, especially in underserved areas, limiting access to affordable care.
4. **Overextension of Authority:** Granting prescriptive authority and global signature authority to midwives may place them in situations beyond their expertise, potentially causing conflicts with other healthcare providers.

In conclusion, while I understand the intention behind regulating midwifery, I believe this bill will ultimately restrict choice, limit access to care, and add unnecessary burdens on midwives. Women and families should have the freedom to choose their birth options without these additional barriers.

Thank you for considering this testimony.

Mahalo!

JMG

HB-1194-HD-2

Submitted on: 3/13/2025 10:39:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Jessica Sasaki | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Jessica Sasaki

74-951 Kealakehe St. Kailua-Kona, HI 96740

kaileikoa09@gmail.com

(808)217-7595

HB-1194-HD-2

Submitted on: 3/13/2025 11:17:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kristen Young | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Kristen, and I am a resident of Makiki. I am testifying **in opposition to HB1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer HB1194 unless** the following amendments are made:

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Kristen Young
Honolulu, HI 96813

HB-1194-HD-2

Submitted on: 3/13/2025 11:16:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|---|--------------------|-------------------|
| Violet Aarona | Testifying for HIHBC and Malama Na Pua o Haumea | Oppose | Remotely Via Zoom |

Comments:

Aloha mai kākou,

My name is Violet Napualei'ilima Kapōhaiali'iokamāmalu Moanaliha Aarona. I was born and raised on the island of Maui and currently reside in Waiohuli Hawaiian homes. I am an apprenticing pale keiki and traditional midwife under my Auntie Kii Kahooohanohano. I work in education and outreach for my community. I am a member of Hawaii Home Birth Collective and Mālama Nā Pua 'o Haumea.

Im writing in opposition of bill HB 1194 HD2. Although made with aloha, it is still not a solution. The amendments made to this bill still do not allow for a pathway in Hawaii to become a licensed midwife. The PEP process, even though recognized by more than half of the states, is still not being accepted here. Which just continues to support outsiders coming to Hawaii and not only pushing us out but our traditions as well. Along with taking the livelihood of already seasoned and loved traditional kanaka midwives here.

It still do not allow for non licensed birth attendants. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care. By requiring strict midwifery licensure this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support.

This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We must make clear and real amendments to this bill. Please, we must come to understand that this is hewa and we must do better. Now. Mahalo!

Me ke aloha,

Violet Aarona

HB-1194-HD-2

Submitted on: 3/13/2025 11:16:12 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Summer Yadao | Individual | Oppose | Remotely Via Zoom |

Comments:

Evil entities trying to further harm women, children and families,

You will not succeed, no matter what laws you try to pass to control our bodies and our practices, especially during pregnancy, birth and parenting.

Your support of this measure shows that you do not understand the human body. You do not respect individuals' HUMAN RIGHTS.

And for that, you have shown that you cannot be trusted with our vote, with making smart decisions when it comes to us as people of Hawai'i.

I pray you will be voted out of office soon, that your evil have severe consequences and that people will realize that harm IS ABSOLUTELY happening regularly in hospitals. It is documented and researched around the world.

OPPOSING this bill, is the only way you prove that you still have a heart, soul and are actually for the well-being of the people in Hawai'i.

Choose what is right for humanity and not for special interests or for harm to be done to pregnant women, babies and families.

Summer Yadao

HB-1194-HD-2

Submitted on: 3/13/2025 11:19:05 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Geri Greene | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Geri Greene and I'm a resident of Hauula, HI.

I am testifying in opposition to HB1194.

HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices.

This bill fails to expand access to midwifery licensure limiting access to critical reproductive care that our communities need.

Reproductive choice needs be safeguarded and upheld by the law. Birthing rights are human rights.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and expand access to critically needed midwifery care in Hawai'i.

Mahalo,

Geri Greene

HB-1194-HD-2

Submitted on: 3/13/2025 11:23:40 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Loren Capps | Individual | Oppose | Written Testimony Only |

Comments:

Healthy pregnant women should be able to give birth at home instead of stressful hospitals. At home water births naturally without drugs is empowering. Why take that away? The care and support from midwives is far more than a nurse on duty at the hospital. Midwives care for both the mom and baby before, during and after birth. They also teach the fathers how to support the mother. This is a sacred moment for the family. Let her choose where she wants to birth.

HB-1194-HD-2

Submitted on: 3/13/2025 11:23:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|---------------------------------------|--------------------|------------------------|
| Dr. Kahala Johnson | Testifying for Maui Medic Healers Hui | Oppose | Written Testimony Only |

Comments:

Aloha mai kākou,

My name is Dr. Kahala Johnson, I am a Kanaka Maoli and Filipino from Nā Wai ‘Ehā on Maui. My healing lineage comes from my kupuna, Po‘ohina of Hamakualoa on Maui who learned hāhā and lā‘au lapa‘au from Kuauau, Kahula, Kekuamanoha, and Kaniho of Molokai.

I am testifying today as co-director of the Maui Medic Healers Hui, an organization dedicated to Reproductive Justice for Kanaka Maoli and QTBIWOC communities.

I stand in strong opposition to HB1194 which fails to protect reproductive self-determination and expand access to midwifery licensure and care.

In addition, the legislation contains no clear exemptions for birth attendants with consumer protection requirements, religious or cultural birthing practices, grandmothers and hānau relatives, and apprenticeship pathways for residents to obtain midwifery licensure in Hawai‘i despite earning external NARM certification.

The lack of clear exemptions poses risks of financial and criminal penalties including a misdemeanor subject to 1 year in jail. Furthermore, the legislation infringed on reproductive rights while restricting access to midwifery care in reproductive care deserts on outer islands, including Maui, and in rural communities like Hāna and East Maui.

HB1194 is a harm-amplifying measure aligned with the historical and ongoing elimination of Kanaka Maoli traditional and customary practices which my organization opposes. We invite legislators to stand with us to protect our midwives and secure Reproductive Justice for generations to come.

In solidarity,

Kahala Johnson

HB-1194-HD-2

Submitted on: 3/13/2025 11:26:39 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Makaela Smith | Individual | Oppose | Written Testimony Only |

Comments:

My passion for midwifery started when I became pregnant with my first child. I wanted to have a home birth, but my husband was not comfortable with that plan. So that we both felt confident in my birth plan, we agreed that I would find a midwife in a hospital setting. I knew that I wanted to have a natural birth, with as few interventions as possible, and I knew a midwife could help me achieve that. We are a military family, and at the time, we were stationed in Missouri, where I was lucky enough to find an amazing nurse midwife at the local hospital.

Unfortunately, we found out we would be moving when I was about thirty-four weeks along, to Louisiana. The bad news kept coming when I found out there were no midwives in the hospitals that were close to us. Even worse, my ultrasound showed my baby was breech, and none of the doctors around us would deliver a breech baby vaginally. I just remember feeling extremely hopeless during that time. I begged my doctor to do an ECV in hopes that my baby would turn, and I would not have to worry about having a C-section. My first birth came to a traumatic end with the ECV failing and my doctor taking my baby out via C-section that same day.

When I got pregnant with my second child, I was determined to have a VBAC birth. Neither my husband nor I felt comfortable trying for a home birth after my C-section, so I started calling doctors. I called more doctors than I should have and finally found one that would attempt a VBAC. I feel so fortunate that my second birth ended with the VBAC birth that I hoped for. However, it was still a very traumatic birth due to the hospital staff disregarding my requests during labor and delivery, and I ended up experiencing multiple unwanted interventions. My first two births ultimately led me to my last birth, a home birth with a midwife.

My home birth was so healing for me and everything I had always dreamed of. I had informed consent about literally everything and I was listened to. You can't get that type of care anywhere other than with a midwife. I believe our world needs to get back to its roots, and for me, midwives are the perfect way to make that happen.

HB-1194-HD-2

Submitted on: 3/13/2025 11:18:51 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sierra Baker | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194

Women should have the right to decide who supports them in birth. This bill, HB1194, is discriminatory and unethical. With an abnormally quick labor, I had a surprise home birth and I was lucky to have my doula there by my side to calm me and support me as I delivered my beautiful, healthy baby girl in my bedroom. I am so grateful she was there and I do not know how the birth would have turned out without her by my side.

My doula supported me with the best comprehensive maternity care throughout my pregnancy and continues to support me today, two months postpartum. Instead of criminalizing maternity care workers, we should be increasing their access to education and community support. Please do not pass this bill.

We need a new bill that will allow birth support workers to stand by the sides of birthing women, one that is culturally inclusive and ethical. Native Hawaiians have been birthing without medical intervention for generations. Not allowing them to continue to do so is unethical and discriminatory. Please support birthing women, Native Hawaiians, and our island community by opposing this bill. Mahalo.

HB-1194-HD-2

Submitted on: 3/13/2025 11:12:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Hoonani Naauao | Individual | Oppose | Written Testimony Only |

Comments:

Welina,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2**1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Ho'onani Na'auao

Hoonanis@yahoo.com

(808)589-6095

HB-1194-HD-2

Submitted on: 3/13/2025 11:10:53 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Deanne | Individual | Oppose | Written Testimony Only |

Comments:

Midwives are skilled medical and naturally birthing deliveries for decades. We should have an option on where to birth our child. This has nothing to do with not using a facility or hospital. Hospitals are for emergency use or for sick people, why take up their space.

HB-1194-HD-2

Submitted on: 3/13/2025 11:28:14 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Erika Fantop | Individual | Oppose | In Person |

Comments:

Testimony in Opposition to HB1194 HD2

March 13, 2025

Erika Fantop

Dear Members of the Health and Human Services Committee, I am writing to express my strong opposition to HB1194 HD2, which denies women the right to choose their preferred provider. One of the ways this occurs is the exclusion of the Portfolio Evaluation Process (PEP) as a viable route to midwifery licensure. As a dedicated student attending a non-MEAC accredited midwifery school and actively participating in an apprenticeship program with a NARM-certified preceptor, I believe this bill unfairly limits qualified individuals like myself from serving our communities as licensed midwives. The North American Registry of Midwives (NARM) has long recognized the PEP process as a valid, rigorous, and effective means of training competent midwives. The same governing body that certifies students from MEAC-accredited schools also certifies individuals like me who meet NARM's comprehensive education and experience standards. By excluding this pathway, the bill disregards a well established route that has prepared countless skilled midwives across the country.

I will be required to pass the same NARM exam that all Certified Professional Midwife (CPM) candidates must take - an exam designed to ensure every midwife meets the highest standards of safety, knowledge, and skill. Denying licensure to individuals like me and others, who have followed a recognized and approved training path, would create unnecessary barriers to increasing access to qualified midwifery care in our state.

I urge you to recognize the PEP process as a legitimate and valuable route to licensure by supporting HF amendment 2 created by Representative Belatti. By doing so, you will support aspiring midwives, increase access to care for families in our state, and uphold the standards set by the respected governing body that certifies midwives nationwide.

Thank you for your time and consideration.

Sincerely,

Erika Fantop

HB-1194-HD-2

Submitted on: 3/13/2025 11:09:29 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Sheila Gage | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill because people should have the right to give birth to their child outside of a hospital. Midwives are fully capable of birthing a child and we should have this freedom. Midwives as it is currently I would trust fully as several of my births has been with a midwife instead of my OB.

Aloha Honorable Chair Senator Buenaventura, Vice Chair Aquino & fellow committee members,

My name is Tim Tybuszewski. I am the father of 2 home birth children, one born in Kaimuki and the other born in Paumalu.

Both of the births were supported by naturopathic physicians.

We were also supported by a very kind ob/gyn, who told my wife that if she was over trying to do this at home...she would meet us in the hospital. We had a great experience with her and the midwife.

I am **opposed to HB 1194 HD 2** for the reasons, as stated below:

1. All birthing people's **RIGHT TO CHOOSE ANYONE** to attend their birth must be supported to end criminalization.
2. **Cultural and Spiritual Practices** must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.
3. **Licensure Equity:** There needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue.
4. **Full Scope of Practice** for CMs and CPMs must be recognized and allowed.
5. **The term "Midwife"** belongs to the community, especially in cultural use. It **is not a proprietary term** and should not be treated as such.

This bill needs to be killed. It is a clear violation of a birthing person's reproductive rights. It is a highly restrictive and dangerous bill. This bill is extremely controlling and divisive. It is written from a very biased perspective by lawmakers & practitioners who only have experience with one way of thinking.

HB-1194-HD-2

Submitted on: 3/13/2025 11:06:47 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Nadia Rumbolt | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill because it limits access to reproductive care and choices where I live in Puna.

HB-1194-HD-2

Submitted on: 3/13/2025 11:01:57 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| Deborah Payne-Chun | Individual | Oppose | Written Testimony Only |

Comments:

My name is Deborah Payne-Chun, and I am a resident of Kaneohe. I am testifying to oppose H.B. 1194, relating to midwifery. This bill restricts the freedom and choices of birthing families.

HB-1194-HD-2

Submitted on: 3/13/2025 11:28:59 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Maya Maxym | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and members of the committee,

As a pediatrician and parent, I am writing in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and evidence-based maternity care while respecting traditional cultural practices. Birthing parents have the right to feel confident that they are receiving high quality, safe, and compassionate care when they entrust their midwives with one of the most important and precious events in their lives. HB1194 helps to do exactly this by ensuring that midwives are practicing in accordance with evidence-based standards and have appropriate training to deal with emergencies when they arise.

As a pediatrician who has been caring for infants and children in the hospital setting for well over a decade, I have witnessed firsthand all too many times the lifelong impact that complications during birth can have on children and their families. I have seen devastating outcomes of perinatal emergencies, particularly a condition called hypoxic ischemic encephalopathy, or HIE. If an infant is deprived of oxygen during birth, their brain can suffer irreparable damage, causing cerebral palsy, seizures, severe developmental delays, and other disabilities. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term child and maternal health outcomes.

Thank you for your consideration. Please support HB1194.

Maya Maxym, MD, PhD, FAAP

HB-1194-HD-2

Submitted on: 3/13/2025 11:30:52 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Stephanie Nwosuocha | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice- Chair Aquino and Committee members,

I'm writing to ask you to oppose HB 1149 and alter what a bill like this might include.

For my last two children I have chosen to work with a Midwife for a homebirth in Ka'u. I felt confident and educated and felt the same about my midwife and her ability to provide care for me and my infants.

My first child was born in a traditional hospital setting. My birth was attended by several students in the room — something I was asked about during active labor. I felt like it was not appropriate to ask for permission on such a thing when I was in a state where I was not thinking clearly. This is why at homebirth was important to me and my family for our next two children.

In addition, I want to ask that Midwives be allowed to prescribe medication. I am Rh negative but my midwife could not prescribe and order Rhogam under my insurance so I was unable to receive this helpful medication.

Thank you for your consideration on this matter and for championing women with autonomy in bringing forth the next generation of our families.

Mahalo,

Stephanie Cosgrove Nwosuocha

HB-1194-HD-2

Submitted on: 3/13/2025 11:59:56 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| tara mattes | Individual | Oppose | In Person |

Comments:

Aloha,

My name is Tara Mattes. i came to Hawaii in 2002 and both my daughters were born here. I was still relatively new to the islands when i moved to Big Island at 7 months pregnant. I had in my mind i would like to have a midwife but i did not think i could afford it at the time so i decided to just stay in the medical system where insurance would cover my birth. As i got closer to my due date and i started reading more and more and asking my doctor more questions, i discovered that the C-section rate at Hilo hospital was nearly 30%. I was nervous about birth but i was way more nervous of surgery. A few weeks later i met a midwife and i instantly felt a connection with her. She offered to put me on a payment plan and set to work with me. I was nearly 8 months pregnant. She met me every week and would pump me full of confidence. She would make sure i was eating right, going for walks, doing yoga, and mentally preparing for this event. She had a surprise baby shower for me and invited all these moms that had just given birth to come with their babies and share their birth stories. She just filled me with so much positivity so that by the time i got to birth i was fairly confident in my ability and hers. I gave birth in eight hours. i truly only struggled for an hour of that during transition with the typical doubts of any first time mother and anyone going through a tough transition " why did i do this? I wish i could be anywhere but here. how can i get myself out of this situation? I can't do this" until i finally went through all my doubts to the inevitable conclusion that the only way out is through. Once i got there, i sailed through the rest of labor. My daughter was born accompanied by my midwife, my partner, her assistant and a friend. When my baby was born everything was so calm. There was no drama. She lay on my chest for a full hour before we cut the cord, cleaned and swaddled her. It truly felt magical and like all new parents we were in awe of the miracle that just arrived. So glad i had this experience

HB-1194-HD-2

Submitted on: 3/13/2025 11:35:49 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Charlotte Leger | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I firmly oppose this bill. Birthing choices should not be limited in any way. Birthing parents should be able to make the choices that fit their family, circumstances and belief. Birth is not a regulatory imperative for a political agenda, it is a sacred function of humans. Please protect birthing people's autonomy and sovereignty.

HB-1194-HD-2

Submitted on: 3/13/2025 11:36:41 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jerri Shay | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I oppose this bill as it is an infringement on women's freedom and sovereignty as mothers. To trust in your own body and choose to birthe at home anytime with anyone you want is a human right.

The western medical complex does not assist in natural births and this bill would restrict the practices of midwives and pathways in becoming a midwife traditionally. So many births go past 40 weeks and successfully at home with a midwife. This bill would force mothers to birth at the hospital past 40 weeks, take medically unnecessary screening tests, and strips the rights of mothers to birth at home after a cesarean or if carrying a breech, etc.

Native Hawaiians and other residing mothers should always have the freedom and choice to birth wherever they want with a midwife, to be one with nature, during a natural occurance women have been doing for centuries, without any big pharma incentivised unnecessary restrictions.

HB-1194-HD-2

Submitted on: 3/13/2025 12:00:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------------|--------------|--------------------|---------------------------|
| Sarah-Lyn Lokelani Jacobson | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill as it violates my right as a women

HB-1194-HD-2

Submitted on: 3/13/2025 12:01:42 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|-------------------|
| Olivia Manayan | Individual | Support | Remotely Via Zoom |

Comments:

Dear Chairpersons Buenaventura and Aquino, and HHS Committee Members,

My name is Olivia Manayan, and I am an obstetrician-gynecologist practicing in Honolulu, HI. I am submitting this testimony in strong support of **HB1194 HD2**, which upholds **proper licensure and educational requirements** for midwives in Hawaii.

Well-trained midwives are **valuable partners** in maternity care, but ensuring **consistent and accredited education** is key to successful collaboration between midwives and physicians. **HB1194 HD2 strengthens integration** by ensuring all midwives have the necessary knowledge and skills to work safely within our healthcare system, improving **communication, referrals, and emergency management**.

Midwives should be **trained through accredited programs**—just as other healthcare professionals are. The **PEP pathway lacks standardization** and does not provide the level of clinical oversight necessary to ensure safe care. Allowing unregulated pathways weakens trust, **jeopardizes patient safety**, and creates unnecessary risks for mothers and babies. In the same way that we do not allow physicians to practice medicine without first going to medical school, we aim to hold our midwives to high standards of education. I will also point out that unlike medical school, there are multiple ways to make attending an accredited midwifery program more accessible and affordable, including hybrid/remote learning options.

I respectfully urge you to pass **HB1194** to support **a safer, more collaborative** maternity care system in Hawaii.

Thank you for your attention to this important matter.

Sincerely,

Olivia Manayan, MD MPH
University of Hawai'i OB/GYN

HB-1194-HD-2

Submitted on: 3/13/2025 11:59:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Mel Kennedy | Individual | Oppose | Written Testimony Only |

Comments:

I would like to make my opposition to the current way HB1194 is being proposed. As a student CPM finishing my Phase 3 studies on the island of Oahu, I feel that when I become a licensed Midwife this summer, my scope of practice would not be on par with the national standard and how my current peers and colleagues practice on the continental United States. I would implore you to consider how the State of Washington currently has their law written for CPMs. WAC 246-834-066. CPMs in the State of Washington can practice to the full extent of their MEAC training and have a formulary that allows them to prescribe medications that are within their scope of practice, ie.; antibiotics, hormonal birth control, and Rhogam. To restrict licensed midwives and certified professional midwives to the same level as birth attendance and traditional would be a step backwards for the community that needs higher level care during their reproductive years and cause a strain to an already overstrained hospital system with low risk clientele. I believe that protecting and uplifting the scope of certified professional midwives would encourage people to seek out this higher education and protect the community they serve by offering a modern education that can work in harmony with cultural and traditional practices. During my studies I have attended many homebirths in Mililani; where I own a home and my children attend school. Home birth is more than the stereotype of the 'hippy' that lives on the North shore that doesn't want to vaccinate; it is the couple that dual serves in the Military, it is our local Firefighters, it is our people from Guam who travel to be with their mothers, grandmothers and aunties who are supporting them during this season of their life, it is the same sex couple who do not want to deal with the politics of explaining to the staff over and over that their support person is their wife and not their sister. Thank you for your consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 12:02:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|------------------------------|--------------------|------------------------|
| Sommer Paulson | Testifying for Malama Na Pua | Oppose | Written Testimony Only |

Comments:

I oppose this bill because because it doesn't allow for the PEP process to licensure, which is the only attainable way for local midwives to become licensed and the bill doesn't allow for the exemptions for our birth attendants who have strong cultural/religious knowledge and vast community ties. Any midwifery bill passed must ensure a path to licensure that is feasible for our dedicated local birth workers.

HB-1194-HD-2

Submitted on: 3/13/2025 11:58:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------|--------------|--------------------|---------------------------|
| Chariya Terlep-Cabatbat | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194

HB-1194-HD-2

Submitted on: 3/13/2025 11:57:42 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Nana Nishimura | Individual | Oppose | Written Testimony Only |

Comments:

I am a mother, one girl, one boy. I gave birth at home with midwife and doula. I decided it because I know I can give birth more easier and comfortable for me and babies than the hospital. People can decide to give birth where, with who. Women knows the best way to do it. Give birth and end of life is the same thing. If people want to spend the time the rest of life at home, that's their right, too.



Testimony of
Selena M. Kamara, CPM, LM
Hale Kealaula, LLC
O'ahu, HI

Committee on Health and Human Services

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members

I am writing today to **OPPOSE HB1194**, HD2, Relating to Midwifery.

I am a Certified Professional Midwife and have been practicing for over 19 years. I am a Licensed Midwife in Hawai'i and a Certified NARM Preceptor. I am also part of the Hawai'i Home Birth Collective Elder Council and a member of the Board of Directors.

I have been practicing on O'ahu for over 12 years and am very familiar with the home birth practices here in Hawai'i.

Please read the following main points that cause concern for me regarding our home birth community regarding HB1194, HD21

- First and foremost, any law regarding the rights of people to decide on their own birthing practices, where and with whom they choose to birth with and how their birth looks effects their **REPRODUCTIVE RIGHTS**. This is and should always remain a personal decision!
- To enact a law, you must understand how Certification with NARM works and someone going through a MEAC accredited school or the PEP pathway are educated with the same information, and **BOTH** must pass the NARM exam to become Certified Professional Midwives (CPM's). Here in Hawai'i the PEP pathway opens doors to those who would otherwise not be afforded the right to become a CPM. HB1194, HD2 excludes the option of the PEP pathway. It must be included!



- Regarding the requirements for licensure. I feel it is redundant because Certified Professional Midwives (CPM's) must renew the NARM certification every 3 years and must follow these guidelines (taken from their renewal bulletin).

Mandatory Requirements for NARM Recertification:

- Peer Review—5 Contact Hours. Participates in Peer Review and/or Attends Peer Review Workshop
- Current CPR and NRP
- A workshop, module, or course on **Cultural Awareness**.
- Affirmation of current use of Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision-making during care).
- Demographic information

Two Options for Recertification Before Expiration:

- - Mandatory Requirements + 25 Contact Hours from a mixture of Categories, or
 - Mandatory Requirements + retaking the NARM Examination
- The referral to the International Confederation of Midwives is unnecessary because Certified Professional Midwives are governed by the North American Registry of Midwives (NARM) not ICM. Therefore, their requirements aren't relevant to CPMs in the United States. Guidelines are mandatory to become and remain a Certified Professional Midwife.



- If there is a law more amendments would be necessary.

Thank you for the opportunity to express my **OPPOSITION** to **HB1194**, HD2

Selena Kamara, CPM, LM

Selena M Kamara, CPM, LM
Owner/Hale Keaula, LLC

HB-1194-HD-2

Submitted on: 3/13/2025 12:06:20 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Stephanie Salts | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,
My name is Stephanie, and I am a resident of Kaneohe, Hau`ula raised. I am testifying in opposition to
HB1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care

during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Stephanie”

Island Mamas Midwifery

March 13, 2025

To: Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: Susanna "Dani" Dougherty CPM, LM

IN SUPPORT OF HB1194 HD2

I am in agreement with this bill, as it requires mandatory licensure, continues accredited education requirements to meet minimum midwifery standards, removes the Native Hawaiian healer disclosure requirement, and adds clarifying amendments that support the intent of the bill.

I believe this this bill serves to protect community birth by way of establishing a minimum standard of care, providing increased access to safe miwifery care. While I understand that this may be upsetting for individuals who are resistant to suggested guidelines and accredited education, I also feel that this bill ultimately helps protect the birthing community at large by establishing a standard of care that is both desired and appreciated by the general population of birthing families in Hawaii.

Sincerely,

Dani Dougherty, CPM, LM
Hilo, Hawaii

HB-1194-HD-2

Submitted on: 3/13/2025 11:53:09 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Selah levine | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose regulations on midwifery. Women should have full control regarding their reproductive choices.

HB-1194-HD-2

Submitted on: 3/13/2025 11:46:33 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-------------------|
| Melissa Saville | Individual | Oppose | Remotely Via Zoom |

Comments:

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

My name is Melissa Saville, and I am submitting testimony in strong opposition to House Bill 1194. As a mother who has experienced two peaceful home births and as a HypnoBirthing educator who works closely with pregnant women, I am deeply concerned about the implications of this bill.

HB 1194 undermines a fundamental right of birthing families—the right to choose where and with whom they give birth. This bill forces birthing mothers to work with providers they may not want or trust, and worse, it criminalizes the compassionate support of grandmothers, aunties, and friends and even myself as a hypnobirthing educator, who assist them. Pregnancy and birth are deeply personal, and every mother deserves to feel safe, respected, and empowered in her choices.

I was fortunate to have two serene, undisturbed home births with an exceptionally skilled, deeply experienced, and profoundly supportive team of midwives and doulas, whose expertise and compassionate care ensured a safe and empowering birth experience.

I also used the HypnoBirthing method—a childbirth approach centered on deep relaxation, breathwork, and guided meditation—I was able to birth my babies in a calm, peaceful environment, free from unnecessary interventions. I had no idea how peaceful birth could be until I learned this method and now I'm so passionate about it that I want to shout it from the rooftops. This experience shaped my passion for birth education, and I now teach HypnoBirthing to other expectant mothers so they, too, can have empowered and positive birth experiences—whether at home or in a hospital. The key here is **CHOICE**.

HB 1194 takes away that choice. It disregards the wisdom of experienced birth workers who have safely attended births for generations. It threatens the autonomy of families and the support systems that nurture them. Instead of criminalizing traditional birth attendants and limiting options, we should be working toward policies that expand access to diverse, safe, and respectful maternity care.

I urge you to kill the bill **1194** until it is amended to fix these problems and stand in support of birth autonomy and maternal rights. Let mothers decide where and with whom they give birth.

Mahalo for your time and consideration.

Melissa Saville

3/13/2025

Dear Committee and Chair,

Thank you for the opportunity to testify on HB1194-HD2.

I am writing in STRONG opposition to HB1194-HD2 because it is exclusionary of the voices of the community it claims to support and represent.

Midwifery has been thrown into the political arena. There has been a lot of gaslighting, persuasive and misleading language, and private deals made in regards to women's bodily autonomy and reproductive rights within the walls of THIS BUILDING and others around the country. There was a legislator that actually claimed that "sometimes we have to protect women from themselves". Many legislators signed a document upholding reproductive rights and justice, but are clearly unaware that it doesn't just mean abortion rights. Reproductive justice is wholistic and does not end at abortion rights.

Furthermore, the legislature made a promise in HRS-457j that it has yet to fulfill.

"The legislature finds that mothers and families seek out alternatives to hospital births and they find significant value in community or home birth services. These services are currently provided by individuals identifying themselves as traditional or cultural practitioners, midwives, certified professional midwives, lay midwives, direct entry midwives, birth keepers, or birth attendants. This Act will continue to allow a woman to choose where and with whom she gives birth."

There are several amendments to suggest, that can be found within the language in HB1328, which was unjustly deferred without a vote at the first hearing in the House of "Representatives". HB1328 was written in the public's eye, collaborating with national organizations, certifying bodies, legal council, reproductive health experts, local licensed midwives, and so many more.

It is the legislature's duty to uphold their constituents voices.

Please show that this committee has the integrity to do just that.

Please VOTE NO on HB1194-HD2 unless it is dramatically amended to represent the people it claims to support and protect.

Sincerely,

Jaymie Lewis

OVER THE RAINBOW, LLC

HB-1194-HD-2

Submitted on: 3/13/2025 11:44:13 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--|--------------------|-------------------|
| Kii Kahoohanohano | Testifying for Malama Na Pua O Haumea, HiHBC, HMC, Maui Medics Healers Hui | Oppose | Remotely Via Zoom |

Comments:

Aloha nui and mahalo for your deep consideration 🙏

Mahalo nunui for the opportunity to submit testimony again on this very important issue. I have been invested in this issue from over a decade, and am founder of Malama Na Pua O Haumea, Tradition Midwife on Task force, Vice President of Hawai'i Homebirth Collective, Hawai'i Midwifery Council-Maui chapter, Maui Medics Healers Hui, and many other volunteer committees relating to wāhine. I am also unfortunately a plaintiff in the case Kaho'ohanohano VS state of Hawai'i by default as we have not seen the legislative solutions that are needed in over a decade of trying to create something pono, and always being railroaded and honestly unseen... we did win our partial injunction last summer and are prepared to continue if no solutions are created to fix the midwifery restriction laws that are being presented.

Although I really do want the licensing program for the amazing midwives in Hawai'i to continue and thrive, I do have to oppose this bill as written. I realize wholehearted that this bill WILL likely continue to move forward as law in order for licensure programs to exist. That's why the intricate details of this bill must be addressed. There are countless errors and misunderstandings by the legislative body on how this law is able to function to protect cultural and religious practices, as well as pathways to licensure. I recommend putting the birth attendant exemption back into the law so that all cultural and religious midwives have clear protections and regulations making them again the pillars of our birthing communities. It was clearly supported by DCCA, saying there were no problems with the way it functioned for the three years it was in existence. That way all people have clear informed consent and are clear about their providers education and training. There is a grievance process which we have also seen function well. This was written in hb1328, reviewed by lawyers as a valid option, and already functions in other states. ACLU, OHA, most counties, and many others backed this exemption as a valid pathway to regulation, meanwhile offering the protections for parents to choose the support system they feel best about. There are elder midwives practicing that will not spend thousands or attend on line schools that cannot practice and serve the families they have served for decades, even bringing in the children of the children they caught! They have no pathway to continue with this law, and people will still need them and likely choose free birth since they are no longer practicing. Part of what happens is we are losing the opportunity to have the assistants

who make the most sense as well, potentially folks that been practicing together for decades have been halted from supporting families. Since the licensing law passed homebirth has gone up to \$10,000/ birth which used to be \$2-3000 max! That is because all outside licensed midwives(mostly all PEP trained midwives) move here and get license and practice as though they are somewhere else! 😊 funny though, we cannot train our own with this same pathway (PEP) and get licensed, which creates huge barriers to our local communities to get licensed from home! We don't have many MEAC accredited midwives to be preceptors either...yet another barrier in proposed law.

Native Hawaiians and others from Hawai'i will suffer greatly with barriers to attain licensure without the PEP process which has the same requirements and national exam as MEAC CPMs. The apprenticeship model makes much more sense for us here in this isolated island chain, and hands on learning is ALWAYS better. This also makes it possible for licensed midwives to have access to more assistants which only increases safety and access to care which is imperative!!! We live in a maternal desert, 50 of 50 states in prenatal care, and the highest maternal mortality rates anywhere in our hospitals, which was deemed 80% preventable! WE FILL the gaps to care where there are NO resources because we LOVE our community, and care for them deeply. We are safe and increase safety everywhere we go.

CPMs should only have to live up to the standards of THEIR accrediting bodies, not anyone else's standards who don't practice as a CPM. CPMs should be able to practice to their full scope of training and education and should be respected as the professionals they are. They are the answer to our current maternal healthcare crisis, and we need to protect them too. MAH does NOT represent the majority of licensed midwives in Hawai'i and they are mostly all not practicing midwives or experienced midwives that took over our organization as a lobbying tool. Please do not look to them for the answers, they speak for VERY few NOT practicing CPMs, where HiHBC has the highest membership of licensed midwives in our state, many who left MAH when taken over. Please look to the ones who hold life on our hands, the ones that will be affected by these laws in REAL life where we need the ability to help and not limit those we serve. This is what you will do if you are truly concerned with increasing safety and collaborative care that is needed for the best possible outcomes.

There is also something very confusing happening... all along they tell us go get licensed... you can still incorporate your cultural practices... but it appears to be written more than once that you cannot be acting as a cultural practitioner if you are licensed midwife, that the two must remain separate, and that cannot be the case as we are innovative brilliant people who are always adapting and learning and growing and if I want to take Neonatal Resuscitation as a traditional midwife to have better skills and training when serving areas I should not have barriers to that duality which creates potentially higher levels of safety.

You notice I didn't even address the issue of reproductive rights, but as a body who states they support a women's right to choose an abortion, you must recognize her authority and autonomy in choosing with whom, where, and how she performs her rite of passage into motherhood! This IS a reproductive justice issue, and I pray you see it as such so we together can end this without further a battle.



Please reach out for any other clarification or deeper understanding, we really need you to be our champions of reproductive justice and do what is right for the women and families of Hawai'i.

As the VP of HiHBC, I stand on our organizations testimony as well as CRR, NHLC, ACLU, HMC and NARM.

Me ka Ha'aha'a a me Ke aloha,

Ki'inaniokalani Kaho'ohanohano

808-276-3365

Homebirth mother of 5 on our aina kupuna   Wailuanui and Kahakuloa, Maui

HB-1194-HD-2

Submitted on: 3/13/2025 12:14:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|---------------------------|
| William Newton | Individual | Oppose | Written Testimony Only |

Comments:

Please defer this bill, it needs to be rewritten to address the concerns of local midwives.

HB-1194-HD-2

Submitted on: 3/13/2025 12:10:55 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Kelcie Mitchell | Individual | Oppose | Written Testimony Only |

Comments:

Oppose

HB-1194-HD-2

Submitted on: 3/13/2025 12:10:16 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Salome Suttles | Individual | Oppose | Written Testimony Only |

Comments:

Hello, I am a resident of Hawaii and will have given birth in Hawaii 2 out of 3 times by the end of April of this year. With this pregnancy and the last, my midwives and doulas have been instrumental in providing the support, encouragement, and education that I needed to have a safe and happy birth. I am writing because I strongly oppose HB 1194. Not only have I given birth with the help of doulas and midwives, countless of my friends in the islands have as well. HB 1194 must die because it forces birthing moms to work with care providers they don't want or that they don't trust. This is state sanctioned rape.

HB 1194 must die because it criminalizes family like grandmas, aunties, or friends that have been requested by the birthing mom to help them during such a sacred life event.

HB 1194 must die because it criminalizes traditional and religious birth workers, they are foundational to giving birthing moms the birth they desire.

HB 1194 must die because it places a major financial hardship on training midwives that would have to leave Hawaii and their families to train in mainland western schools.

Please stand and protect Wahine by opposing and killing HB 1194.

Mahalo and may God guide you in all righteousness.

HB-1194-HD-2

Submitted on: 3/13/2025 12:33:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Nicole Takemoto | Individual | Oppose | Written Testimony Only |

Comments:

People should have a choice to have home births. My sister gave birth to all of my 4 nephews at home and it was the most beautiful and amazing experience. Women should always have the option to choose how they want to give birth.

HB-1194-HD-2

Submitted on: 3/13/2025 12:30:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Graciela Del Rio | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I am writing in strong opposition to HB1194, which, despite its intent to regulate midwifery, ultimately restricts access to essential, culturally rooted, and safe reproductive care. This bill does not uphold reproductive rights, personal choice, and the diverse ways in which families seek care during pregnancy and birth.

As someone who has experienced the transformative power of home birth under the care of a licensed midwife, I can personally attest to the safety, empowerment, and cultural significance of this practice. My midwife provided exceptional care for both me and my baby, allowing us to have a healthy, supported, and culturally relevant birth experience. Every birthing person deserves access to the same choices.

However, HB1194 excludes qualified midwives—specifically, the Pathway to Entry Program (PEP) midwives—who have been serving families in Hawai‘i for generations. PEP midwives, along with traditional, cultural, and religious birth practitioners, should not be barred from licensure. The right to choose one’s provider—whether it be a doctor, a licensed midwife, or a traditional practitioner—is fundamental to reproductive freedom and bodily autonomy.

Furthermore, Native Hawaiian and other cultural practitioners must be explicitly protected from criminalization. Traditional healing and birth practices are deeply embedded in indigenous knowledge systems, and any midwifery law must respect these rights rather than regulate them out of existence.

Midwifery care has long been a safe, accessible, and evidence-based option for many families. Instead of imposing restrictive regulations, Hawai‘i should expand licensure to include all qualified midwives and protect cultural practitioners. We need policies that support birthing people, not ones that limit their choices or force them into hospital settings that may not align with their needs or values.

I urge you to oppose HB1194 unless it is amended to:

- Ensure PEP midwives can obtain licensure
- Explicitly protect cultural and religious birth practitioners
- Support reproductive freedom and bodily autonomy

Hawai‘i’s midwifery laws should honor tradition, expand access, and respect choice—not criminalize those who provide essential, life-affirming care.

Mahalo for your time and consideration.

Graciela Del Rio

HB-1194-HD-2

Submitted on: 3/13/2025 12:30:13 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|---------------------------|
| Sahara Coleman-Mattes | Individual | Oppose | Written Testimony Only |

Comments:

As a home born baby, I know what hospital birth mean to people AND what home births mean to people. This is about the right to choose where one's body goes through a process that has been the fuel of all human life. Do not regulate where and how this natural process takes place. Mahalo

HB-1194-HD-2

Submitted on: 3/13/2025 12:28:19 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Silke | Individual | Oppose | Written Testimony Only |

Comments:

Pregnant women deserve to have bodily autonomy and be able to chose a way of birth that is beneficial and safe for them. Midwives are ancient pillars to our community possessing great knowledge. Is Hawaii so far behind that they must send them to the Mainland to learn?

Not every mother wants to work with a hospital care provider and they should be able to have the family they want around them during the precious act of birth.

Every mom should be able to do her own research and make her own decisions.

HB-1194-HD-2

Submitted on: 3/13/2025 12:35:39 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|-------------------|
| Trinette Furtado | Individual | Oppose | Remotely Via Zoom |

Comments:

1194 Testimony

Aloha Mai Chair and Committee Members,

`O Trinette Furtado ko`u inoa. No Ha`iku Maui mai au.

As a Kanaka, minister and longtime cultural practitioner, I am disgusted at the attempt to completely wipe away centuries of traditional and cultural practices that have witnessed and guided the births of many of our kūpuna and some of us alive today, with the ramrodding of HB1149 through another system built upon colonizing foreign ideas and ways of being. The "we know better than you, for you", mindset. Not a good one to maintain as a public servant.

Though I was blessed with only one child, I insisted on a midwife and had a wonderful one who had trained with some of the best midwives Maui has and continues to have.

Her constant connection with me throughout my entire pregnancy was such a vital resource for my kāne and I. She not only helped me through the different stages of sickness, weight loss, nausea, aches and growing anxiety about new life, but also became a good family friend whom I still connect with in Love whenever we see each other. If I had to do it all over again, I would still choose a midwife over a western doctor.

I see references of how midwifery was regulated back in the 1930s and then again a little later and I ask you to take that time and society's general frame of mind, into context. We were approaching statehood and anything cultural, traditional or being practiced, was cause for alarm and concern.

I ask you to remember that we once had a Board of Hawaiian Health that was created around the time of Mō`ī Kalākaua, to register and license health practitioners. Its guidelines required proof that the practitioner was actually practicing, who they assisted and the outcome of that treatment. It was administered by residents; citizens of Hawai`i.

And that's one of my biggest issues with this proposed legislation: licensure, testing, certification, etc are to be done through an entity based on the continent who are definitely not familiar at all with our protocols and traditions. It is costly for our indigenous practitioners to travel and pay for training on the continent, that will not connect them to our timeless birth practices.

I'm not saying that midwifery should be exempt from any type of oversight, but I am encouraging you to make sure that indigenous knowledge and practices are centered in any discussions and decisions where our Lāhui are concerned.

This legislation only perpetuates continued systemic harm.

You must ask yourselves why so many families (not just women in particular) choose midwives over a western doctor and hospital setup. Is it mistrust in the system? Is it knowledge of or fear of the history of deaths and disproportionate treatment of women of color in hospitals while in childbirth?

Birth practitioners and their assistants are vital to the continuity of the mana of the `ohana they are assisting. The time before, during and just after birth is a sacred time. Many `ohana do not want to have that experience in a hospital and many will still not want that, just because it becomes mandated to do so.

No government should be able to tell an `ohana how they may bring their child into this existence, unless that government is going to absolutely support that child financially, emotionally, spiritually and physically through their lifetime. For every cost.

There are so many issues with this proposal that I will not go into because you have and will continue to see it from the overwhelming majority that **OPPOSE** this very bad bill.

Mahalo for your time.

HB-1194-HD-2

Submitted on: 3/13/2025 12:35:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|-------------------|
| Allie Biggerstaff | Individual | Oppose | Remotely Via Zoom |

Comments:

I strongly OPPOSE HB1194.

As of February of this year, I have birthed two beautiful boys, at home, with my amazing midwives. No complications or problems.

I went 41 weeks with both of my boys and had no fear that my body couldn't do what it was made to do. HB1194 would take away my rights as a woman who trusts her own instincts and God-given ability to trust what my body was designed to do.

Let wahine choose how to birth OUR babies.

HB-1194-HD-2

Submitted on: 3/13/2025 12:27:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Coralie Ohuchi | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Coralie Todo Ohuchi, and I am a MBA and CPA not in public practice residing in Honolulu. I gave birth to each of my three children while supported by a wonderful midwife - two on the Big Island, and one in Honolulu. It's not a common path, but I am so grateful for the ability to have chosen to have my children that way. I adamantly believe in the necessity of women being allowed to choose where and with whom they give birth.

Therefore, I am testifying **in opposition to HB1194**, relating to midwifery.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please **defer HB1194 unless** the following amendments are made:

- **Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- **Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual, and/or cultural birthing practices without a midwifery license.
- **Amendment to expand access to midwifery licensure pathways for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring

midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Coralie Todo Ohuchi

HB-1194-HD-2

Submitted on: 3/13/2025 12:37:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Lois J Young | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

Please preserve our constitutional right to receive birthing services untethered by government bureaucracy.

We have a right to choose for our body and family and preserve our traditions/religious beliefs

I urge you to vote NO.

Mahalo

HB-1194-HD-2

Submitted on: 3/13/2025 12:27:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Paul Carter | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Kakou

As a father, psychologist and health counselor, Family counselor and family birth coach for the past 50 years, I strongly oppose HB 1194. This bill criminalizes traditional and indigenous birth workers who provides essential education, preparation and care and shows an absolute disregard for the intelligence and free choice of mothers and mothers to be. Mothers must be allowed to choose the people, doctors, midwives and caregivers they trust and the way they wish to give birth. And midwives must be allowed to train locally and recognized and certified locally and to practice their work legally together with Family medicine doctors. We need more birthing options, not less..

Mahalo for your attention and care,

Dr. Paul Carter

201 River Rd, Wailuku, Maui 96793

To: The Committee on Health and Human Service Chair San Buenaventura and Vice Chair Aquino
From: Margaret Ragen, CM, LM, MS (Island of Hawai'i)
March 13, 2025

Re: HB 1194 HD 2 RELATING TO MIDWIVES
COMMENTS ON NEED FOR AMENDMENT

Aloha Chair San Buenaventura, Vice Chair Aquino, Senator Hashimoto, Senator Keohokalole, and Senator Fevella. Mahalo for your careful consideration regarding expansion of regulation of midwifery for non-nurse midwives.

I testify as the only Certified Midwife (CM) in the State.

It is my hope that legislators will consider amending HB 1194 HD2 to effectively establish expanded access to care. By laying the groundwork for integration of valuable providers, regulation can both protect the public who seek midwifery care AND contribute to improved outcomes.

Regulation of midwifery has been carefully debated in Hawai'i, available in public record since 1989. Key themes echoing throughout auditor's reports include: Legislation can enact positive purposes. Beyond enacting a purpose solely to protect from harm, Hawai'i needs a multifaceted approach to public health concerns. It can pave the way to encourage cooperation, consultation, and smooth transport. Furthermore, legislation can adopt alternate forms of regulation to accommodate and establish accountability for families who choose to act on their reproductive and constitutional rights by engaging with a provider outside of the medical establishment.

It has been recognized that regulation should not unreasonably restrict qualified persons from entering the profession. Yet, I do not seek legitimate amendments for the benefit of myself as a provider. I advocate for these amendments so that families can have equitable access to the care which qualified and midwives can provide. Midwives should be able to practice within a care continuum that contributes to the safety of the families who seek midwifery care.

Regarding the Certified Midwife Credential, there is a unique value to the CM in that it is an advanced midwifery practice which does not require a nursing BA to enter the graduate program and does not require the licensed midwife to maintain dual credentials and dual licenses for the entirety of their career. The CM is an important part of Hawai'i being able to grow its own. For the past three years, I have been working with ACNM national, HAA, and DCCA in hopes of establishing the CM as equivalent to the CNM so that this credential can fully integrate into the healthcare system.

To paint a picture of the potential for this credential, I share here that prior to serving in Hawai'i, I practiced as a CM in New York State where:

I have been employed in a birth center, working in partnership with other CM and CNMs.
I have been employed at a clinic working in partnership with other CNMs, NPs and OB/GYNs.

I have been employed in a rural hospital where I was responsible for managing the labor & delivery floor, triage, and post-op care. I assisted in C-sections, attended postpartum clients and their newborns. I managed the labor & delivery phone and addressed ER OB/GYN calls. Throughout, I had full prescriptive privileges and a DEA number, and I was credentialled by all major private insurance companies and Medicaid

Currently, Act 32/HRS457j does not authorize a Certified Midwife in Hawai'i to serve in these capacities. This is why I am the only CM in the State. As the law allows, the only way a CM can provide full-scope midwifery care in Hawai'i is to work in private practice in a home birth setting for cash paying clientele or clients who hold Christian insurance reimbursement.

To expand access to care, I suggest an amendment which was included in the Auditor's Sunrise Analysis (1999)¹, on pg. 8 where the under discussion was quoted. **I suggest inclusion of this statement:**

ADD: "Licensed midwives who practice as a Certified midwife (CM) or a Certified professional midwife (CPM) shall be entitled to receive third-party reimbursement for performance of all midwifery services that would be reimbursable if performed by a physician, nurse, or certified nurse-midwife (CNM). Medicaid credentialing is contingent on appropriate federal approvals from the federal Centers for Medicare and Medicaid Services (CMS), including but not limited to State Plan Amendment(s) (SPA) and the addition of new provider types: Certified midwife (CM) and Certified professional midwife (CPM), and association of rates for services to these credentials"

During this legislative session, an alternative midwifery bill (HB 1328) had included recognition of entitlement for third-party reimbursement. Med-Quest stated this should be pending Federal approval. Therefore, what originally was mentioned in the 1999 document is expanded above to be relevant for this bill

Furthermore, I endorse all suggested amendments provided by the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA).

I will be available at the hearing to address any questions.

Mahalo for your time and consideration,

Sincerely,
Margaret Ragen CM, LM, MS
HAA Board Secretary
acnmhawaiiaffiliate@gmail.com

¹ <https://files.hawaii.gov/auditor/Reports/1999/99-14.pdf>

HB-1194-HD-2

Submitted on: 3/13/2025 12:44:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-------------------|
| Noelle Campbell | Individual | Oppose | Remotely Via Zoom |

Comments:

Ever since I gave birth to my first son at home, I've been testifying to protect midwives and women's basic human rights to choose how their birthing of their child should go. This doesn't threaten anyone's rights to choose, but only respects a woman and families choice who feels like a homebirth would be their best option.

14 years ago, I wasn't completely sure homebirth was my route. I saw both a doctor and my midwife throughout the 9 months. I did all my tests and appointments, and in the end, I chose to birth at home with my midwife. Even knowing that my time in the hospital would be covered by insurance, and homebirth would be out of pocket. It still was that important to my intuition to feel safe. After my first birth, I proceeded to have 3 more healthy babies at home.

I loved my homebirths, each one different and amazing. The most notable was my fourth child, who was born a week after shut down in 2020. The thought of being in a hospital at the time was a nightmare. Instead I had my midwife come to my house for months to come to wellness checks on my baby. I was so grateful that 10 years prior I had made that decision to homebirth and reaped the endless benefits from birthing at home since that time.

I didn't know how life changing homebirth would be for myself and my family. But it set us on this trajectory of great health, a community, and advocacy for other moms to have the right to make a decision that fits their needs and goals as a family.

Why should anyone be put in a box when it comes to one of the most life changing, important moments of your life. That's crazy. I don't know why any lawmakers or government would feel the need to overreach in this way, for what?! Home birth is safe, effective, and beautiful. Our world has so many distractions, interventions, technologies taking over our lives and unfortunately our children's lives. Why not let their entry into this world be peaceful and on their own terms.

Please hear our voices. Don't be deaf to what is right for the future generations.

HB-1194-HD-2

Submitted on: 3/13/2025 12:46:00 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Yvonne Gray | Individual | Oppose | Written Testimony Only |

Comments:

OPPOSITION!!!

Aloha!

My body, my choice, my home.

Every birthing person has the basic human right to determine who touches their body during the sacred and intimate process of birth. Not the state, not medical institutions, but the birthing person themselves. Those choices may not be limited- or it is a violation of their human rights. Having our choices determined by external forces and limited to practitioners outside of Hawaii is not ok. Criminalization of any practitioner limits the reproductive choice of any birthing person. We ask you to stand by your words from the "Stand with "the safety, bodily autonomy, and happiness of women and birthing people should not be controversial... I PLEDGE to carry on the legacy of women's rights forged by our ancestors..." and protect the true autonomy of all birthing people.

Please vote NO.

If you are considering this very restrictive bill please review the following

1. Extend postpartum care to 12 weeks instead of cutting it down to 6 weeks. we have a provider shortage already so an extension of care for mother and baby will be more appropriate and increase safety.
2. The PEP pathway needs to be an option since MEAC schools are unaffordable for most local (non-white) families. They can not be expected to pay for school while they can not hold any other job because midwifery often requires 24/7 on-call availability. Most MEAC schools do not accept FAFSA either.
3. Keep the Traditional Midwifery Exemption Form; it has worked for many years, and we need to protect practices and tradition native to Hawaii.

Mahalo.

Yvonne Gray, LM, CPM

HB-1194-HD-2

Submitted on: 3/13/2025 12:45:56 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Reni Soon | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair, Vice Chair and committee members -

I am an OBGYN in Honolulu and have served communities in Hawai'i for over 20 years, and I strongly support HB 1194. I have worked with many midwives in the hospital, and because of the midwife licensure program, I have now had the privilege of collaborating with midwives who attend homebirths (particularly on Maui and the Big Island where I also provide OB care) - licensed midwives are a critical piece of our maternal and neonatal healthcare system. This program must continue for the health and safety of our mamas and keiki!!

HB-1194-HD-2

Submitted on: 3/13/2025 12:44:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| sara | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194 so we can continue to have the right where to birth and with whom we choose, support Midwives and others even Doulas and family members need protection and not criminalized. Opposing this bill also means protecting religious and cultural practices in birth, and providing accessible and recognized pathways for Midwives to choose and practice. I had three hospital births and one homebirth and I wish they were all homebirths. The medical care and support I received in the comfort of my own home was far superior than each hospital birth. My midwife and doula was incredibly in tune with my body when I wasn't. They knew exactly what I needed when I couldn't even think for myself. Please oppose this bill. Mahalo!

HB-1194-HD-2

Submitted on: 3/13/2025 12:41:50 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Felicia Banks | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill.

This bill to restrictive and I feel my freedom of choice is on the line. I had a natural birth that saved my life.

HB-1194-HD-2

Submitted on: 3/13/2025 12:47:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|-----------|
| Kehaulani Avicolli | Individual | Oppose | In Person |

Comments:

Aloha nui kākou,

My name is Kehaulani Avicolli and I am testifying today in strong OPPOSITION to bill HB1194. I am a Native Hawaiian, mother of 2, birth worker and lactation counselor of almost 10 years, and this bill does not include so many of us who deserve to be honored, recognized, and valued as we are. There needs to be amendments, exceptions for those of us to practice our religious and cultural beliefs, as well as recognized pathways for Midwives to practice.

I have had the pleasure of working alongside many of these midwives whom I also call friends, and sisters. They are highly trained, skilled, knowledgeable, hard working mothers of healthy families, and servants of their communities. I have seen first hand over and over the difference between women and ‘ohana in this Midwifery model of care, versus the families I have also seen in the care of the hospital or other unacceptable providers aligned with only one system. The difference is both powerful, and heartbreaking. Not only have I seen the homebirth outcomes exceed standards, but families are well taken care of and supported far into the crucial postpartum time.

This is important, and we need more healthcare professionals that can fill in the gaps and support families who choose this. We need the Midwifery pathways to be accessible and affordable, and bills like these will continue to discriminate and limit resources, which ultimately takes away from our communities. Shouldn't we be working together to provide more opportunities so we are able to better support our communities? We need all of the different Midwives with different specialties. We are talking about the miracle of LIFE here. Birth is not one-size fits all. Licensure is not one-size fits all. We are people, not robots. This is Hawai‘i, not the continent. It's different here. We have culture, freedom, values, and beliefs that no government agency should take away.

You, representatives have the opportunity, as you agreed to uphold, to truly make a lasting impact in our communities. Thank you for your time, energy, and this opportunity to hear us. We need your support. I ask that you please, deeply consider voting NO to this bill. Mahalo nui.

HB-1194-HD-2

Submitted on: 3/13/2025 12:47:33 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Marissa Sugiura | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194 because it imposes unnecessary and burdensome regulations on midwives, restricting access to essential maternal healthcare services, particularly for rural and underserved communities. While regulation is necessary to ensure safety, this bill creates excessive barriers that limit the ability of skilled midwives to practice independently and serve families who seek out-of-hospital birth options.

One of the most concerning aspects of HB1194 is its failure to fully respect Native Hawaiian traditional and customary birthing practices. Although amendments have been made, the bill's language remains vague and leaves room for interpretation that could still subject practitioners of these traditions to undue legal risk. This is a direct infringement on the constitutional protections afforded to Native Hawaiian cultural practices and an overreach of government regulation into deeply personal and community-centered birth care.

Additionally, by requiring strict licensure and regulatory compliance, the bill could significantly reduce the number of available midwives in Hawai'i. Families who choose home births or alternative birthing methods may find themselves with fewer qualified providers, leading to increased medical interventions, higher costs, and reduced autonomy in their birth choices. Instead of fostering a supportive environment for midwifery, HB1194 creates barriers that could force skilled midwives out of practice or discourage new professionals from entering the field.

Rather than enacting HB1194, the state should engage in deeper consultation with midwives, Native Hawaiian cultural practitioners, and families who rely on midwifery care. The focus should be on expanding access, respecting cultural traditions, and ensuring safety without imposing restrictive regulations that limit choice and autonomy in childbirth.

For these reasons, I urge lawmakers to reject HB1194 and seek alternative solutions that truly support midwives, birthing families, and Hawai‘i’s diverse communities.

HB-1194-HD-2

Submitted on: 3/13/2025 12:39:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| Momi Nobriga | Individual | Oppose | In Person |

Comments:

All three of my children were born at home in South Kona. I was assisted by a traditionally trained midwife, with my husband being the only other attendant. All three children were born into their fathers waiting hands. His was the first voice they each heard.

All three children were born at 42 weeks gestation. My first two I laboured over 24 hours. This is significant. If I had gone to the hospital, if I had been under the care of an OB/Gyn, it would have been 'encouraged' that I have labour induced at 40 weeks. Or that I receive pitocin to hurry along the labour. This is the average practice. However those interventions come along with (calculated) risks. Including higher rates of Caesarian birth.

All of these interventions are hugely important and have saved many women since the use during high risk pregnancies. But not every pregnancy is high risk. Not even those deemed as such by medical standards. My first pregnancy, at age 35, would have been deemed High Risk. My body's natural rhythm would have been interrupted to fit within the narrow window of what is allowed for women to experience as a part of birth.

My mother gave birth to me at Queen Kapiolani Hospital in the 1970's. She had a female OB/Gyn who believed in nature taking its due course. I was born at 42 weeks, as was my brother before me. My midwife knew this. She also was willing to let nature take its due course. Beginning at 36 weeks she and I would meet weekly so she could check my blood pressure, listen to baby, and see that baby was in a good position.

She was supportive to me through out my entire pregnancy, always available for questions or concerns. Even after baby arrived, she would check in on baby and I at home for the following weeks. Encouraging me to reach out if I had any concerns.

I live in rural South Kona on Moku o Keawe. Access to medical care is difficult. We have an absolute shortage of medical professions of every kind. Doctors come and go like Pele's eruptions. Restricting access to Midwives is not supportive of the community, or the needs of women. It will not help make birth any safer. It will not improve the quality of care. Denying the ability for apprentice trained midwifery denies the opportunity to local girls and women to get training without having to leave the island.

Please, allow for clinically trained midwives and Licensed Midwives to prescribe drugs according to the statute put forth. But DO NOT take away the choice for women on who they want at their birth. Do not limit where we may bring life forward. It is for each woman to decide.

For me it was a sacred event, bringing life into this world. I absolutely want every woman the choice to who is at her birth!

HB-1194-HD-2

Submitted on: 3/13/2025 12:48:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| mele beter | Individual | Oppose | Written Testimony Only |

Comments:

Aloha my name is Mele Beter. I'm a resident of Kailua, 'Oahu, a licensed massage therapist, and was a practicing Doula for a number of years, and I am also a Native Hawaiian.

I am OPPOSED to HB1194. As women, mothers, practitioners, and also natives Hawaiians if this land, we need to continue to have the right where to birth and with whom we choose. I am speaking up in support of our amazing Midwives and others even Doulas and family members need protection and not criminalized. Opposing this bill also means protecting religious and cultural practices in birth, and providing accessible and recognized pathways for Midwives to choose and practice. Mahalo!

HB-1194-HD-2

Submitted on: 3/13/2025 12:49:09 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|---------------------------|
| Kerianne Schlaegel | Individual | Oppose | Written Testimony Only |

Comments:

I'm writing in opposition of this bill. I want my certified midwife to have prescriptive rights and for my daughter to be able to choose her provider, when she gives birth in the future.

HB-1194-HD-2

Submitted on: 3/13/2025 12:22:06 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Rocio Bueno | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB 1194 HD2.

There are many helpful recommendations, for amending this bill, that would do the community much good. The bill is too restrictive as is.

HB-1194-HD-2

Submitted on: 3/13/2025 12:22:01 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Danielle Surface | Individual | Oppose | Written Testimony Only |

Comments:

I am writing to respectfully request that, as representatives of our Hawai'i communities, that you OPPOSE HB1194.

I believe this bill is harmful and discriminatory against the highly valued cultural traditions represented by our people here. To regulate those traditions is to regulate the pulse of who we are collectively and it always ends up hurting rather than helping.

Instead, Hawai'i should be leading the world in finding effective ways to blend culturally based birth support practices with allopathic medical standards. We should be the LAST to discourage or limit family and community to be part of the joy of welcoming a new child to the world. We need our people to support each other more than ever.

Mahalo,

Danielle Surface

96818

HB-1194-HD-2

Submitted on: 3/13/2025 12:16:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Lynda Williams | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair and Committee Members,

I am writing today in strong opposition to HB1194. This bill threatens all reproductive rights and endangers cultural reproductive practices in Hawai‘i. It is an attack on Indigenous knowledge and an attempt to exterminate Hawaiian cultural practices. HB1194 must be stopped.

I am speaking from personal experience. I had a horrific, traumatic birth at the hands of western medicine when my white male obstetrician at Kaiser decided to “stroke my bags”—his words—without my permission. That act induced my labor prematurely and ultimately led to a near-death experience for both myself and my son that resulted in an emergency C-section. I wish I had had an experienced midwife with me for every meeting, or to deliver my baby. I wish I had that option. I wish I had someone who understood birth as something sacred, someone to help protect me from the deeply misogynistic system of western medicine.

We live in Hawai‘i. We must respect and honor Hawaiian culture, including the right of women and birthing people to choose who touches their bodies and who delivers their babies. Our bodies, our choice.

Hands off Hawaiian midwifery.

Mahalo,

Lynda Williams

Hilo

HB-1194-HD-2

Submitted on: 3/13/2025 12:54:07 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Beckley Dye | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194

This bill does not provide a legal path for traditional midwives to practice and care for women. You are limiting women's choices and I do not approve.

Vote NO!

HB-1194-HD-2

Submitted on: 3/13/2025 12:54:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Nash Witten | Individual | Support | Written Testimony Only |

Comments:

As a Family Physician providing primary care to the communities of the North Shore and Central Oahu, I am submitting this testimony in strong support of HB1194.

HB-1194-HD-2

Submitted on: 3/13/2025 12:52:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Josephine Carty | Individual | Oppose | Written Testimony Only |

Comments:

I am Josephine Carty RN. I oppose HB1194. This bill outlines a plan that will decrease the health & safety of women and infants in the state of Hawaii.

This bill includes a plan that will decrease access to women's health & newborn care. Hawaii is currently designated by Federal Health and Human Services as an underserved area for women's and newborn health. HB1194 plans for women in rural underserved areas of all the Hawaiian Islands to have decreased access to care. HB1194 will criminalize qualified, educated & experienced professionals who are currently providing evidence based care that results in positive health outcomes for women & infants. The plan in HB1194 is not based on current scientific evidence, women's health & newborn health decisions should be based on current scientific evidence.

HB1194 does not allow for the education of a CPM to be completed according to the standards set forth by the National Association of Registered Midwives (NARM), instead access to midwifery education will be limited under this bill and there will be fewer midwives practicing in the state of Hawaii. This further demonstrates that HB1194 is not written based on evidence that supports positive health outcomes, for research shows that nations with the lowest infant mortality employ midwives as the primary care providers for the majority of women. Also the guidelines of prescriptive rights of midwives to prescribe life saving & health promoting medications will be limited. HB1194 does not properly plan for midwives to be reimbursed by medicaid, which will not allow midwives to sustain a livelihood in order to provide care. This will again reduce women & infants access to health care. Additionally it will result in people who live in the state of Hawaii having less rights to education & health care than those living in other states in America, who follow the educational standards set forth by NARM & who are allowed greater scope of medication ordering in their practice. HB1194 will put women & infants living in the state of Hawaii at a disadvantage in health compared to those in other states.

HB-1194-HD-2

Submitted on: 3/13/2025 12:51:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------------------------------|--------------------|----------------------|
| mieko aoki | Testifying for Aoki Birthing Care | Oppose | Remotely Via Zoom |

Comments:

*I am in opposition to **HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

HB-1194-HD-2

Submitted on: 3/13/2025 12:51:06 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Olivia Poblacion | Individual | Oppose | Written Testimony Only |

Comments:

Aloha mai kākou,

My name is Mariko Quinn. I am testifying in strong opposition to HB 1194 in its current form.

Hawai‘i has been a longtime leader in its reproductive justice and autonomy standards. This bill fails to protect reproductive autonomy and privacy, as well as religious and cultural rights.

Instead of expanded recognized pathways to licensure, this bill restricts options for individuals to become licensed midwives. As a result, this severely restricts options for care for people giving birth in Hawai‘i.

It is imperative that we build a medical workforce at all levels of people who are from Hawai‘i, and provide pathways for people from here to be able to stay here. By forcing aspiring midwives to acquire licensure through a program largely operating in the continental United States, this bill would impose undue expenses on people interested in this career, and therefore prevent an untold number of people from entering the field. This bill must be amended to include an apprenticeship pathway to midwifery licensure, which would be more accessible and affordable to people in our communities.

Furthermore, this bill currently does not include explicit exemptions for cultural and religious birthing practices. This bill currently risks criminalizing these practices, and other people who may be providing support during birth. Therefore, it is critical that this bill be amended to include such exemptions.

Thank you for your time,
Mariko

HB-1194-HD-2

Submitted on: 3/13/2025 12:55:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Kamaile Puaoi | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

My name is Kamaile Puaoi and I am in strong opposition to bill 1194HB regarding our rights to have whom we want to attend our births. I come from a line of birth workers and taking away this right will not infringe upon my indigenous rights to continue our family's generational birthing practices when and if our future generations birth at home. Birth is sacred and should be the kuleana of the ohana to decide on who will attend the birth as a pale Keiki to their birth.

Mahalo,

Kamaile

HB-1194-HD-2

Submitted on: 3/13/2025 12:55:35 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-----------|
| CJ Macias | Individual | Oppose | In Person |

Comments:

Date: 3/13/25

Aloha, Members of the Legislature,

I am writing to express my strong opposition to

HB1194 HD2. This bill

threatens the fundamental right of families to choose how and where they give birth

—a right that has existed since the beginning of time.

Birth is not a medical illness that needs to be governed. It is a natural physiological process, and for generations, women have safely birthed their babies at home with traditional midwives.

I am an uncle of three children born in the peace of their own home. I am an experienced body worker and coach. I have addressed many birth traumas in mothers from unnecessary medical procedures, fear projected onto them, and traumatizing experiences.

My own family suffered a tragic loss that highlights this. My cousin was pregnant and chose to follow hospital recommendations because she trusted the system. She ended up having an emergency C-section, then an emergency hysterectomy. The doctors even cut the baby's face during delivery. While the baby survived, my cousin did not. I know in my bones that had she been under

the individualized, attentive care of a home birth midwife, she would still be here today.

Instead, she became another statistic of hospital maternal mortality.

While I can see the benefit of technology in modern medicine, I believe that every mother has the life given right to live out her birth in the way that feels best to her and have as many resources of education and support that she requires.

I urge you to do the right thing for humanity and oppose HB1194 HD2 and stand for bodily autonomy, birth freedom, and the preservation of traditional birth practices. The government

should not interfere in the deeply personal, life-changing decision of how to bring a child into this world.

Mahalo for your time and consideration.

CJ Macias

cmmaciasjr@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 12:55:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| rayne greene | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Rayne Greene and I am a resident of Hawaii.

I am testifying in opposition to HB1194.

HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices.

This bill fails to expand access to midwifery licensure limiting access to critical reproductive care that our communities need.

Reproductive choice needs be safeguarded and upheld by the law. Birthing rights are human rights.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and expand access to critically needed midwifery care in Hawai'i.

Mahalo,

Rayne Greene

HB-1194-HD-2

Submitted on: 3/13/2025 12:57:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jill Cimasko | Individual | Oppose | Written Testimony Only |

Comments:

Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Jill Cimasko

jcimasko@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 12:56:58 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|-------------------|
| Rebekah Moyer | Individual | Oppose | Remotely Via Zoom |

Comments:

Birth is the last, most natural, primal act that we have carried into our modern world, and it must stay that way. This bill greatly restricts this innate work of generations of women. It would make midwife training more difficult thus resulting in MORE unsupported home births, not less. Birth should not be pathologized or controlled but it needs proper support. Controlling/constricting this support will only drive more women to birth unsafely or unassisted. Please protect the decolonizing of birth & birth workers. While access to healthcare when necessary is essential, birth has always at its core been a communal, private, and spiritual and should remain as such. This rite of passage is transformative, sacred, and natural and it is a womans right to choose in what way and with whom she enters it. Stealing that right is sanctioned abuse.

After a traumatic, preterm hospital birth with my first son (in which i labored peacefully at home and delivered without incident in the hospital at 34 weeks, but without any support workers and my child was immediately airflighted to Oahu for NICU support due to hospital policy, although he did not need any breathing or nursing support) I am eternally grateful to hospitals and modern birth workers, of course. But my second child was born at home, in Ka'u, after a healthy pregnancy and peaceful labor. My chosen midwife, sister, husband, niece and son were in attendance. I felt fully supported and at peace and as such labor was able to move along without interference or incident. My son was born with the umbilical chord wrapped twice around his neck and a true knot in his chord - characteristics that could have been deemed high risk but even in a hospital we may not have known about. My traditionally trained midwife calmly and swiftly untangled him & while we were fully prepared for any and all eventuality should they arise, he entered life with no complications.

HB-1194-HD-2

Submitted on: 3/13/2025 12:50:54 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Maeha Bush | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Maeha Bush, RN, BSN, and I am a resident of Kapa'a. I am testifying in opposition to

HB1194, relating to midwifery.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory

exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Maeha Bush, RN, BSN

HB-1194-HD-2

Submitted on: 3/13/2025 12:50:48 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|--------------|--------------------|------------------------|
| Dr. Alexandra Kisitu | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Representatives:

My name is Dr. Alexandra Kisitu, and I strongly oppose H.B. 1194 H.D. 2. This bill represents a harmful step backward in the state's commitment to ensuring accessible, safe, and equitable healthcare for women and families. I believe this legislation violates constitutional rights, limits access to essential health care, sets a dangerous precedent, and places an undue burden on our state's legal system.

Violation of Constitutional Rights

The bill seeks to regulate midwifery through a licensure system that would limit a woman's right to choose her preferred method of childbirth. In a society that values personal autonomy, it is deeply concerning that the state would impose unnecessary restrictions on the ability of individuals to choose midwifery care. Women should have the constitutional right to make informed decisions about their health care providers without fear of state interference or overregulation. By mandating this level of restrictive licensure, the state infringes on the rights of individuals and families to access care that aligns with their values, needs, and cultural practices.

Limiting Health Care for Women

This bill places an undue burden on midwives, many of whom work in underserved communities where access to healthcare is already limited. Forcing midwives to comply with restrictive licensure requirements would likely lead to a shortage of available midwives, particularly in rural or economically disadvantaged areas. These communities are already struggling with limited access to healthcare professionals, and imposing additional regulations could leave many women without the option to choose midwifery services, which many trust and rely on. By limiting access to midwifery, this bill disproportionately affects low-income women and communities of color who rely on affordable, accessible, and culturally competent care.

Undue Hardship on the Legal System

The process of implementing this restrictive licensure system would create significant strain on the state's legal and regulatory resources. The burden of establishing and enforcing new rules for midwives would require substantial investment in legal frameworks, oversight mechanisms, and administrative resources—resources that could be better used addressing other pressing health

and social concerns in the state. This bill adds unnecessary complexity to our legal system and would likely result in increased litigation, making it more difficult for midwives to continue providing services and for families to seek the care they choose.

Conclusion

While I understand the need to ensure safety in healthcare, regulations of midwifery through this level of restrictive licensure is not the solution, especially while there are viable pathways forward that have been proposed. The bill as proposed infringes on personal rights, limits healthcare options for women, sets a dangerous regulatory precedent through unclear language, and burdens the state's legal system. I urge you to reconsider this measure and instead focus on creating alternatives that protect both consumers and providers without unnecessarily restricting access to vital services.

Thank you for your consideration.

Respectfully,
Dr. Alexandra Kisitu

Testimony Regarding House Bill 1194

Aloha,

I am writing today to share my testimony regarding House Bill 1194. While I am grateful to be licensed in the state of Hawaii as a Certified Professional Midwife (CPM) and fully support licensure, I do not support the current version of this bill.

I have been a midwife for over 30 years. In 2006, I earned my CPM credential through the North American Registry of Midwives (NARM) after completing the Portfolio Evaluation Process (PEP). Throughout my career, I have trained many midwives using this process, and each of my students has gone on to serve as a valuable asset to their community. The education provided through PEP has allowed them to become licensed in other states and in Canada.

NARM's Portfolio Evaluation Process (PEP) is a rigorous, competency-based educational evaluation process that includes NARM's Skills Verification. Becoming a Certified Professional Midwife (CPM) requires both didactic and clinical experience. NARM mandates that the clinical component lasts at least two years and includes a minimum of 55 births across three distinct categories. Most midwives complete their apprenticeship over three to five years, gaining extensive hands-on experience. Importantly, PEP-trained midwives take the same national exam as those who attend a MEAC-accredited program—the only difference is cost and accessibility.

Restricting access to the PEP pathway will significantly reduce the number of skilled, trained midwives available in Hawaii, further limiting families' options for safe and individualized maternity care. There are 39 states that licensed midwives in the US 27 state use the PEP process for licensing midwives.

I also strongly believe that families deserve full autonomy over their healthcare choices, including the right to choose their birth attendant and place of birth. They should not be restricted to working only with licensed midwives. I fully support the freedom to choose cultural and spiritual birth practitioners who align with their values and needs.

Additionally, the bill's requirement for a second licensed provider at every birth undermines my autonomy as a trained, experienced midwife. For over 30 years, I have safely attended births with skilled midwife assistants and apprentices. As a competent provider, I assess each situation and make arrangements for a second midwife when needed. Mandating an additional licensed provider disregards my expertise and disrespects my cultural and spiritual beliefs.

These are just a few of my concerns with the current bill. My priority is to provide the best possible care to families seeking home birth in Hawaii. I urge you to carefully consider the testimonies submitted by midwives and the families we serve. Families deserve the freedom to choose the birth attendant who best aligns with their needs. Birth is not merely a medical event—it is a sacred and transformative experience in a woman's life.

Mahalo for your time and consideration.

C. Lynn Velasquez

Certified Professional Midwife, Licensed Midwife (Hawaii)

HB-1194-HD-2

Submitted on: 3/13/2025 12:50:21 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|---------------------------------------|--------------------|------------------------|
| Alana Koa | Testifying for Malama Na Pua O Haumea | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenventura, Vice-Chair Aquino and Committee Members

My name is Alana Koa,

I am a mother, a memeber of HHHBC, a Haumana apprenticing under Malama Na Pua O Haumea and inspired Midwife.

I am in **STRONG OPPOSITION** of H.B 1194

HB1194 fails to protect reproductive freedom and expand access to midwifery licensure and care because it offers:

- No clear exemption for a birth attendant with consumer protection requirements
- No clear exemption for religious or cultural birthing practices
- No clear exemption to protect grandmothers and hanai family
- No apprenticeship pathway for residents to obtain midwifery licensure in Hawai‘i even though they have earned a North American Registry of Midwifery (NARM) Certification, recognized by 23 other states and Washington D.C.

Without clear exemptions, persons attending a birth or engaging in religious or cultural birthing practices may be subject to monetary penalties and criminalization, including a misdemeanor conviction, subject to one year in jail.

H.B 1194 still falls short in expanding access to Midwifery licensure, when there is the PEP pathway which is an accredited pathway in 23 other states and which once existed here in Hawai‘i. So why can’t multiple pathways co-exist? This pathway is the most realistic pathway for myself! I want to be licensed but the only option I have is to travel outside of the state and study online, which makes it inaccessible for many Native Hawaiian and rural practitioners like myself. There’s also no financial support for the Midwifery training which programs can cost from \$15,000-\$30,000.

H.B 1194 gives us LESS access to critical reproductive care that our communities so desperately needs. Especially in Maui County, we still only have ONE hospital, ONE option and only ONE way to give birth! We also have Molokai and Lanai which still DO NOT have hospitals either. There is many rural communities with families that live off grid on ALL islands... I also grew up off grid, in Honokohau Valley, where I witnessed births as a keiki and Honokohau Valley is the place were I thought I would give birth! I am a practitioner from a rural community and see the struggles and the needs of my people. Which also makes people like myself, impossible to get licensed if our only option of training is the MEAC pathway...

Why can't we give our people more access to licensure and different pathways, so we can serve our communities giving those families in rural areas MORE access to care. Instead, this bill has the potential to increase the risks of unattended births and harm to maternal child health.

At the time of my own pregnancy I was residing on Lahainaluna Rd., where we know the closest hospital is located on the opposite side of the Island.

Long story short I gave birth ALONE...3 minutes from my home in Lahaina on the Bypass on the side of the road just before midnight! I was not educated enough by any of my medical providers to handle this situation nor was I able to have access to a Midwife, even though I knew they existed. I thought my medical providers were supposed to make me feel safe during my entire pregnancy, but that is not how I felt.

And when it finally came time to my birth, I had to give birth UNATTENDED and DID NOT receive any care after my birth from my medical providers until I could give a Covid test... So I made the best decision to call the aunties of my community that provided all the right care I needed when there was NO ONE else.

I am absolutely traumatized of our healthcare system here in Hawai'i.

I am so afraid of receiving that same care from my ONLY option on Maui, if I was to give birth again.

I would choose to give birth alone again. Unless something was to change.

Also Let's change the statistics of reducing the cesarean rate in Hawai'i... I thought it was meant for emergency. So why are we scheduling cesareans to give birth? Why is that the new norm? If a mother feels that's the right route then that is her decision, there should always be OTHER OPTIONS!

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy!! Whereas, H.B. 1194 falls short and does not include clear wording AND RESTRICTS the protection of our reproductive freedom, privacy, Family support, religious and cultural birthing practices.

The four Amendments I listed at the top needs to be made if not it should be DEFERRED!!

We please ask you make the right decision for our people!

Mahalo for your time,

Alana Koa

HB-1194-HD-2

Submitted on: 3/13/2025 12:57:50 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|-------------------|
| christy Kalama | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protection

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Christy kalama

Aloha Chair San Buenaventura, Vice Chair Aquino and Committee Members,

Having read testimonies from birth practitioners who both support and oppose this bill (and its edits), and although I see and understand the purpose of this bill, I feel the frustration of community members who feel that this bill in its current writing strips us of our reproductive rights as wahine and kanaka. Though the intent of this bill is to ensure the safety of mother and child(ren) in the birthing realm, in reality there is much distrust among women, especially kanaka, in terms of allopathic medicine and birthing in the conventional way of hospitals.

Although the bill states that it “affirms that the practice of midwifery does not include Native Hawaiian traditional and customary practices,” I don’t think that this a statement conclusive enough for the bill.

In their study on maternal mortality in Hawai’i, Maykin and Tsai cited that “The current maternal death rate in the United States is the highest among developed nations at approximately 700 cases per year and black and American Indian/Native Alaskan women are disproportionately affected. **A black or indigenous woman is up to 5 times more likely to die in pregnancy or up to a year after pregnancy than her white counterpart.**² Moreover, for every 1 maternal death, regardless of ethnicity, there are more than 100 women who suffer a serious life-threatening morbidity, such as stroke, eclampsia, or organ failure (2020). How as a developed nation does the US rank highest in maternal death rates? I ask that you review Kii Kahoohanohano’s testimony for HB- 1194- HD1 as they bringing up critical aspects of this bill that need to be identified and corrected in order for this bill to be supported. Namely that apprenticeship and hands-on learning is better geared towards Hawai’i’s needs.

Mahalo,

Kilihea Inaba

Kaloko, Kona, Hawai’i

HB-1194-HD-2

Submitted on: 3/13/2025 1:11:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|---------------------------|
| Chanara Caey Richmond | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194. Shame on you. Chanara Richmond HD42

HB-1194-HD-2

Submitted on: 3/13/2025 1:11:31 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Kim Simpson | Individual | Oppose | Written Testimony Only |

Comments:

I value the care midwives offer. I value the training and experience they've had. I honor their choice in what education will best help them serve the women in our communities. I trust their assessments in determining if they can provide safe care for a patient. I hope for midwives to be a valued part of healthcare and to be able to work cooperatively with other types of providers rather than being shunned.

The residents of the outer islands already struggle to access safe and appropriate healthcare. People are in tough positions and location and cost of healthcare are significant factors. If this bill passes, it will harm the most vulnerable people in the islands, those severely limited by their means. This bill will not increase safety. Instead, women will be left to choose between a hospital birth or birthing alone. That isn't fair nor morally right. People need options that allow them to feel safe and for many people, midwives meet that need.

I support people being informed about their provider's training. I support informed consent where people can make their own choices while having relevant information to guide them. When people are informed and have a variety of options available to them, they can best choose who will help meet their needs. Leave the power with the individual. That's where it belongs.

HB-1194-HD-2

Submitted on: 3/13/2025 1:04:11 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|-----------|
| wyonette wallett | Individual | Oppose | In Person |

Comments:

oppose

HB-1194-HD-2

Submitted on: 3/13/2025 1:02:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Rethabile Molapo | Individual | Oppose | Written Testimony Only |

Comments:

I oppose

HB-1194-HD-2

Submitted on: 3/13/2025 1:01:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Chassidy Reis-Moniz | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

My name is Chassidy Reis-Moniz, and I am in opposition to HB 1194 HD 2.

As a mother of a one-year-old daughter, whom I birthed at home in Waimanalo, with the support of my birth team (a naturopathic doctor/midwife, a midwife apprentice, and a birth doula), I strongly believe that this bill is a direct violation of birthing rights and reproductive rights.

It was the most empowering experience I've ever had in my life and with my birth team's support I was able to safely welcome my baby girl into the world. They created that safe space for me to do what my body naturally knows how to do.

Again, I strongly OPPOSE HB 1194 HD 2.

Thank you for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 1:00:54 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kekapala Dye | Individual | Oppose | Written Testimony Only |

Comments:

As a Hawaiian father whose children were born at home with traditional midwives here in Hawaii, I OPPOSE this bill.

Please vote NO!

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:00:17 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Jonathon Bareng | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose hb1194, we the people should have the right to choose when where how and with whom we birth our keiki

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:00:11 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Lyndsey Caldwell | Individual | Oppose | Written Testimony Only |

Comments:

Testimony for HB1194

I, Lyndsey Caldwell, oppose this bill as it limits the freedoms, rights, and options of birthing women to choose by whom and how they will be attended to during their labor and delivery, as well as limits the ability of traditional midwives to practice freely according to their own wisdom and experience gained through traditional means of study and training.

Women have the right to birth how and when they want, with the assistance and presence of whomever they desire.

I do not feel confident in or comfortable with the state's ability to regulate the practices around home birth and midwifery, as those who are creating and pushing these regulations are most certainly ill-informed in regard to natural birth and the health of mother and baby as it applies to traditional wisdom, and therefore ill-equipped to understand, monitor, and regulate natural, traditional birthing practices. Simply following the guidelines of modern medical practitioners and institutions when navigating the intricacies of safety and freedom in regard to natural birthing practices is not enough, as an overwhelming majority of modern trained medical professionals have little to no understanding of natural birthing practices or the complex level of physiological, psychological, and emotional support they require. Your committee may not be aware that it is rare for a modern medical doctor to ever witness a natural, intervention-free birth, and as such, their understanding around the health and safety of a birthing mother in these situations is limited, and often colored by fear-based assumptions.

Incorporating traditional midwives and natural birth experts into the conversations and committees that design these regulations, and further amendment to the current proposed regulations is required for any future approval to be acceptable.

Signed,

Lyndsey G. Caldwell

HB-1194-HD-2

Submitted on: 3/13/2025 1:00:03 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Micah Tom Sun | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

It is our right to have a choice. The doctor that delivered my child last year 2024 made me feel extremely uncomfortable and inadequate to give birth naturally. I told the doctor repeatedly I did not want to have a c-section (cesarean surgery) while I was having contractions. The doctor couldn't tell if my water had broke or not so had me pushing for over 2 hours. My son was "sunny side up" which is the term she used, so she said it was dangerous for him to be born that way. I asked if there were massaging techniques we could do to flip him over and she said no. They hurt me tremendously by trying to physically pull my son out of me by hand after telling me it was dangerous for him to be born that way. After denying the epidural repeatedly I finally asked for it because of the pain of the doctor trying to forcefully pull my son out. This on its own was causing me massive amount of stress which I'm sure my baby felt. Mind you she said I can have the epidural because my water has not broke yet, she told me earlier she was not sure if my water broke and if it had not I should not have been pushing for that long nor should they have tried to force my son out of me. The entire labor they would say over and over we need more rooms because we have more mothers coming in to give birth. After I got the epidural my sons heart rate disappeared and I had to be rushed to get a c section to birth my son. No one explained anything to myself or my husband, we were both scared and asking questions and no one would answer. My son is here thank goodness but this was a horrendous experience that could have been prevented if I could have done my at home birth

HB-1194-HD-2

Submitted on: 3/13/2025 12:59:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Telepharaoh | Individual | Oppose | Written Testimony Only |

Comments:

Home birth testimony

At the age of 42 I can honestly say that one of the top 3 most traumatic moments of my life was me and my wife giving birth at Queens medical center to our first child in 2020. The medical staff there were very careless and forcefully pressured us on different levels and occasions to allow them to do medical procedures that we were not comfortable with at all. After regretfully surrendering to their pressure we endured a botched C-Section delivery that ended with our baby girls leg being broken along with our hearts.

For two whole days we were at the hospital under the “care” of their staff and of all of the “professionals” that were looking after us nobody noticed or said anything about the bucket handle fracture on our baby’s left leg . Even after bathing her and giving her physical health checks they were completely unaware and/or silent. We did notice her bruising and screams of pain but we thought that we could trust the team at Castle so didn’t push the subject. After discharging us I insisted that we go to another pediatrician to check it out. And he immediately confirmed my suspicions with X-rays. How could they miss this? How could they treat us so poorly? The experience was so traumatic that I still have nightmares to this day!

In stark contrast, 4 years later we got pregnant with our second child. And based on the horrible experience that we had at Castle we decided to do a home birth. We decided to experience this with a loving, caring, team of midwife’s, a doula and traditional birth practitioners. We delivered our healthy baby boy at home, breech, with no, anesthesia/pharmaceuticals, and no outside intervention with a totally successful and healthy baby and mommy! This was literally the best experience of my entire life, especially when comparing it to the previous birthing at a mainstream hospital!

Despite the trauma that we experienced at the hands of a mainstream hospital's delivery team, we still have faith in modern healthcare and hospital's. But there is a profound and powerful love and support for there being other alternative opportunities for families who simply want to have a different experience with the delivery of their children. We must support these amazing people! We must support freedom of choice! We must support the rights of parents. We must protect healthy and safe traditions!

Stop HB 1194 must

DIE or be AMENDED!

HB-1194-HD-2

Submitted on: 3/13/2025 12:59:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Jyoti Mau | Individual | Oppose | Written Testimony Only |

Comments:

I do not support HB1194 on the grounds that it will not succeed in making birth attendents more educated nor will it support some of our existed educated, birth attendants currently working in Hawaii. The birth of one's child is a family decision. Not the state's. I also support birth attendant exemption which the regulation authority DCCA supports as well.

HB-1194-HD-2

Submitted on: 3/13/2025 12:59:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Robert Dye | Individual | Oppose | Written Testimony Only |

Comments:

I Oppose this bill! Vote No!

HB-1194-HD-2

Submitted on: 3/13/2025 12:59:25 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|-------------------|
| Brissa Christophersen | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha, my name is Brissa Christophersen and I strongly OPPOSE HB1194. I recently gave birth last August in a Maui hospital and it was unfortunately a traumatic experience for me and my ‘ohana. Throughout my labor experience I felt empowered and safe with my pale keiki, partner, family, and the nurse that was assisting me, however that changed when the OB doctor came into our space for delivery.

During the delivery of my baby, which I intended to be treated as a sacred emergence from pō, there were multiple instances where there was lack of sensitivity to my birth plans. The OB doctor's phone would ring consistently while nurses began coming in and out of my birthing space to interrupt him in telling him that other mothers needed his attention. He was the only labor and delivery doctor available at that time, so the pressure to be quick with delivering my baby already set the tone for how I was to be treated.

After the birth of my baby was where most of the trauma lies. The doctor proceeded to tug on my umbilical cord while my placenta was still attached to my fundus rather than waiting for it to naturally detach. This doctor, trained in the OBGYN practice, pulled with so much force that the umbilical cord snapped inside of me. He then had to manually extract the placenta--in pieces--by reaching his hand into my uterus over and over to scrape the placenta from the wall of my internal organ.

This was an extremely painful experience I had to endure while holding my newly born daughter. I was very expressive of how painful this was and it felt like there was little care to prevent it from happening in the first place or to ensure it was not a traumatizing experience. What this doctor did was harmful and could have led to other complications like uterine inversion and prolapse, or worse!

I strongly support the reproductive right for families to choose who is with them when its time to birth their next generation. Being able to birth in a space that is comfortable and supportive of the mothers (and their choices) during this vulnerable time of birth should be accessible to all.

If HB1194 goes through, I will not have the choice to select care providers I would have rather been with in my previous birthing experience. It would mean that in future potential pregnancies, I would be forced to birth in a place I do not find safe, with doctors I do not feel safe with, and in a system I cannot trust to prioritize my care and wellbeing. HB1194 criminalizes traditional birthworkers who have spent their entire lives dedicated to restoring ea to our birthing practices. HB1194 further continues the obstacles that student midwives who want to be licensed; requiring them to leave Hawai'i to pursue training opportunities on the continent.

HB1194 as it is written now perpetuates harm and infringes on families the right to choose how they want to birth. We should have the autonomy to choose

Mahalo.

LATE

Testimony of
KRISTA BRUNTY
OAHU

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Good afternoon, Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly **OPPOSE HB1194**, Relating to Midwifery.

I am Krista Brunty. I am a mother of three girls, ages 6 and under. My newest daughter is just 5 weeks old and was a beautiful home birth here on Oahu just 5 weeks ago. My second daughter was also an incredible home birth in the state of Washington. I am making my voice heard today largely in part due to my beautiful experiences but also because my daughters deserve to grow up in a world where they have a choice in how they birth, in where they birth, and with who they have at the births of their children. If I don't fight for them, who will?

My first daughter was born at 42 weeks gestation. Because of Washington state laws, I lost my chance to have a birth center birth once I hit 42 weeks and was forced to transfer care to a hospital. Thus began my longest and toughest birth largely in part to what I believe was my choice being taken away. In the span of my 53 hours of labor, I was harrassed by hospital staff and told I put my baby's life at risk by going past my due date although this is completely contradictory to what ACOG and studies show. While certain risks do slightly increase, my midwives had faithfully monitored my health, my baby's health, and my placenta's health and there were absolutely no issues. It was a picture perfect pregnancy, I had no risk factors. Because of the harassment and the OB telling me they just didn't have enough staff to care for me that day, I was forced to be transferred by ambulance to a second hospital. For someone who believed I was in danger, the hospital had me wait an additional 6 hours before they provided an ambulance to transfer me and they refused to allow me to leave on my own since I was actively in labor. At the second hospital, they checked me and my body had not progressed at all in 24 hours - this is no surprise as anyone competent in the birth community knows that a woman feeling SAFE has a huge impact on how her labor progresses. I did not feel safe with these providers who I did not know and with their constant push to intervene in a process that I believed my body could do on its own. Once my midwife was able to arrive at the second hospital, we kicked everyone out of the room and within an hour and a half, my body went from a 4 to a 10 in dilation and my baby arrived. My body felt SAFE and trusted my midwife because of our relationship and because I knew she supported my choices wholeheartedly.

With my second, that same midwife was able to be with me for my homebirth. My second daughter was my largest and actually got stuck in the birth canal with both of her shoulders stuck on my pelvic bone. Having worked as a doula before, I know what this would have caused in the hospital - a mass panic with someone jumping on my abdomen to push baby forcefully out or a rush to the OR because my "body failed" in some way. However, in the comfort of my home, with a knowledgeable midwife that I trusted and was highly skilled and trained - it looked like her gently guiding me into a different position and explaining that the baby just needed a little extra help. No panic. No screaming. No rush. My daughter came out perfectly healthy with no issues. Again, I felt safe with the provider I had chosen and the environment I had chosen. Birth has many variations, it is not to be feared.

With my third daughter, I just had her here in the comfort of my own home on Oahu with an amazing midwife that I again spent months building a trusting relationship with. With OB Care, you are typically rushed in and out in 15-20 minute appointments if you are lucky. With my midwife appointments, I spent an hour, sometimes an hour and a half with her each time as we discussed plans for birth, how my life was going, taking vitals, listening to the baby, etc. I went into my birth knowing I had a good friend but also a highly skilled professional who would take care of my baby and I. My birth was gentle, beautiful, and peaceful. It was truly a picture perfect birth. I attribute all again to feeling SAFE with my provider, with my environment, and with my own trust in my body to do what it was designed to do.

Taking away choices for the birthing women in this state will take away many women's ability to feel SAFE. Why take away a woman's right to feel safe? For centuries, women have helped other women feel safe and bring life into this world. There is not a more honorable job in my mind than someone who comes alongside you to help bring your babies into the world while also making you feel SAFE.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is

a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own 'ōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai 'ōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is

based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all. **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, [Principles for Model U.S. Midwifery Legislation and Regulation](#).

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

HB-1194-HD-2

Submitted on: 3/13/2025 12:58:46 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Anne Dericks | Individual | Oppose | Remotely Via Zoom |

Comments:

I stongly Oppose HB1194

There are several points that make this bill unworthy of passing. These points include:

1. There is no legal pathway for traditional and cultural midwives to practice legally
2. There is no pathway to licensure that exists while staying in Hawaii, limiting access
3. Limits women - by reducing their options. THis is not a place for the government.

Please Vote NO!

HB-1194-HD-2

Submitted on: 3/13/2025 1:16:16 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|------------------------|
| Monique Wedderburn | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Monique Wedderburn, and I am a resident of Waipahu, Hawaii. I am testifying **in opposition to HB1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become midwives through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer HB1194 unless** the following amendments are made:

Amendment to protect birth attendants: Add an explicit statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices: Add an explicit statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual, and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments or may not experience safety and dignity in the healthcare system.

Reproductive choice is at the heart of this measure— offering more, not less, care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights and expand access to critically needed midwifery care in our communities.

Mahalo,
Monique Wedderburn

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:25:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Carie Kwan | Individual | Oppose | Remotely Via Zoom |

Comments:

Aloha, my name is Dr. Carie Kwan. I am a prenatal and pediatric chiropractor in Pearl City and Haleiwa. I am also a mother of two young children ages 3 years old and 5 months old. I gave birth to both my babies at home. My birth experiences were the most empowered I felt as a woman. I never felt in danger, never pushed to do interventions I didn't want, never judged for my choices and decisions during labor and birth, and only felt pure comfort and safety in my own home and in the hands of my midwives and doula. I chose to have home births after witnessing the trauma of several hospital births. I saw how disrespectful doctors and nurses were to the birthing mothers, how ignored and judged these mothers felt for trying to stick to their birth plans/chouces/preferences, and how blatantly careless and emotionless the doctors and nurses were to mom and baby only minutes after birth. I knew a hospital birth was not something I would ever chose. As a prenatal and postpartum chiropractor, I hear a fair share of birth stories. Most, if not all, home births are recounted as peaceful and empowering. On the other hand, most hospital birth stories I hear from patients are of trauma, pressured to do things they didn't want, and most ending up with C-sections because the birth process was "taking too long for the doctor". Births in hospitals are just a number, mostly at the convience of the doctor. Births at home are patient-based care. Everyone is there because they want to be there, no obligations. It is a shame that this bill has gotten this far. Taking away a woman's right to chose who is there at their birth and where she births is a step backwards in woman's rights. We are allowing a mostly male dominated profession to dictate something so womanly as birth. How is that okay? Therefore, I strongly oppose HB 1194.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:22:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|---------------------------|
| Amber Valenzuela | Individual | Oppose | Written Testimony Only |

Comments:

The bill HB1194 is unjust and contravenes our basic human rights. We, the people, have the right to choose our birthing options and decide who is truly qualified to guide us through the process. How can the criminalization of midwives for this practice be legitimized?

I detest this bill to the full extent.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:12:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Lora Santiago | Individual | Oppose | Written Testimony Only |

Comments:

Leave my rights alone, it's not yours to decide. I strongly OPPOSE HB1194 HD2.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:12:46 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Nikos Leverenz | Individual | Oppose | Written Testimony Only |

Comments:

Chair San Buenaventura, Vice Chair Aquino, and HHS Committee Members:

I am writing in strong opposition to HB 1194, HD 2, and request that it be amended to expressly exempt religious and spiritual birthing practices and those parties that may be part of such, including birth attendants, grandparents, and hānai family members.

Further, the bill should include an apprenticeship pathway for residents to obtain midwifery licensure for those who have earned certification from the North American Registry of Midwifery (recognized by 27 states and D.C.).

The criminalization of Native Hawaiian midwifery is unacceptable, especially when so many in our state struggle for access to care given the severe shortage of providers across the medical sector (primary and specialized care).

I had the privilege of moderating a panel discussion with Native Hawaiian birthing practitioners at the biennial state harm reduction conference earlier this year. Having just served as a participant in a successful effort to repeal an anti-equality provision in the state constitution related to same-sex marriage rights (Article I, Section 23), I was struck that both Ninia Baehr and Jack Lewin emerged as key players in one panelist's birthing journey.

At a time when the current federal administration is engaged in a concerted legal and regulatory assault on reproductive health choices and on those from under resourced BIPOC communities, it is vital for state policymakers to provide a regulatory landscape that functionally includes Native Hawaiian birthing practices as an option.

Mahalo for the opportunity to provide testimony.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:07:03 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Emma Halenko | Individual | Oppose | Written Testimony Only |

Comments:

I am strongly in support of women having choice in how they birth and who with. It is a sacred experience, as a woman who has birthed two babies in Hawaii, it is important to me to upkeep this for all women.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:58:39 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Jason Zeager | Individual | Oppose | Written Testimony Only |

Comments:

My wife and I have had twin's via homebirth on Oahu 7 years ago and then had a single birth 5 years ago, all at home. We chose to work with birthworkers that we felt comfortable with and I don't believe they were having the standardized license that this bill is requiring. My concern is that this bill will limit the amount of birthworkers and parents choices on who they can have attend their birth.

We had a very safe birth even with the twins at home and our twins are very healthy to this day.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:55:38 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Jordan Hall | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:54:28 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Sarah Radke | Individual | Oppose | Remotely Via Zoom |

Comments:

As a mom who has birthed in the hospital with a licensed midwife and at home with a birth practitioner/midwife, I STRONGLY OPPOSE this bill.

Once again the state of Hawaii is overstepping its legal boundaries and into our personal and god given rights as humans. If I am considered of sound mind under the law to bring a life into this world, then how am I not given the same respect when it comes to choosing who I want to assist me in doing so. No legislator, politician or lawman has the right to dictate who may be allowed to attend my sacred space while I birth a child into this world. It is up to the mother and family to make informed decisions on where to birth and with whom to have present during this extremely intimate moment in a woman's life. Furthermore, when you add in the extra layer of cultural birth practices, the "state" of Hawaii even more so has NO right to dictate who may be present. To criminalize birth workers who have attended thousands of hours of births and learned through generations of midwives before them on how to safely support and assist woman during their birth, is of itself the actual criminal act. 'Auwe to all those who support this bill. Shame on you for thinking you have the right to tell me or any other woman where and how they should birth their child into this world.



LATE

Testimony of: Daniela Martinez
Licensed Midwife, Certified Professional Midwife
Actively attending home births on Oahu.

Aloha Honorable Chair Senator Buenaventura, Vice Chair Aquino and
fellow committee members

I am a licensed midwife and I OPPOSE HB1194.

I ask that you please oppose this bill. If you will not defer this bill, then at the very least please add the following amendments that will help resolve the main issues with this bill.

1- CPM's are not nurses. We are not Nurse Midwives. Delete the requirement of CPM's needing to refer to the ACNM clinical bulletin. Either replace the ACNM clinical bulletin with the National Association of Certified Professional Midwives Practice Guidelines (<https://www.nacpm.org/standards-of-practice>) or, instead of saying, "shall" edit the bill to say MAY (corrected below). CPM's and CNM's are different professions with different training and different scopes of practice. ACNM is the professional association for CNM's. CPM's also have their own professional association which is called the National Association of Certified Professional midwives (NACPM). NACPM is to CPM's what ACNM is to CNM's. NACPM set's CPM standard NOT ACNM.

The bill currently states:

—Pg. 10 line 8-17- HB 1194 HD2 (a) A midwife shall continually assess the appropriateness of the planned location of birth and ~~shall~~may refer to the American College of Nurse-Midwives Clinical Bulletin Number 61: Midwifery Provision of Home Birth Services (November 2015), or succeeding document, for guidance, taking into account the health and condition of the midwife's client; provided that the American College of Nurse-Midwives shall have no legal authority or powers of oversight over the director in the exercise of the director's powers and duties authorized by law— LM's include CM's and CPM's. While CM's (of which there is currently only one licensed in the state of Hawai'i) have a scope of practice and education comparable to that of CNM's, CPM's do not. As CPM's

the appropriate guidelines to require us to follow would be those of NACPM- National Association of Certified Professional Midwives.

<https://www.nacpm.org/standards-of-practice>

2- **This bill currently defines an accredited birth facility.**

Please amend this bill by deleting this definition.

It is problematic and inappropriate for this bill to define an accredited birth facility as there is currently already a law that defines freestanding birthing facilities. That law is outdated and the community has been working hard with stakeholders and the Department of Health to establish birth facility definitions and rules. The definition and details of what a birth facility entails should be established in a separate set of rules not in a bill aimed at the regulation of midwives. Even with the currently included definition, a separate document of guidelines will need to be established. *To include an Accredited Birth Facility definition undermines the work the community has been doing for over a year in collaboration with DOH.* Updating and establishing new birth facility guidelines for Hawai'i is needed and it is being worked on. HB1194 needs to focus on the regulation of the practitioner. Facility regulations are to be addressed separately.

As long as this aspect of the bill is not amended I OPPOSE HB1194.

Definition to be deleted:

Section 7: "Accredited birth facility" means a hospital that has been accredited by The Joint Commission or a birth center that has been accredited by the Commission for the Accreditation of Birth Centers.

3- Reinstate the Birth attendant exemption that was part of the current midwifery law for the first three years of its enactment. Birth attendants have been legally allowed to practice before. I was taught by birth attendants, I assisted them, they assisted me. They are our elders. They are our assistants. We only have so many midwives and assistants. As a licensed midwife I need access to our birth attendants to offer well rounded care to mothers and families. Having them on my team allows me to have more experienced people on the birth team serving families. Relying on them is just as important as being able to rely on OB's, CNM's, Nurses, Family Physicians, Clinical Laboratory Technologists, Ultrasound Technicians, and Pharmacists. Without a birth attendant exemption HB1194 criminalizes my ability as a Licensed Midwife to work with such a diverse team which jeopardizes the wellbeing of women and babies. This is unacceptable.

4- Add an amendment that absolves Physicians of liability if a mother wishes to consult with one throughout their pregnancy while planning a home birth.

There are many Obstetricians throughout the islands that will decline care and dismiss someone from care if they are planning a home birth. The reasoning has been “concern of liability”. There are states within the USA that have such language in their midwifery laws. Such an amendment would allow women to have easier access to collaborative care with Physicians when choosing home birth. HB1194 currently includes such a liability waiver for pharmacist. I’m very grateful this is included. What we need now is the equivalent for physicians.

(d) A pharmacist who dispenses drugs and devices to a midwife as authorized by this section and in conformity with chapter 461 is not liable for any adverse reactions caused by the midwife's administration of legend drugs and devices.

I stand in support of the recommendations and testimony of the Hawai'i Home Birth Collective.

As one of only 4 licensed midwives with an active home birth practice on Oahu, HiHBC represents me.

Midwives Alliance of Hawai'i DOES NOT represent me.

HB1194 creates more hurdles and further fragments an already strained maternity care system. This bill makes it harder for people to become midwives, which will further exacerbate midwifery access.

Respectfully,
Daniela M.G, LM
danielamartinez.midwife@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:48:03 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Thomas Richmond | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

The way that government is choosing to oppress the choices of its constituents leads me to wonder how those of you still support said government. To enact policies that directly destroy all chance of choice or freedom is an act of treason against the original constitution. Misogyny no longer has a reason, nor did it ever, telling a woman how to be a woman. Culturally specific or not, no laws should inhibit a pregnancy to go the way the mother and her attendants WILL it to.

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to

uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Thomas William Richmond-Makua

311 Lehua St apt 12

Ascendedlines@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:47:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------------|--|--------------------|------------------------|
| Taytum Keanuheaokaua Herrick | Testifying for Malama Na Pua o Haumea, Hawaii Home Birth Collective, Maui Medics Healers Hui | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Taytum Keanuheaokaua Herrick and I come from Lahaina Maui. I am testifying in **STRONG OPPOSITION** to HB 1194 relating to midwifery.

I started my midwifery journey after the 2023 fire, when I volunteered to help my community and then it hit me just how rural Maui County as a whole is. We have only **ONE OPTION** to care on Maui and this bill will not expand that. This bill will only limit my pathway to becoming the midwife that I choose to be, whether that be with a license through a PEP pathway or through 'ike kūpuna and my ancient cultural practices.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including with whom to experience pregnancy and birth care. The midwifery bill HB 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. This bill **FAILS** to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the **North American Registry of Midwifery** and allowed in 27 states and Washington D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts. *Hawai'i as a state is 50th of all states for prenatal care.*

This is me and my hui of kānaka who want to learn and pass on our cultural practices, as well as serving our communities in the way we can. We would love an opportunity to have a Portfolio Evaluation Process and take the same exact exam that MEAC students take.

(IMAGES COULD NOT UPLOAD)

Please defer this bill and ask for the following amendments:

Protect birth attendants! Adding a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

Amendment to protect religious and cultural birth practices. Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.

Amendment to expand access to midwifery licensure pathways for our communities. Twenty seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the **North American Registry of Midwives (NARM)** after January 1, 2020, from applying for a midwifery license in Hawai‘i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons cannot afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice — and offering more, not less care during pregnancy and birthing experience.

Please vote NO on HB 1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo a me ke aloha,

Taytum Keanuheaokaua Herrick

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:46:02 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Melelani Jones | Individual | Oppose | Written Testimony Only |

Comments:

I firmly oppose this bill as it is a complete attack on Native birth keepers and the invaluable knowledge that has been passed down for hundreds if not millennia. To criminalize one with such a gift and power is inhumane and one's right to choice, trust, and cultural values must be honored.

If not, what else do we have left?

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:42:12 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Patty Takahashi | Individual | Oppose | Written Testimony Only |

Comments:

OPPOSE

women should have acces to their own choice of birthing. They should take sole responsibility when they decide to do at home birthing.

Midwives should be an option and not regulated by the state or hospitals. if they want a licensed midwife they should consider flying one to their care or go to the mainland and give birth.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 1:38:57 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Estee | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Estee Shizuru

314 Kuliouou Rd

Esteekeala@gmail.com

808.232.3470

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:37:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|----------------------|
| Catherine Rault | Individual | Support | Remotely Via Zoom |

Comments:

I'm an OBGYN in Hawaii and I support this bill.

HB-1194-HD-2

Submitted on: 3/13/2025 2:35:18 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Cherie | Individual | Oppose | Written Testimony Only |

Comments:

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Cherie Brewer

Kea'au HI

kahurangiols@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:34:15 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Kayla Davis | Individual | Oppose | Written Testimony Only |

Comments:

Again we live in America where freedom of medical choice should be allowed. God didn't make a hospital man did. Stop taking the rights of soul bearers. Let them choose. I wish I had known of midwives when I had my baby. I would have loved to have the care of one. They have a sacred job.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:33:57 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Leah Aquino | Individual | Oppose | Written Testimony Only |

Comments:

Dear Senators,

I am a mother who is very grateful for the midwives who have supported me through 3 births in Hawaii.

I oppose HB 1194.

Please support bodily autonomy and a mother's right to choose what works best for her and her baby. End this bill or significantly amend it.

Sincerely,

Leah Aquino

LATE

Testimony

Comments on HB 1194 HD 2

Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Aloha e Chair San Buenaventura, Vice Chair Aquino, and Senate Members of the Committee on Health and Human Services,

I offer **comments** as an evaluation specialist for 17 years in health program and population health research with a focus on health inequities, poverty as a social determinant of health, and evaluation capacity building. I have been employed at the Evaluation Centre for Complex Health Interventions and the University of Toronto School of Public Health for the recent 10 years. I'm a co-author on a paper analyzing antenatal care in addressing maternal mortality in India's largest state, and I have worked on a project with the Canadian Partnership for Women and Children's Health focusing on reproductive health internationally.

A deficit in this bill is that it does not recognize the PEP pathway to certification. The State of Hawaii currently has licensed CPMs who received their certification from other states that allow the PEP pathway. (Yet our state does not?) Notably there have been no complaints registered to DCCA about the CPMs since licensure began.

I believe that some who are opposed to the PEP may say that it's not ample, robust, fulsome enough (please see below what's required to receive certification through the PEP pathway). These opponents say that traditional education through a university (whether online or in person) is the only acceptable option. However, actually one-to-one training (as in the PEP) is much more intensive than sitting through a series of lectures. I don't mean to imply that the lectures are poor (they work for some people's situation), but to say that apprenticeship (especially for this topic of study) is inferior to traditional lecture-style learning needs to be re-examined. We are talking about a hands-on practice. What better way to learn than through hands-on learning? Additionally, the opponents of the PEP are from socio-economic groups who have sufficient supports to consider university education to be accessible, affordable, and feasible. They seem to not be understanding or acknowledging the socio-economic barriers and other social and cultural barriers for a large swath of our population in Hawaii. If we are to seriously address the shortage of doctors and healthcare workers in our state, we need to think about solutions for both our work force shortage but also for providing avenues for training and work to keep local people in Hawaii and serving their own communities. We need to leverage the expertise currently available through the licensed CPMs, CM, and CNMs, and allow for this PEP apprenticeship program to grow our local work force.

We have to be honest and get real that our medical system and the medical establishment does not have sufficient capacity to address the needs of Hawaii's women and families. Our state's medical system is bursting at the seams with too few doctors and facilities. We must make room for more midwives as a viable alternative. I have heard testimony previously from a couple of doctors saying (with disdain) that women who tried to give birth at home but encountered complications got dropped off at the hospital and left these doctors with the complicated mess; yet what they describe is exactly how the system should work: high-risk births and complications should go to the hospital and receive the care from highly skilled doctors with technical resources available, while low-risk births can happen outside of a hospital setting. Why should we bog down the system with cases that do not need highly technical and expensive resources? The evidence from many countries is very good in support of midwifery, even in places where practicing midwives have very little formal education; the more midwives, the fewer maternal and neonatal mortalities.

The Portfolio Evaluation Process (PEP) pathway includes:

- a) *one-to-one training and mentorship* between a preceptor -- who is Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM), or a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care, and have attended a minimum of ten out-of-hospital births in the last three years -- and an apprentice student;
- b) *self-study materials* including the NARM Candidate Information Booklet (CIB) and approximately twenty recommended reference materials;
- c) *additional requirements* of current adult CPR and neonatal resuscitation certifications, and three letters of reference (personal, professional, and client); and
- d) *national exam* administered by the North American Registry of Midwives (NARM).

Please consider that the evidence around the PEP pathway regarding safety and outcomes for women and their infants has been good. And please consider the economic opportunity here for local residents, especially those for whom university education is a bridge too far.

Mahalo nui,

April Nakaima

Senior Evaluator, The Evaluation Centre for Complex Health Interventions

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:25:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Malia Kuramoto | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai'i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

- 1. Erodes Native Hawaiian Cultural and Customary Birthing Practices**
 - This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.
- 2. Limits Birthing Options and Accessibility**
 - By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.
- 3. Criminalizes Families and Birth Attendants**
 - Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.
- 4. Fails to Protect Consumer Choice and Autonomy**
 - The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a

narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. **Disproportionately Impacts Marginalized Communities**

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai'i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. **Strengthen Protections for Native Hawaiian Traditional and Customary Practices**

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. **Add a Birth Attendant Exemption with Consumer Protections**

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. **Add a Religious and Spiritual Birthing Practices Exemption**

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. **Add an Exemption for Hānai Family and Grandparents**

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai'i.

5. **Allow Multiple Pathways for Midwifery Licensure**

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Malia K.

Lialovesfood2@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:24:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Ashley Dorman | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this measure

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 3:06:14 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| ahtooanya jones | Individual | Oppose | Written Testimony Only |

Comments:

Aloha and mahalo for this platform

I Ahtooanya Laselle-Kala'au Jones

do strongly oppose this bill

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:54:34 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| daniel alber | Individual | Oppose | Written Testimony Only |

Comments:

Midwives have been assisting births for generations. Midwives are a resource for healthy communities. Midwives should be involved in legislating their certification or licensure.

The point here is we need to support these practices to enable our communities to grow and be more wholesome.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 2:50:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Leah Morse | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

*My name is Leah Morse and I am a resident of Honolulu. I am testifying **in opposition to HB1194**, relating to midwifery.*

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Leah Morse

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 3:11:32 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Julia moritz | Individual | Oppose | Written Testimony Only |

Comments:

My name is Julia moritz, and I am a paramedic in kailua and I strongly oppose this bill. I expertly understand birthing in the medical field and attend regularly to births outside the hospital. I support women and indigenous Hawaiian birth practices and strongly support women making their own choices surrounding birth. Women must have the right to choose who they shall invite and utilize during the birthing process. I have seen nothing but wonderful and trained local birth practitioners regardless of their licensure. What western licensure fails to capture is the vast knowledge and wisdom from ancestral teachings and practice. Birth is not a medical condition but the most natural and vital process of women and humanity. I trust women to make their own informed choices about what is right for them, and to have every option available and openly accessible to them. ESPECIALLY not hindering or infringing upon their ancestral rights to practice birth and the process thereof. Thank you for standing with me, medical professionals, and all women whose rights are vital to protect.
mahalo for your time,

Julia moritz

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 3:18:22 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------------------|--------------|--------------------|---------------------------|
| Crystal Leilani Dudoit Huihui | Individual | Oppose | Written Testimony Only |

Comments:

A mother should have the right to choose where and with whom they would like to have their baby with. I oppose further restrictions on our choices and I don't think birth workers should have to jump thru the state hoops to help women give birth.

LATE

Testimony/Comments to HB1194 HD2

ACNM Region 7 Representative

To: Hawai'i State Senate Committees on Health and Human Services.

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I am submitting this testimony and comments for **HB1194 HD2 amendments**.

HB1194 HD2 as written seeks to enact restrictive legislation over a minority of individuals, imposing on their reproductive rights, without data that these restrictions will improve safety. Additionally, this bill language is not in alignment with national standards for the professions being regulated.

I respectfully request the following Amendments to correct these errors and omissions:

Certified Professional Midwives, CPM, practice standards as defined by their national certifying bodies NACPM and NARM and as recommended by the testimony of their respective representatives:

- Amendments recommended by HB1194_HD1_HFA2 and any additional recommendations made by NARM and their representatives.

Certified Midwives, CM, practice standards as defined by their national certifying bodies AMCB and ACNM and as recommended by the testimony of their respective representatives:

- Clarify scope of practice, reporting requirements, definitions, prescriptive privileges and delegation as included in Hawaii Chapter of ACNM, HAA, amendment recommendations.

Protection and regulation for reproductive rights by establishing exemptions:

- Amendments recommended by HB1194_HD1_HFA2
- Birth attendant exemption which may include additional language requiring

mandatory NRP and CPR

Licensed Midwives in Hawaii, HRS 457J

There are 24 Licensed Midwives, LM, currently attending births as a Primary Midwife under HRS457J, (an additional 16 are licensed but not attending births as a Primary Midwife, half of which do not currently live in Hawaii).

Only ONE LM is born and raised in Hawaii and none are Kanaka Maoli. Half of the currently practicing midwives have been trained through the Portfolio Evaluation Process, PEP, apprenticeship pathway excluded in HB1194 HD2

National Statistics: without amendments, HB1194 HD2 fails to expand access to maternity care in the state with the lowest rate of prenatal care in the nation and a high rate of low risk cesarean birth, showing highly medicalized birth. Addressing these critical provider concerns allows these providers to continue to fill critical gaps in care and to grow the profession of midwifery in equitable ways.

Licensed Midwives currently attending births in Hawaii (24)

| | Hawaii | Honolulu | Kauai | Maui | Total |
|----------------|--------|----------|-------|------|-------|
| MEAC trained | 4 | 3 | 2 | 3 | 12 |
| PEP trained | 6 | 1 | 2 | 2 | 11 |
| Other training | 1 | 1 | 0 | 0 | 2 |
| Total | 11 | 5 | 4 | 5 | 25 |

Healthy People 2030 (HP2030) Targets



Visit AmericasHealthRankings.org for additional information, including [measure definitions](#), [source details](#) and [methodologies](#).

* Additional unweighted measure (not included in the overall score/rank).
- Data not available, missing or suppressed.

2024 Health of Women and Children Report

Warmly,
Michelle Palmer PhD, CNM, FACNM

Healthy People 2030

“The United States has a higher maternal mortality rate than any other industrialized country — and that rate is still going up. **There are significant racial and ethnic disparities in maternal mortality due to factors like lack of access to high-quality health care, underlying chronic conditions, structural racism, and implicit bias.** Understanding and addressing the factors that contribute to disparities in maternal mortality can improve maternal health across the United States.”

HB1194 HD2 with these amendments has the potential to address critical care issues for maternity care in our state while also upholding this legislature's pledge to champion reproductive rights and additionally avoiding costly litigation. We urge you to listen to the testimony of those who have been asking for your protection. We are asking for OUR Community’s lineage practices and reproductive rights to be honored alongside the expansion of clinical midwifery licensure. We urge this committee to vote no OR to pass amendments to address ALL of these issues.

Mahalo for your time and consideration,

Michelle Palmer PhD, CNM, FACNM

401 480-4722

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 3:58:37 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| NICHOLAS PALUPE | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

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- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

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2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
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 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Nicholas Joey Kalanakilaokalāhui Palupe

4290 Maka Road. Kalāheo HI 96741

palupe4@gmail.com

808-223-2822

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 3:50:10 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|---|--------------------|------------------------|
| Jacob Stewart | Testifying for The Ark Christian Church | Oppose | Written Testimony Only |

Comments:

I am writing on behalf of myself and the Christian church that I have pastored at for the last 23 years - 8.5 of those years as the Senior Pastor and President of the Board. I STRONGLY OPPOSE HB1194 in its current form and urge that a NO vote be passed. The only way in which I would even remotely support this bill would be to ammend it to give religious exemption.

In its current form, this bill denies the ability for people to practice or benefit from the practice of midwifery in accordance with their (Christian) Religious Beliefs! This is against the 1st Ammendment of the United States of which we are a part.

Midwifery is a long-standing Bible-supported tradition of birth options. From the foundations of human history & before doctors were available in medical facilities, midwives assisted in natural child birth - AND the human race continued and multiplied in a healthy way. Major historical religious figures, in the Bible, were clearly documented to have been birthed with the help of midwives. Figures like Moses, was saved from tyranical oppressive murderous government through the MINISTRY of midwives who preserved lives! Multiple times in Biblical history, an entire generation of Hebrew children were delivered and spared from death because of the MINISTRY of midwives who stood against a murderous and tryrannical governing regime.

Midwifery is a Biblical ministry! Support and belief in the Ministry Office of a Midwife is actually written into our church bylaws as a core ministry and tennent in our church. Those who have practice traditional midwifery within our church have been a blessing to many with ZERO negative medical outcomes.

If you pass this bill, you will be voting against Constitutionally guaranteed Religious Freedom. You will be communicating that our religious beliefs do not matter compared to your opinions. You will be turning a Biblical Ministry into a criminal activity! None of this is right or just or conscionable.

On behalf of the 200 local people that I represent in my congregation alone (not accounting for their family's that might not attend the church that I pastor - and are in agreement with my stance) -VOTE NO on this bill!

If you will not VOTE NO on this bill, DEMAND an ammendment to respect and support the Freedom of Religion and our right to choose to have birthing done in a Biblical way under a Biblical ministry that is historical safe and well-documented.

Sincerely,

Pastor Jacob E.K. Stewart

Lead Pastor of The Ark Christian Church in Kaneohe, HI

LATE

February 21, 2025

Committee on HB 1194
Hawai'i State Legislature

Subject: Opposition to HB 1194 – Protecting Accessible Cultural, Spiritual, and Trauma-Informed Birthing Practices

Dear Chair Yamashita and Members of the Committee,

I am writing as a private citizen and long-time resident of Maui with over 20 years of experience in mental health and social work. I strongly oppose HB 1194, as it threatens access to culturally competent, trauma-informed birthing choice, and community-based midwifery care, which is essential for the health and well-being of mothers, infants, and families in Hawai'i.

Cultural Alignment, Safety, and Trauma-Informed Care

Allowing mothers to align their birthing practices with cultural and spiritual traditions is an essential component of **trauma-informed care**. Integrating cultural safety into maternal healthcare strengthens the bond between mother and child, enhances emotional well-being, and fosters stronger family and community support systems. Cultural safety is particularly critical for women and minorities, especially Native Hawaiian and Pacific Islander communities, who have historically experienced systemic barriers in healthcare settings.

Prevention of Child Abuse and Neglect

Trauma-informed birthing practices emphasize safety, emotional well-being, and culturally aligned choices, such as place-based birthing. Empowering mothers in their birthing experience leads to lower postpartum depression rates and reduced maternal stress—both of which are linked to the prevention of child abuse and neglect. A nurturing birth environment fosters secure attachment between mother and child, forming the foundation for lifelong emotional health and resilience.

Building Resilience and Support Systems

Access to culturally aligned midwifery care strengthens family support networks and psychological resilience. By fostering relationships grounded in trust, continuity of care, and respect for individual birthing preferences, we enhance overall well-being and mitigate the impact of adverse childhood experiences (ACEs).

Empowerment Through Choice

Providing women with the autonomy to choose their birthing experience reduces the risk of re-traumatization and fosters a sense of control. Research confirms that empowerment during

pregnancy and childbirth contributes to healthier maternal and infant outcomes. Restricting midwifery care through HB 1194 contradicts trauma-informed principles and limits access to crucial perinatal services.

Reducing Maternal Mortality

Hawai'i faces alarming disparities in maternal mortality, particularly among Native Hawaiian and Pacific Islander women. Data from 2015–2017 indicate that 44% of maternal deaths occurred in this population, despite comprising only 22% of the female demographic. Expanding access to midwifery care is a proven strategy to reduce unnecessary medical interventions, improve birth outcomes, and provide culturally responsive, trauma-informed support.

Midwifery-Led Continuity of Care

Midwifery-led care, where midwives provide comprehensive support throughout pregnancy, birth, and postpartum, has been shown to significantly improve maternal and infant health outcomes. This model prioritizes personalized care, fosters trust, and aligns with trauma-informed best practices.

Addressing Racial Disparities

Systemic healthcare disparities disproportionately impact Black, Indigenous, and Pacific Islander women. Provider bias, inequitable access to care, and broader social determinants of health contribute to adverse maternal outcomes. Expanding culturally responsive, midwifery-led care is essential in addressing these disparities and ensuring all mothers receive equitable, respectful, and safe healthcare.

Enhancing Patient Satisfaction and Reducing Medical Interventions

Women who receive midwifery-led care report higher satisfaction levels due to the trust, empowerment, and personalized attention provided. Additionally, midwifery care is associated with lower rates of unnecessary cesarean deliveries, reduced need for epidurals, and fewer episiotomies—all of which contribute to better maternal and infant health outcomes.

Improving Communication and Trust in Healthcare

Trauma-informed care emphasizes relational safety, communication, and trust. Midwifery-led models, which prioritize personalized and culturally sensitive care, enhance patient-provider relationships, leading to improved maternal health experiences and outcomes.

As a state committed to trauma-informed principles, Hawai'i has taken steps to integrate these values into government agencies and healthcare services (Office of the Governor, State of Hawai'i Executive Order No. 24-01). HB 1194 runs counter to these efforts by restricting access to essential, culturally responsive birthing care.

*I urge you to **oppose HB 1194** and instead support policies that uphold culturally aligned, trauma-informed maternity care that fosters empowerment, resilience, and equitable health outcomes for all families in Hawai'i.*

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'JB', with a stylized flourish extending from the bottom.

Jessica Brazil

Maui Resident, Social Worker, and Mental Health Professional

Sources: [American College of Nurse-Midwives](#), [Child Welfare Information Gateway \(CWIG\)](#), [Common Wealth Fund](#), [Journal of Midwifery & Women's Health](#), [National Child Traumatic Stress Network \(NCTSN\)](#), [National Library of Medicine - BMC Psychology](#), [National Library of Medicine-The Lancet Global Health](#), [National Library of Medicine-Scientific Reports](#), [Psychology Today \(Obstetrics Violence\)](#), [Trauma-Informed Care - Wikipedia](#), [Trauma-Informed Practice \(CWIG\)](#)
[Click here for a comprehensive source list.](#)

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 4:44:00 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------------|--------------|--------------------|------------------------|
| kalena Charlene Holani | Individual | Oppose | Written Testimony Only |

Comments:

requesting amendments that increase access to reproductive care and end the criminalization of traditional, cultural, and religious birthing practices.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill HB1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

*Please **defer HB1194** unless the following amendments are made:*

***Amendment to protect birth attendants:** Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.*

***Amendment to protect religious and cultural birth practices:** Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.*

***Amendment to expand access to midwifery licensure pathways for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery*

Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

HB-1194-HD-2

Submitted on: 3/13/2025 4:29:45 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Chelsea Ryder | Individual | Support | Written Testimony Only |

Comments:

I am a Labor and Delivery RN and I support HB1194.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 4:17:50 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Kaua Kama | Individual | Oppose | Written Testimony Only |

Comments:

Testimony Opposing HB1194

Aloha Chair, Vice Chair, and Committee Members,

I strongly oppose HB1194. While it claims to support safety and accountability, this bill ultimately restricts access to culturally relevant and community-based midwifery care. By imposing rigid licensure and regulatory requirements, HB1194 marginalizes experienced midwives who serve rural, underserved, and Native Hawaiian communities—especially those who practice outside of the Western medical model.

Although the bill states that it does not include Native Hawaiian traditional practices, in reality, these regulations create an environment of fear and legal vulnerability for practitioners of traditional and ancestral knowledge. The continued medicalization and gatekeeping of birth is a direct affront to bodily autonomy and cultural sovereignty.

I urge you to reject HB1194 and instead engage with midwives, birthing people, and cultural practitioners to create inclusive policy that uplifts, rather than restricts, our diverse ways of knowing and caring for each other.

Mahalo,

E. Kauaililinoe Kama

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 4:59:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Natasha Nazario | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill HB1194.

I believe women should have the right to choose how they give birth whether is be in a hospital or at home with the midwife of their choice.

We are in desperate need of midwives here on big island. There are so many mamas, especially in lower puna whom chose and want to have their babies in the safety and comfort of their homes rather than trying to travel the hour plus in a car to the nearest hospital. Birth is a sensitive and sacred time and we shouldn't be forced to a hospital that is so far away and puts both baby and mama at risk, in stress and danger.

The Kanaka shouldn't be criminalized for supporting mamas and babies whom choose to have a natural birth in the same way that they have for centuries, at home, surrounded by family.

Big island is in a severe shortage of trained and licensed midwives and this bill makes it hard if not impossible for midwives whom are already apprenticed here to become licensed. and it makes it harder for midwives to carry life saving medications for moms and babies.

If this bill is to pass it needs to be amended.

Allow PEP trained midwives to become licensed

Protect reproductive rights by making sure all cultural and religious practitioners are legal/ not criminalized

Hold CPM and CM to their respective professional organizations and credentialing body's standards

*As a side note, that the Midwives Alliance of Hawaii does not speak for us (midwives, community members, home or hospital birthing families) as they have not supported these amendments to the bill.

Thank you for your time and listening to the voices of the people who are impacted most by this bill.

- NATASHA NAZARIO

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 5:06:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|------------------------|
| Zeah Kaapana-Bates | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant

families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Zeah Kaapana-Bates

91-1071 Kuhina Street, Ewa Beach

zeahkb@gmail.com

808-282-5705

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 5:02:17 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------|--------------|--------------------|------------------------|
| Priscilla Kaapana-Bates | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Priscilla Kaapana-Bates

94-209 Iokoo Place, Waipahu

kaapanabusc@gmail.com

808-282-8961

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 5:11:15 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Zaid Bates | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

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HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Zaid Bates

94-209 Iokoo Place, Waipahu

bateszaid@gmail.com

808-282-3675

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 5:14:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Alamanda Bayly | Individual | Oppose | Written Testimony Only |

Comments:

It is so important that mothers and family can choose how to give birth. Birth is something so fundamental to humans, obviously, it is how we all came to be. Traditional practicing midwives are some of the most connected and educated people when it comes to assisting births. I have had two homebirths and I am so grateful I was able to decide how I wanted to bring my children into the world. This bill forces birthing mothers to work with only certain people when receiving care, it criminalizes family or anyone who helps a birthing mother that does not meet certain criteria. Additionally, the licensure programs are not offered here in Hawaii and would create unrealistic financial hardship and logistical nightmares for birth attendants who are already more than qualified. Please do not pass this bill and please ammend this bill to ensure proper exemptions so that the Hawaiian culture can continue to live on through birth practices.

Mahalo!

LATE

HB-1194-HD-2

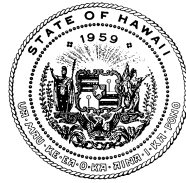
Submitted on: 3/13/2025 5:11:01 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Amanda alvarez | Individual | Oppose | Written Testimony Only |

Comments:

Any Native Hawaiians and cultures with natural birthing should be able to do it. This is their land and it shouldn't be prohibited, it's part of Hawaiian culture and what better way to preserve culture by practicing said tradition. In addition in the United States healthcare isn't accessible to everyone and citizens could face legal repercussions for having a natural birthing, this is discrimination. Instead of adding bills that disturb the peace of Hawaiian families they should make more bills that benefit actual Hawaiian citizens.



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

LATE

**Testimony in SUPPORT of SB1422 SD1
RELATING TO NON-GENERAL FUNDS OF THE DEPARTMENT OF HEALTH.**

REP. GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 14, 2025

Room Number: 329

1 **Department Testimony:** The Department of Health (DOH) strongly supports SB1449 SD1,
2 which is part of the Governor's Administrative Package, to repeal the birth defects special fund
3 and redirect deposits from the birth defects special fund to the vital statistics improvement
4 special fund; to redirect deposits for certified copies of vital records from the general fund to the
5 vital statistics improvement special fund; and to appropriate funds out of the vital statistics
6 improvement special fund.

7 Report No. 21-03 published by the Hawaii Office of the Auditor found that the birth defects
8 special fund did not meet the criteria of a special fund, in part because there was no clear link
9 between the birth defects program and marriage license fees, and recommended its repeal.
10 Repealing the birth defects special fund will satisfy these concerns.

11 It is essential to redirect the deposits from the birth defects special fund into the vital statistics
12 special fund to support a complete overhaul vital statistics business functions. There previously
13 have been lengthy backlogs in customer requests due to a decades-old, unreliable computer
14 system that drives a sub-optimal manual workflow, as well as overall increases in customer
15 orders.

16 The redirection of deposits from the general fund to the vital statistics improvement special fund
17 will provide a more reliable stream of resources to offset costs for the daily operations of the
18 vital statistics systems and to support modernization and automation of the system than a budget

1 increase or appropriation would provide. The department processes approximately 125,000
2 customer requests a year, which is increasing steadily year after year due to a growing population
3 and additional requirements for which vital records are essential, such as the REAL ID Act of
4 2005 (Pub.L. 109-13). Along with the increase in the number of transactions, the cost of security
5 paper, printers and toner, postage, and other supplies continues to rise. Recovering a greater
6 share of the fees for certified copies would allow the department to meet operational needs, and
7 make more immediate investments in business operations, quality improvement, and customer
8 service.

9 Furthermore, the deteriorating condition of bound volumes, some dating back to the Kingdom of
10 Hawaii, prompt the need for digitization of those records to improve operations, such as
11 genealogical research, and preservation for historical purposes. A larger share of the fees would
12 permit interim preservation and protective actions to be taken, in concert with potential longer-
13 term interventions. The additional revenue from fees provides more certainty and flexibility than
14 a base budget appropriation.

15 Thank you for the opportunity to testify.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 5:39:11 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Nohea Stoner Lecker | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Nohea Stoner Lecker

600 lower Nāhiku road Ha'iku, HI 96708

Noheastoner143@gmail.com

808-321-0691

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 6:12:20 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|------------------------|
| Alicia Turlington | Individual | Support | Written Testimony Only |

Comments:

I strongly support HB 1194. I am a pediatrician and have been practicing in the state of Hawaii since 2008. When I was in residency, I lost a patient that had a home birth, attended by a midwife. The baby was in extreme distress and upon birth, lacked oxygen to the brain. The baby suffered severe hypoxic ischemic encephalopathy and after fighting for her life for a few weeks, her parents made the heart breaking decision to withdraw life support. This decision just destroyed this family and ultimately, the family ended up breaking apart. I was devastated. More recently, about two years ago now, I had another baby that was born at home, without a licensed midwife. This baby also suffered from hypoxic ischemic encephalopathy and while the outcome was better in this case with the baby surviving and only suffering mild developmental delays after a prolonged hospital stay, the trauma inflicted on the parents from what should have been a happy moment cannot be overstated. That this could still be happening in our beautiful state to our beautiful babies 13 years later is beyond me. Anyone attending a birth as the provider there to deliver mother and baby into a happy future should at a bear minimum know CPR and advanced life support for the mother and be trained in the neonatal resuscitation program for the infant.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 6:30:33 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Priscilla Tabag | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

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HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Priscilla Tabag

85-1352 Kaneaki Street

Waianae, HI. 96792

priscillatabag@gmail.com

808-690-2326

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 6:12:53 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-----------|
| Camille Shelton | Individual | Oppose | In Person |

Comments:

I oppose this bill as this strips me, a mother who is currently pregnant with my second child, of the right to choose how and where I want to birth. As someone who faced many injustices and fell into the maternal health disparity statistic with my first birth, it is of the upmost importance for this bill to not be passed to prevent this from happening to me with my second birth.

My body and mind are to be respected as any others. My health and wellbeing is to be protected as any others. My safety and peace is to be valued as any others!

Any who stands for this bill stands for the oppression of wahine and all those who are able to birth. Any who stands for this bill stands against their moms, sisters, aunties, cousins, friends, colleagues, and community members whom have the ability to give birth or receive health services.

I oppose this bill.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 6:31:08 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Tionee Paul | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

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HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

Nāku Noa,

Tionee Paul

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 6:40:27 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Ashley Kong | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,
My name is Ashley Kong and I am a resident of Wailuku. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive

autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,

Ashley Kong

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:08:05 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Jennifer Eng | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HN 1194

Please please protect our birthing rights.

Please protect midwives.

Please protect our reproductive freedom and expand access to midwifery licensure and care.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:26:33 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Shaina Maele | Individual | Oppose | Written Testimony Only |

Comments:

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:50:01 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|-----------|
| Juanita Delagarza | Individual | Oppose | In Person |

Comments:

We have a right as indigenous people to practice our ways to give birth how our ancestors did before hospitals! Give ohana's the option to choose! You work for the people and recently got a 60 % raise.. Make sure our voices are heard.

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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Mahalo nui loa for your time and consideration.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:50:04 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Bethany Hall | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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Mahalo nui loa for your time and consideration.

With deep respect,

Bethany Ku‘ulei Hall

PO Box 3636 Kailua-Kona, HI 96745

bethany.hall@uofnkona.edu

808-938-1956

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:53:50 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Zaachila Orozco | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

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Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Zaachila Isabel Orozco McCormick

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(206)666-7699

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:54:55 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Melissa D. Haile | Individual | Oppose | Written Testimony Only |

Comments:

To the Esteemed Members of the Health & Human Services Committee,

I am writing to express my strong opposition to House Bill 1194 (HB1194), which proposes to make permanent the regulatory laws for the practice of midwifery in Hawai'i and establish specific licensure requirements. While the intent to ensure public safety in maternal care is commendable, this bill, as currently drafted, poses significant concerns regarding the disenfranchisement of Native Hawaiian and Indigenous women of color, the potential elimination of cultural and community midwifery practices, and the exacerbation of healthcare disparities in rural communities.

Disenfranchisement of Native Hawaiian and Indigenous Women

HB1194's exclusion of the apprenticeship/Portfolio Evaluation Process (PEP) pathway to midwifery licensure disproportionately affects Native Hawaiian and Indigenous women. Historically, these communities have relied on apprenticeship models to pass down traditional birthing practices, ensuring culturally relevant care. By mandating licensure pathways that are inaccessible or irrelevant to these practitioners, the bill effectively marginalizes them, undermining their cultural heritage and autonomy in maternal care.

Lack of Accessible Educational Pathways

Currently, there are no midwifery schools in Hawai'i that satisfy the proposed licensure requirements. Requiring aspiring midwives to enroll in distance education programs is unreasonable, especially considering that many reside in rural areas with limited or no high-speed internet access. Moreover, expecting them to leave their families and communities to attend mainland institutions disregards the importance of culturally relevant education and training. This approach places an undue burden on Native Hawaiians, effectively creating barriers to entry into the profession.

Impact on Healthcare Access in Rural Communities

Hawai'i is already facing a healthcare workforce shortage, with limited obstetric care available for rural families. By restricting the pathways to midwifery licensure, HB1194 threatens to further reduce the number of qualified midwives serving these communities. This reduction could lead to increased maternal and infant health disparities, as families may be forced to seek

care far from their homes or, worse, consider unattended births due to lack of accessible care providers.

Lack of Demonstrated Harm from Community Midwifery

Throughout discussions on midwifery licensure, opponents have not provided evidence of harm caused by community midwifery care. Conversely, there has been insufficient accountability regarding maternal health outcomes in hospital settings. It is disingenuous and discriminatory to disqualify community-based midwifery education and training without evidence to support such a position. This stance not only undermines the credibility of the proposed regulations but also disregards the positive outcomes associated with traditional midwifery practices.

Risk of Unattended Births

By imposing restrictive licensure requirements that do not accommodate culturally rooted and community-based pathways, HB1194 risks driving families to choose unattended births to avoid working with medical providers who do not respect or understand their cultural practices. This unintended consequence poses a greater risk to maternal and infant health than supporting and integrating traditional midwifery practices into the broader healthcare system.

While the goal of ensuring safe maternal care is paramount, HB1194, in its current form, fails to consider the unique cultural, educational, and geographical contexts of Hawai'i's diverse populations. I urge you to reconsider the provisions of this bill to create a more inclusive and equitable framework for midwifery licensure that respects and preserves Indigenous practices, addresses educational accessibility, and improves healthcare outcomes for all communities in our state.

Thank you for considering my testimony.

Sincerely,

Melissa D. Haile
Perinatal Community Healthworker

Farmer
Kailua resident
Homebirth mom

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 8:55:30 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Komal Soin | Individual | Support | Written Testimony Only |

Comments:

Aloha

I am submitting this testimony in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

As a family physician, I see firsthand the lifelong impact that birth experiences have on newborns. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term infant health outcomes.

Newborns are especially vulnerable during labor and delivery, and the ability of a midwife to recognize and respond to complications can mean the difference between life and death. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both normal and high-risk situations.

We cannot afford to weaken midwifery standards by allowing pathways like the Portfolio Evaluation Process (PEP), which lacks standardization and does not guarantee adequate clinical oversight. All midwives should be held to the same high safety and competency standards that other healthcare professionals must meet.

For the health and well-being of Hawaii's newborns, I strongly urge you to pass HB1194 and ensure that every midwife practicing in our state is fully qualified to provide safe, high-quality care.

Thank you for your time and commitment to maternal and infant health.

Mahalo

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:11:26 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Alexa Helge | Individual | Oppose | Written Testimony Only |

Comments:

I am strongly opposed to HB1194 HD2, as it is currently written. Birth is an extremely sensitive time. I am opposed for the following reasons:

1. Feeling safe and supported is of the utmost important to the birth process. Having the attendants of one's choice is a huge part of feeling safe. Continuity of care, which is what midwifery care provides, is shown to improve outcomes for mothers and babies.
2. Birth choices, especially culturally-based ones, should not be restricted regardless of culture. Cultural expression and practice is at the heart of one's identity. To limit and cut that off perpetuates colonization.
3. Penalizing certain family members for being in attendance is also problematic. In Hawai'i, our understanding of family is more inclusive. Again: this law, as it is written, perpetuates colonization and oppression.
4. Amendments need to be made to reflect the actual standards of the different license types and their governing bodies. CMs, CPMs, CNMs, etc. are not the same and the law should reflect that.
5. It is unjust to deny local midwives the opportunity to learn via the apprenticeship model and PEP process, especially since the law considers licenses obtained via that process fine as long as they were received prior to a certain year. How has it changed that it should no longer be considered a valid pathway?

We are experiencing an extreme shortage in maternal healthcare providers. Religious, traditional. and licensed midwives all provide drastically needed services, especially in rural areas. We need more options, not less.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:22:59 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|---------------------------|
| Bliss Kaneshiro | Individual | Support | Written Testimony Only |

Comments:

As a practicing OBGYN in Hawaii, I strongly support HB1194 because it will ensure the health, safety and welfare of birthing people in Hawaii and respects patient autonomy and indigenous practices.

Dr. Bliss Kaneshiro

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:34:05 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| jae P | Individual | Oppose | Written Testimony Only |

Comments:

I Oppose.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive

autonomy and privacy rights, and expand access to critically needed midwifery care in Hawaii's communities.

Mahalo.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:35:51 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Gurushabd Khalsa | Individual | Oppose | Written Testimony Only |

Comments:

Gurushabd Khalsa

PO Box 81510

Haiku HI 96708

shabdkmaui@gmail.com

808 281 2456

March 13th 2025

Subject: Opposition to HB1194 – Protect Midwifery Access and Traditional Birth Practices

Aloha,

I am writing to express my strong opposition to HB1194, which seeks to impose further regulations on midwifery in Hawai‘i. While I support efforts to ensure safe birthing practices, this bill threatens to limit access to midwifery care, particularly for families who choose home birth and for traditional Hawaiian birth practitioners.

HB1194’s strict licensing requirements create unnecessary barriers that will ultimately reduce the number of available midwives, making it harder for families—especially those in rural areas like Maui—to access safe, community-based maternity care. Midwifery has been practiced for generations as a safe and viable option, and many families rely on midwives for a more personalized and culturally respectful birth experience. By overregulating midwifery, this bill undermines reproductive choice and autonomy.

Furthermore, HB1194 risks infringing upon traditional Hawaiian healing practices. Native Hawaiian birth attendants have played a critical role in preserving indigenous birthing traditions, and imposing Westernized licensure and regulatory frameworks on these practices disregards the cultural significance of their work. Protecting traditional Hawaiian birth practices should be a priority, not an afterthought.

I urge you to oppose HB1194 and instead advocate for policies that support diverse and accessible birthing options while respecting cultural traditions. Rather than restricting midwifery, Hawai'i should be working to expand access, provide education, and ensure that safe, evidence-based midwifery care remains an option for all families.

Mahalo for your time and consideration.

Sincerely,

Gurushabd Khalsa

Shabdkmaui@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:41:35 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sheryl Uy | Individual | Oppose | Written Testimony Only |

Comments:

I have given birth once in the hospital and twice at home. After having such a smooth pregnancy all throughout my first baby, I never thought being under OB schedule would give me such a traumatic birth experience. I was induced, almost sectioned due to **fetal distress from being induced**, and unnecessarily got a 3rd degree episiotomy. My eldest was then forceped out. I wasn't even given the chance to truly push my baby out. The OB stitched me up unmedicated as if having my baby would numb me. The pain was out of this world. It felt like the doctor was in there less than 10 minutes, and then GONE. Never did I see him again.

That experience in the hospital made me distrust OBs in general. I'm just one patient out of many they need to churn out in a day; one to get over with so they can go on to the next mama.

When I was pregnant with my 2nd child, I didn't want to experience the same thing. So when I learned about homebirthing in Hawai'i, I researched how safe the practice is and started interviewing midwives. I was blessed to have met Roxanne Estes, who came highly recommended and was respected by the community.

My husband and I, being surrounded by family and friends who are in the medical field, had lots of questions. My husband in particular, being a nurse then, had questions re: the safety of not being in a hospital during complications. Roxanne was a breath of fresh air and just exemplified years of experience. She took the time to explain her process. Knowing that she comes prepared for emergencies (no need to go to the hospital unless it's an extenuating circumstance) made us feel secure under her care.

My prenatal appointments with her were never rushed. She actually blocks a time in her schedule to see me, and talk to me, and get to know me as her patient and as a mama. It was so unlike my experience with the OB where I get a finger up my vagina, got told everything was fine, and that was that.

During labor and delivery, my midwife was with me throughout. I was monitored, and she was there coaching and sharing her knowledge with all of us -- my eldest child included. She heard my breathing and knew exactly what was coming. She was there to assure me that I was ok, and baby was too. She was so inspiring and made such an impact in our lives that my eldest, at such a young age, wants to study to become a midwife one day. It's been 6 years that she has decided this on her own and she still hasn't changed her mind!

By our 3rd child, we already knew we will have Roxanne as our midwife again. This time, we didn't even go to her birthing center, I just gave birth at home. Roxanne brought every single thing we needed for the birth. If I got to rest after my 2nd birth, I really, really got to rest after my 3rd since I chose to do a full-fledged homebirth.

The experience was so unlike being in the hospital where every person in the unit, from nurses, to student doctors, to cleaners, went in my room every hour. Then would leave to say, "rest well!" But how could I when they kept on coming in and out and bothering me and the newborn?

By choosing to have a midwife and birth at home, there was very little interference to my rest and bonding with the baby.

Hence, I oppose HB1194. I would love for all moms and parents-to-be to be able to choose on their own who they want to birth with -- may that be a doctor, a midwife, or even on their own. It is our right as individuals to have access to all the options available and without limitations.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:51:39 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-----------|
| Anna bell Nimmo | Individual | Oppose | In Person |

Comments:

I am a mother of five children, with experience in both hospital and home births. Currently, I am pursuing my studies in midwifery, investing significant financial resources in education and mentorship. The proposed bill, if passed, would prevent me from practicing as a midwifery student, which I believe is unjust. Having had negative experiences in hospital settings, I am deeply committed to the option of home births. This bill threatens my right, and the right of my family, to choose the care providers we trust. I strongly oppose this bill.

HB-1194-HD-2

Submitted on: 3/13/2025 9:56:23 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Carolyn Kendall | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Carolyn Kendall

5934 B Kalanianaʻole Hwy

8475072596

kendallcarolynm@gmail.com

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 9:59:07 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Harmony B | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

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- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 10:13:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Aimee Fung | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. Government should not be limiting women's rights for how women give birth. Birth is sacred and we should not be limited only to waits that the government "approves."

LATE

March 14th, 2025

Support for PEP process to midwifery licensure and an end to criminalization of Traditional midwives and birth attendants

Aloha, my name is Alexandrine Ceballos, and I am testifying as a student midwife pursuing licensure through a MEAC-accredited institution. I want to highlight the challenges of this path and the barriers it creates for those who wish to serve our communities as midwives.

I began my studies with traditional midwives, but when licensure legislation became likely in Hawai'i, I decided to work towards my CPM license. This process has been rigorous and costly. I had to secure a licensed preceptor, make a significant financial commitment to my school, and quit other jobs to be on-call—giving up stability to meet the unpredictable demands of this work. Additionally, I cover out-of-pocket expenses for essential trainings that are difficult to access on-island, and balance midday virtual classes that often conflict with my clinical schedule due to time-zone discrepancies. As an unpaid intern, I paid for my education, gas, car maintenance, rent, and tools. When I began working in a paid role, I received \$500 per birth—not including the many hours spent at prenatal and postpartum appointments. Finding opportunities to complete my clinical training in Hawai'i's small, independent midwifery practices has been a persistent challenge. The truth is, I would not be able to do this work without the support of my partner—and because of that I am at an advantage. For this reason, I strongly support the PEP pathway as an accessible pathway to licensure for our community, and I strongly support traditional midwives and birth attendants not being subject to criminalization, so we may continue to learn and benefit from their expertise.

This process has taken five years, and even as I make progress, I have lost access to mentorship from elder midwives who have served Hawai'i for decades. Now, as a new mother, I must prioritize births that count towards licensure, which limits my mentorship options to a few licensed midwives on the island—and while they are all incredibly skilled, they are new to practice and don't have availability to many students. We lose valuable cultural wisdom when we cannot learn from elder midwives who have deeply understood and served our communities for their entire careers.

While I recognize the intent to regulate midwifery practices, HB1194 contains many serious imperfections that would harm our communities rather than help them.

This bill restricts and undermines vital cultural birth practices, displacing indigenous and traditional knowledge by forcing cultural practitioners to seek education and credentials outside of Hawai'i. Such a requirement is not only unrealistic for many, but also a direct threat to the continuation of practices that have been nurtured and passed down through generations in these islands.

HB1194 represents a significant aggression against the health, wellbeing, and sovereignty of future generations of indigenous and traditional birth practitioners. By imposing a standard that does not reflect nor respect the rich and diverse cultural fabric of Hawai'i, this bill erodes the very foundation of culturally appropriate care that so many families rely upon.

Our communities deserve options for care that honor and uphold our unique ways of knowing, being, and birthing—and that ensure equitable access to necessary medical resources. I urge you to reject HB1194 in its current form and to seek collaborative solutions that center and protect traditional and indigenous birth practices, while ensuring midwives have the tools they need to care for their clients safely and affordably.

If HB1194 is to move forward in any form, several critical amendments are needed:

1. **An amendment to expand the CPM formulary** — so that clients do not face out-of-pocket costs for essential medications such as contraception and RhOGAM. These are critical components of safe and comprehensive care, and limiting access to them creates dangerous and unnecessary barriers for families.
2. **An amendment to remove the requirement that CPMs be held to ICM and ACNM standards** — These are not standards created for CPMs and do not reflect the scope, training, or philosophy of care that CPMs provide. Imposing these standards would effectively erase the role of CPMs and prevent them from practicing in ways that meet the specific needs of Hawai‘i's diverse communities. Instead, we would prefer NACPM standards.

Our communities deserve care providers who reflect and uphold our ways of knowing, being, and birthing. This bill, as written, does not protect that right—it undermines it. I urge you to reject HB1194 in its current form and to work collaboratively with traditional practitioners, CPMs, and community members to create a path forward that respects and safeguards cultural practices while supporting safe and accessible care.

Thank you for considering my perspective on this crucial issue.

With Aloha,

Alexandrine Ceballos

HB-1194-HD-2

Submitted on: 3/13/2025 10:38:41 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|-----------|
| Dr. Merciful Ananda | Individual | Oppose | In Person |

Comments:

My name is Dr. Merciful Ananda, I am a licensed naturopathic physician and trained as a naturopathic midwife. I completed 5 years of medical school at the National University of Natural Medicine in Portland, Oregon and received my doctorate in naturopathic medicine, Master of Science in Global Health, and Natural Childbirth Certificate. I moved to Oahu with my family in 2020 for a naturopathic and traditional midwifery residency. In 2020-2021 I attended 100 home births with a traditional midwife. Since then I have attended about 100 more with sister midwives on Oahu. I also have a family medicine practice.

It became clear to me as I was delivering babies during and after the Covid pandemic that the majority of clients I was seeing were going to birth out of hospital with their chosen practitioners and family/ohana present regardless of whether they could find a licensed midwife. If we create bridges with our traditional birth practitioners, we allow pathways for those mothers that will choose to have home births to also have present a practitioner that will respect their cultural values while also knowing how to perform neonatal resuscitation, how to control a hemorrhage and when to transport if needed.

Now with measles on the rise, more families will be choosing to give birth at their homes whether or not they can find a licensed midwife to attend their birth.

I live in Waialua and serve the north shore as well as the rest of the island. Many women who have had multiple children have precipitous births, having their babies in less than an hour start to finish. Do you think they would be safer at their home with access to lifesaving medical supplies, medicines and with a trained practitioner, or on their own in a car on the side of the highway during rush hour? OBs are overwhelmed and sending patients away. We need every trained birth practitioner to be on duty. We need a comprehensive bill, not a restrictive bill.

I strongly oppose HB 1194 and agree with the Hawaii home birth collective that it:

- FORCES BIRTHING MOMS to work with care providers they don't want or trust. This is State Sanctioned Rape.
- CRIMINALIZES Grandmas, aunties, or friends who want to help birthing moms
- CRIMINALIZES Traditional and Religious birth workers

- MAJOR FINANCIAL HARDSHIPS Training midwives must leave Hawaii and their families to train in mainland western schools.

Mahalo for your time reading and opposing this bill with us.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 10:59:22 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Melissa Iwamoto | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices. This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility. By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants. Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy. The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values,

beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities. This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. **The following amendments are necessary to ensure equity and autonomy for birthing families:**

1. Strengthen Protections for Native Hawaiian Traditional and Customary

Practices. Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections. Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption. Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Allow whomever the birthing mother wants to be there to support her without criminalization, as has been done for generations in Hawai‘i. It is a woman's right to decide who is allowed and who is not allowed at the birth of her child.

5. Allow Multiple Pathways for Midwifery Licensure. Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote **NO on HB1194 HD2** unless these amendments are made.

Mahalo nui loa for your time and consideration.

HB-1194-HD-2

Submitted on: 3/13/2025 11:04:36 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Alliesen | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

4. Add an Exemption for Hānai Family and Grandparents

- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

- Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Alliesen Baji

P.O. Box 952 Naalehu, HI 96772

Alibubba74eva@yahoo.com

808 464-1141

HB-1194-HD-2

Submitted on: 3/13/2025 11:17:52 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--------------|--------------------|---------------------------|
| Rachel Litchfield | Individual | Oppose | Written Testimony Only |

Comments:

I support the reproductive right to choose who is with your when you birth.

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 11:26:16 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|-----------|
| Jennifer Barillaro | Individual | Oppose | In Person |

Comments:

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai'i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community's right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

HB1194 HD2, in its current form, has several harmful implications that deeply concern our community:

Drawbacks of HB1194 HD2

1. Erodes Native Hawaiian Cultural and Customary Birthing Practices

- This bill effectively criminalizes traditional birth attendants (who are often deeply rooted in Native Hawaiian and local cultural practices) by mandating that all birth attendants be state-licensed midwives. This disproportionately impacts Native Hawaiian families who wish to uphold their customary practices for birth, as well as other communities who seek spiritual or traditional birthing care.

2. Limits Birthing Options and Accessibility

- By requiring strict midwifery licensure, this bill eliminates access to experienced traditional birth attendants, cultural practitioners, and hānai family members who have historically provided safe and respected birth support. This significantly limits options for families, especially in rural areas and outer islands where midwifery access is already limited.

3. Criminalizes Families and Birth Attendants

- Families who choose to birth outside of the medical system, with the support of unlicensed cultural practitioners, spiritual birth attendants, or hānai family members, may face legal repercussions. This disproportionately impacts Native Hawaiian families, immigrant families, and communities with deep cultural roots in traditional birth practices. Criminalizing birth choices is a direct violation of bodily autonomy and cultural rights.

4. Fails to Protect Consumer Choice and Autonomy

- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

5. Disproportionately Impacts Marginalized Communities

- This bill will have the most severe consequences on Native Hawaiian families, immigrant communities, and rural families, who already face systemic barriers to healthcare. Instead of providing more pathways to safe and culturally aligned care, HB1194 HD2 would eliminate long-standing and respected birthing traditions.

We demand that amendments be made to HB1194 HD2 to protect cultural, spiritual, and reproductive freedom in Hawai‘i. The following amendments are necessary to ensure equity and autonomy for birthing families:

Proposed Amendments to Protect Our Rights:

1. Strengthen Protections for Native Hawaiian Traditional and Customary Practices

- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

2. Add a Birth Attendant Exemption with Consumer Protections

- Ensure that families have access to unlicensed birth attendants (such as traditional birth practitioners, spiritual birth attendants, or family birth supporters) without penalty, while also implementing clear consumer protections for families who choose this path.

3. Add a Religious and Spiritual Birthing Practices Exemption

- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.
4. Add an Exemption for Hānai Family and Grandparents
 - Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.
 5. Allow Multiple Pathways for Midwifery Licensure
 - Implement a licensure pathway that respects traditional and indigenous knowledge, experiential learning, and community-based education — ensuring that culturally competent birth workers have a pathway to licensure without compromising their traditional practices.

HB1194 HD2, in its current form, perpetuates systemic oppression and limits reproductive freedom, especially for Native Hawaiian and culturally diverse families. Criminalizing traditional, spiritual, or familial birth support is a direct violation of our right to bodily autonomy, cultural preservation, and community sovereignty. We urge you to reject HB1194 HD2 unless these critical amendments are made to protect our people, our traditions, and our birth choices.

We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Jennifer Barillaro

1571 Thurston Avenue Unit A

Honolulu, HI 96822

(808) 681-9893

jenn.barillaro@gmail.com

HB-1194-HD-2

Submitted on: 3/13/2025 11:41:19 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| kayden radhe | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Oppose HB1194 HD2 — Protect Cultural and Reproductive Rights in Hawai‘i

Aloha Honorable Senators San Buenaventura & Keohokalole,

I am writing to express my strong opposition to HB1194 HD2, as it poses a serious threat to the cultural and reproductive rights of families in Hawai‘i, particularly Native Hawaiian families and those who choose traditional or alternative birthing practices. I am urging you to oppose this bill unless critical amendments are made to protect our community’s right to bodily autonomy, cultural birth practices, and access to care from traditional and spiritual birth attendants.

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- The bill disregards the fundamental human right for families to choose the type of care and birth support that aligns with their values, beliefs, and traditions. Forcing families into a narrow framework of state-licensed midwifery denies them the right to culturally rooted and spiritually guided care.

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- Explicitly protect the right of Native Hawaiian families to access traditional, cultural, and spiritual birth practices without fear of criminalization or restriction.

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- Protect the right of families to choose birth care that aligns with their religious, spiritual, or cultural beliefs, without interference or forced state licensure.

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- Allow family members, including grandparents and hānai family, to provide birth support without criminalization, as has been done for generations in Hawai‘i.

5. Allow Multiple Pathways for Midwifery Licensure

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We will not stand by and allow our cultural and reproductive rights to be stripped away under the guise of regulation. Please listen to the voices of the families and communities that you serve and vote NO on HB1194 HD2 unless these amendments are made.

Mahalo nui loa for your time and consideration.

With deep respect,

Kayden Radhe

111 Mano Drive, Kula, HI 95790

kayden@lovblu.com

8088760009

LATE

HB-1194-HD-2

Submitted on: 3/13/2025 11:58:07 PM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Naiwi Teruya | Individual | Oppose | Written Testimony Only |

Comments:

Aloha my name is Naiwi Teruya and I oppose bill HB1194 HD2 which indicates the practice of midwifery to be banned in the state of Hawaii.

I am a father of four children who are all natural home births. We as parents made this decision because it was in our minds and hearts to do so. The experience and journey of home birth is like no other and when we had our children at birth, it was the best moments of our lives.

Future mothers and women in general should have the right to choose how their child is brought into this world. Taking the practice of midwifery away not only limits one's decision but it strips away their freedom to choose.

For centuries the native Hawaiian people as families would dedicated individuals to do such practices from the first indication of pregnancy to birth, and beyond. They would care for the mother and baby alike, and most importantly insuring mothers the best practices for eating, exercising, mental awareness, and spiritual healing. Many midwives today support western medical knowledge and always refer to these sources when needed and or if a mother chooses.

That is the real issue here. Taking away a women's power to choose, to have the power of choice.

It's not about supporting home births or supporting hospitals. It's about human rights, Hawaiian Culture practices, and mothers having the freedom to make the first decision for a new born baby.

I hope that maybe someone reads this testimony in front of everyone on Friday march 14,2025. I am a father, a native Hawaiian man, and I say give the women back their right, their right to choose for their family.

Mahalo nui and godbless

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 12:21:17 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Kourtney pfor | Individual | Oppose | Written Testimony Only |

Comments:

We deserve to choose where we birth OUR children and with whom we want to birth them

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 1:09:33 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Christina Jung | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Health and Human Services Committee,

Please vote NO on HB 1194 relating to midwives. I strongly oppose this bill.

I have lived in Hawaii for 25 years. I have had four homebirths with no complications and I have attended two other homebirths with no complications.

Some of the midwives who attended these births were not certified. However, they played an essential role in ensuring safe and healthy births. I found there to be a shortage of midwives and think law makers should focus on making it easier for homebirthers to receive support, not more difficult!

As a strong advocate for natural birth, I know that homebirthers will continue to birth at home even if it is criminalized. This will cause there to be an increase in unassisted homebirths, and an increase in birth complications and emergencies that could have been prevented by a midwife.

I chose to birth all four of my children at home because I believe that home is a better environment for a comfortable birth and healthy newborn compared to the hospital. Mainstream medicine doctors created so many unnecessary concerns and misdiagnoses in my experience, which made me want to avoid a hospital birth. I was pressured to take aspirin only because of my age even though that is for high blood pressure and I had low blood pressure. I was pressured to get induced because all of my pregnancies went over 40 weeks. If I had chosen to do these unnecessary interventions, I most likely would have had complications that might have led to a c-section or unnatural birth. I have never heard a positive experience with inducing labor. There is also evidence that pitocin used to induce labor cause autism spectrum disorders. I had a healthy homebirth at 42 weeks and 5 days, despite doctors pressureing me to induce at 38 weeks.

I am thankful that I was able to have beautiful birth experiences that welcomed my babies to the comfort and safety of their home. Midwives with their guidance made sure everything was okay and would also know the signs of an emergency.

Homebirth is a natural, safe, and healthy way to give birth and women have been having homebirths for all of human history. Birth cannot be criminalized and homebirths will continue regardless of how you vote. Please vote for keeping homebirths safe. Please vote NO!

Mahalo, Christina Jung

HB-1194-HD-2

Submitted on: 3/14/2025 2:22:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|----------------------|
| Mary Healy | Individual | Oppose | Remotely Via Zoom |

Comments:

I strongly oppose this bill.



LATE

Committees: Health and Human Services
Hearing Date: Friday, March 14, 2025 at 1:00 pm
Location: Conference Room and via Videoconference
Re: **ACLU of Hawai'i Testimony in OPPOSITION to H.B. 1194 H.D.2 Relating to Midwives with amendments**

Aloha Chair San Buenaventura, Vice Chair Aquino and Committee Members:

The ACLU of Hawai'i is a non-profit, non-partisan organization dedicated to safeguarding and advancing civil rights and liberties enshrined in our federal and Hawai'i Constitutions. We **oppose H.B. 1194 H.D.2 Relating to Midwives** as it restricts reproductive autonomy, privacy rights, and Native Hawaiian traditional and customary rights enshrined in our federal and Hawai'i Constitution.

Reproductive freedom does not simply mean access to abortion. Broadly speaking, it includes a person's right to make decisions relating to procreation, contraception, abortion, IVF¹, and **reproductive health care. This includes protecting one's rights to choose where, how and with whom they experience pregnancy and childbirth.**

H.B. 1194 H.D.2 must not be viewed in a political vacuum. The attacks on reproductive rights are not just happening at the federal level, it's also happening within Hawai'i. Our current midwifery law, HRS section 457J, includes provisions that have already been ruled unconstitutional. This is our Legislature's opportunity to make things right – by safeguarding access to midwifery and maternal health care, rather than passing another overly restrictive licensure law that will open the door to further litigation.

Hawaii's Legacy as a Champion for Reproductive Freedom

Hawai'i has a long track record of protecting reproductive freedom as a fundamental right guaranteed under article 1, sections 3, 5, and 6 of the Hawai'i State Constitution.

In 1970, Hawai'i was the first state to legalize abortion upon request of the individual. In the aftermath of *Roe vs. Wade* being overturned, the State Legislature passed S.B. 1 that expands access to reproductive health care services and protects Hawai'i health care providers from punitive legal action from within or outside of the state relating to the provision of legally provided reproductive health care services.²

¹ The Alabama Supreme Court recently issued a decision attacking IVF that forced IVF providers across the state to halt services, leaving the families depending on these services in limbo.

<https://www.aclualabama.org/en/news/alabama-courts-extreme-ruling-puts-ivf-treatments-risk>

In 2019, the Hawai'i State Legislature enacted Act 32, the Midwifery Restriction Law. Despite good intentions, the licensure law that included an exemption for birth attendants to practice without a license (subject to certain restrictions and with mandatory disclosures to clients) ended on July 1, 2023.

In 2024, the Hawai'i Attorney General issued a [clarification letter](#) interpreting Act 32, our current midwifery law, as subjecting trusted traditional midwives, doulas, lactation consultants, counselors, childbirth educators, cultural practitioners, and even grandmothers to fines and criminalization - simply because they are not licensed under the narrow, arbitrary and exclusionary regulatory scheme that still exists.

Current Litigation Challenges the Constitutionality of ACT 32

After the Attorney General issued its letter interpreting the current midwifery law, Native Hawaiian Legal Corporation and the Center for Reproductive Rights filed a lawsuit against State of Hawai'i. The lawsuit included a demand that the judiciary intervene and find ACT 32, H.R.S. section 457-J the Midwifery Law as unconstitutional.³

The First Circuit Court Judge Shirley Kawamura has ruled that HRS 457-J violates the Hawai'i State Constitution's protections for Native Hawaiian's traditional and customary rights and has issued a temporary injunction to stop the criminalization of Native Hawaiian practitioners and their students.

ACLU of Hawai'i agrees with the Native Hawaiian Legal Corporation and the Center for Reproductive Rights that several provisions in our **current law are unconstitutional**. Without the injunction in place, the current midwifery statute threatens to criminalize indigenous healers and midwives and intimidates the families who seek their services - disproportionately impacting Native Hawaiian and Pacific Islander women.

A Legislative Solution in on the Horizon

The silver lining is that **Act 32, our current midwifery law, will sunset on June 30, 2025**. This provides an opportunity for the Hawai'i Legislature to remove unconstitutional provisions and enact a law that expands midwifery licensure pathways. In turn, this will increase workforce development opportunities for residents in Hawai'i choosing to seek a Certified Professional Midwives certification through the Portfolio Evaluation Pathway and increase access to health services and care to remedy the inequities exacerbated by our current midwifery law.

² https://www.capitol.hawaii.gov/sessions/session2023/bills/SB1_SD2_.pdf

³ *Kaho'ohanohano vs. State of Hawai'i* is scheduled for trial in early 2026. The passage of a replacement midwifery licensure statute that removes the unconstitutional provisions may avert the current litigation. In turn, this will allow the State to focus on legitimate threats to civil rights and liberties in Hawai'i and save taxpayer dollars.

H.B. 1194 H.D. 2 Unreasonably Infringes Upon the Exercise of Reproductive and Privacy Rights and May Subject the State of Hawai'i to Further Litigation Without Additional Clearly Defined Exemptions

The Hawai'i Legislature can repair the harms unintentionally caused by Act 32 by incorporating amendments into H.B. 1194, H.D.2 that will uphold constitutional rights and address health equity concerns.

Research shows a strong body of evidence demonstrating the safety of community birth attended by Licensed Midwives. "Midwifery care increases rates of uncomplicated physiologic delivery, breastfeeding, and satisfaction, while decreasing rates of preterm birth, low birth rate, and cesareans. Neonatal outcomes with Licensed Midwives who attend community births meet ACOG's benchmark for low risk pregnancies. By reducing unnecessary interventions and NICU admissions, midwifery care significantly lowers healthcare costs.⁴"

As drafted, H.B. 1194 H.D.2 will continue to infringe on a person's right to make decisions about pregnancy and birth, a natural life cycle experience, by subjecting the person/s providing care and support chosen by the birthing person to penalties and criminalization if they lack a midwifery license. To address these overly restrictive regulations on an individual's right to make decisions about pregnancy and birth, ACLU of Hawai'i respectfully requests that the Senate add the following exemptions as amendments:

- 1) Native Hawaiian traditional and customary practices;
- 2) Birth Attendant exemption with consumer protection; and
- 3) Religious/Spiritual birthing practices exemption.

H.B. 1194 H.D.1 is Arbitrary Because it Bars Midwifery Licensure for Persons Who Achieve a Certified Professional Midwife Credential after 2020 from the North American Registry of Midwives, accredited by the National Commission for Certifying Agencies.

The proposed legislation categorically excludes Certified Professional Midwives from obtaining licensure upon completion of the Portfolio Evaluation Process (PEP) plus Bridge Certificate and passage of the certification exam administered by the North American Registry of Midwives (NARM) if obtained after 2020. This statutory exclusion is arbitrary and capricious for the following reasons:

⁴ <https://narm.org/about/advocacy/midwifery-research/>; See also <https://pubmed.ncbi.nlm.nih.gov/38037256/>

- The North American Registry of Midwives (NARM) sets the standard for the competency-based Certified Professional Midwife (CPM) credential.
<https://narm.org/>⁵
- The Certified Professional Midwife credential is accredited by the National Commission for Certifying Agencies (NCCA), the accrediting body of the Institute for Credentialing Excellence (ICE, formally NOCA).
<https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA> The mission of ICE is to promote excellence in credentialing for practitioners in all occupations and professions. Of note, the NCCA accredits many healthcare credentials including the Certified Nurse-Midwife.
- NARM issues a CPM credential upon successful completion of a MEAC midwifery school and passage of the NARM exam. They also issue a CPM Certification for individuals who complete the PEP apprenticeship pathway and successfully pass the NARM exam.
- *According to NARM, less than 50% of those individuals who achieve the CPM credential do so through the MEAC schooling route. **“There are other routes to eligibility for taking the NARM exam that result in receiving the credential and all of them have been evaluated and determined to be equivalent in skills and knowledge and are able to safely practice the same scope of services. NARM recommends amending the law to include all qualified routes to certification to be eligible to practice. This will ensure adequate access to midwifery care for the citizens of the state and will help to remove barriers to access to midwifery.”***⁶
- Twenty-seven (27) states and Washington D.C. allow for the MEAC accredited midwifery education school⁷ and the PEP apprenticeship pathway to licensure upon successful completion of the North American Registry of Midwives Exam.
- H.B. 1194 H.D.1 restricts workforce development opportunities for Hawai’i residents amidst a shortage of health care workers and a maternal health desert in Hawai’i.
- Native Hawaiians who wish to practice traditional and customary healing and birthing practices, in combination with midwifery knowledge and skills obtained through the PEP apprenticeship pathway, are prohibited from gaining licensure

⁵ For more information relating to the multiple pathways for the Certified Professional Midwife Credential, please see testimony in opposition to H.B. 1193 from the North American Registry of Midwives (NARM).

⁶ Letter from NARM, dated December 1, 2024.

⁷ Four states have grandfathered the PEP or PEP Plus Bridge pathway to midwifery licensure with varying dates.

even if they successfully pass the NARM exam. This arguably violates Article 12, section 7 under the Hawai'i Constitution.

- Some lawmakers have asserted that the U.S. MERA Standards enacted in 2015 requires elimination of the PEP Plus Bridge apprenticeship pathway after 2020. However, this is a misinterpretation of the U.S. MERA Standards.
 - The Principles for Model U.S. Midwifery Legislation & Regulation, commonly referred to as the U.S. MERA Standards were intended as a guide, not as a mandate for midwifery licensure. **“Recognizing that current state laws regarding midwifery vary widely, this document is intended to serve as a guide** to those engaged in the revision of existing or the development of new laws.”
<https://usmera.org/wp-content/uploads/2015/11/US-MERALegislativeStatement2015.pdf>
 - The North American Registry of Midwives (NARM) is an included member of U.S. MERA. According to the U.S. MERA Standards, the North American Registry of Midwives (NARM) is the “certifying agency for certified professional midwives.⁸ NARM’s CPM credential is accredited by the National Commission for Certifying Agencies.” In other words, NARM is the organized charged with the oversight of the certification process, authorized to administer examination of knowledge and issue certificate of assurance.
 - **NARM does not support exclusion of the PEP pathway for eligibility to the CPM in legislation for three reasons:**
 1. The U.S. MERA guidance was never intended to eliminate the PEP Plus Bridge apprenticeship pathway. In fact, it was created in recognition that many aspiring midwives lacked access to MEAC midwifery schools. While the intention was to increase the number of MEAC midwifery schools in the U.S., since the passage of the U.S. MERA guidelines, the number of midwifery schools have decreased.
 2. There is no evidence that PEP apprenticeship candidates are not well prepared to be Certified Professional Midwives (CPM).

⁸ H.B. 1194 H.D.2 erroneously relies on the International Confederation of Midwives as setting the “gold standard” for midwifery competencies. ICM is a non-governmental agency located in the Netherlands that established minimum competencies for midwives in countries without an accreditation process for a midwifery credential. <https://internationalmidwives.org/> Moreover, NARM, in collaboration with the US Department of Education (USDE) accredited education programs, administers the Midwifery Bridge Certificate to CPMs based on completion of 50 accredited approved continuing education contact hours (CEUs/CMEs/CNEs) within the five-year period prior to application. These continuing educational requirements are based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies. This legislative body may require the Midwifery Bridge Certificate as part of its licensure regulatory system.

3. PEP prepared CPMs comprise the majority of practicing midwives in states that are unlicensed as there are no MEAC schools in those states. Of note, there are only eight MEAC midwifery schools in the United States, all of which are located outside of Hawai'i. Several Plaintiffs in the *Kahooohanohano v. State of Hawaii* case testified that the MEAC schooling is out of reach for aspiring midwives for a host of reasons (i.e. out of pocket up front costs, location, kuleana in Hawai'i, lack of reliable internet access, etc.)

Proposed Amendments to H.B. 1194 H.D. 2

ACLU of Hawai'i supports the following amendments to the bill:

1. Amend Native Hawaiian Traditional and Customary Practices Exemption

Accordingly, the purpose of this Act is to:

~~(6) Affirm that the practice of midwifery does not include Native Hawaiian traditional and customary practices;~~ Affirm that Native Hawaiian traditional and customary practices, including but not limited to pregnancy, birth or infancy are protected by Article XII, section 7 of the Hawai'i Constitution.

§457J-J Exemptions. This part does not require a midwifery license if the person is a:

(7) Native Hawaiian person engaged in traditional Native Hawaiian traditional and customary practices. Nothing in this part shall prohibit, limit, or otherwise adversely impact any Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, pursuant to the Constitution of the State of Hawai.

2. Add Birth Attendant Exemption with Consumer Protection Disclosure Requirements

(5) A person acting as a birth attendant ~~on or before July 1, 2023~~, who:

(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

(C) Discloses to each client verbally and in writing on a form adopted by the department, which shall be received and executed by the person under the birth attendant's care at the time care is first initiated;

(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;

(ii) That the person's education and qualifications have not been reviewed by the State;

(iii) The person's education and training;

(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;

(v) Any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and

(vi) A plan for transporting the client to the nearest hospital if a problem arises during the client's care; and

(D) Maintains a copy of the form required by subparagraph (C) for at least ten years and makes the form available for inspection upon request by the department.

3. Add Religious and Spiritual Exemption

“[-F] §457J-6 [.3-] Exemptions.

Person engaged in birth-related practices related to healing by prayer or spiritual means in connection or accordance with the tenets and practices of any well-recognized church or religious denomination; provided that the person shall not claim to practice as a certified midwife, certified professional midwife, or licensed midwife unless licensed pursuant to this part; or

Of note, this proposed religious” exemption mirrors the religious exemption in Hawaii’s current Nursing licensure statute:

“Pursuant to HRS §457-13 Exceptions. “This chapter does not prohibit (5) the practice of nursing in connection with healing by prayer or spiritual means alone in accordance with the tenants and practice of any well recognized church or religious denomination, provided that no person practicing such nursing claims to practice as a registered nurse or a licensed practical nurse.”

https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf

4. Add an Amendment to Allow Midwifery Licensure for Persons Who Earn a Certified Professional Midwife Credential Regardless of the Pathway to Earning this Credential.

SECTION 3. House Bill No. 1194, H.D. 2, is amended by amending the definition of "certified professional midwife" on page 26, line 20 through page 27, line 9 to read as follows:

""Certified professional midwife" means a person who:

(1) Graduated from an accredited educational program or pathway in midwifery, accredited by the Midwifery Education Accreditation Council, or successor organization, and holds a current and valid national certification as a certified professional midwife from the North American Registry of Midwives, or any successor organization[-]; or

(2) Received the Certified Professional Midwife credential through the North American Registry of Midwives' portfolio evaluation process pathway and obtained a midwifery bridge certificate from the North American Registry of Midwives, or any successor organization.

In closing, while ACLU of Hawai'i supports midwifery licensure, we **currently oppose H.B. 1194, H.D.2**. The proposed statute includes overly restrictive provisions that infringe on a person's right to make decisions about pregnancy and birth and will deprive communities of access to skilled maternal health practitioners. Additionally, the bill would criminalize reproductive health care decisions.

If the Senate adopts the proposed amendments to safeguard reproductive autonomy, Native Hawaiian traditional and customary rights, and privacy and religious rights, ACLU of Hawaii's position will change from opposition to full support.

Mahalo for your consideration.

Sincerely,

Carrie Ann Shirota, Esq.
Policy Director
ACLU Hawai'i

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808.522.5900
F: 808.522.5909
E: office@acluhawaii.org
www.acluhawaii.org

The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving Hawai'i since 1965.

HB-1194-HD-2

Submitted on: 3/14/2025 3:58:23 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Eva McKinsey | Individual | Oppose | Written Testimony Only |

Comments:

Giving birthing people CHOICE and access to midwifery care is essential to keeping them safe and addressing the egregious health disparities in Hawaii. HB1194 is not the way to keep people safe. Please do better.

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 5:34:48 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Nichole A. | Individual | Support | Written Testimony Only |

Comments:

As a mother and woman here in Hawaii I support this bill. It protects our rights to choose the medical course of action for ourselves. What happened to "my body my choice"? Support medical freedom!

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 5:38:28 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Appelusa McGlynn | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members,

I OPPOSE HB1194 because it restricts reproductive choice in birth, forces people to birth according to cultures that are not their own, and does not respect birthing people's right to sovereignty and self-determination. A pregnant woman should not fear her birth, and should be able to make choices about who assists in the process. Woman have been birthing for thousand of years. It is our birthright to have choice.

Mahalo,

Appelusa McGlynn

Koloa, HI

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 5:39:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|---------------------------------------|--------------------|------------------------|
| Emma White | Testifying for Innu Midwifery Program | Oppose | Written Testimony Only |

Comments:

The Innu Midwifery Program strongly opposes the bill HB 1194. Our Program believes traditional hawaiian midwives and their traditional birth practices must be reconized and incuded in legeslation. Traditional Hawaiian midiwfery contribues to reconcilliation.

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 5:52:25 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Jessica Johns | Individual | Support | Written Testimony Only |

Comments:

I am a practicing OB/GYN in Oahu and I support this bill.

Jessica Johns MD, FACOG

HB-1194-HD-2

Submitted on: 3/14/2025 5:54:18 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|--------------|--------------------|---------------------------|
| Regina Peterson(Nani) | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in opposition. The legislature/government needs to stay out of a mother's choice to birthing practices, period!!!

HB-1194-HD-2

Submitted on: 3/14/2025 5:54:25 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|-------------------------|--------------|--------------------|------------------------|
| Mavis Oliveira-Medeiros | Individual | Oppose | Written Testimony Only |

Comments:

Aloha State of Hawaii Representative,

I am writing in strong opposition of HB 1194. This was not available where I live but if I had the choice back then, I would've done it. I chose to have natural child birth for all 4 of my children. I was healthy and young and strong.

As I said in my last testimony, the position of choice in the old days was squatting or partial squatting.

Women, with their husband or boyfriend or partner, should have a choice. If they're alone, this is their decision. Please don't force them to lie down or have their feet put up in those uncomfortable stirrups. This is very uncomfortable and painful. The only person it is comfortable for, is the Doctor. Squatting or partially squatting allows the pelvic cavity to open smoother and naturally, less painful and therefore easier on the Mother and Child.

For women and their babies, please oppose this bill.

Mahalo nui,

Mavis Oliveira-Medeiros

(808)866-7409

HB-1194-HD-2

Submitted on: 3/14/2025 7:51:53 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Melanie Fujii | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Melanie, and I am a resident of Honolulu. I am testifying in opposition to HB1194, relating to midwifery.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.

Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.
- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system.

At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience.

Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.
Mahalo,
Melanie

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 7:59:20 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------|--------------------|------------------------|
| Alisa Tebora Felise | Individual | Oppose | Written Testimony Only |

Comments:

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

My name is Alisa Felise, and I submit this testimony as a Pasefika birthworker, cultural practitioner, and advocate for Indigenous and traditional midwifery. I strongly oppose HB1194 due to its harmful implications for cultural and traditional midwives, whose knowledge and practices have sustained generations of Indigenous families across Moananuiākea and beyond.

Traditional and cultural midwifery is not merely a profession; it is a sacred calling, an ancestral practice that embodies Indigenous ways of knowing, healing, and caring for our families. Our foremothers carried the wisdom of birthwork long before colonial medical systems existed, and their expertise has ensured the survival of our people. To criminalize or restrict these time-honored practices is to erase and dishonor the very foundations of our existence.

This bill, driven by clinical OB/GYNs despite strong opposition from Certified Midwives (CMs), Native Hawaiian practitioners, and national organizations, undermines the autonomy of birthing people and disregards the sovereignty of Indigenous knowledge systems. It does not center the voices of those most impacted: the families who choose traditional midwifery care and the midwives who serve them. Instead, it creates unnecessary barriers, disproportionately affecting Native Hawaiian and Pasefika communities who already face systemic disparities in maternal and infant health.

Birth is a communal, cultural, and spiritual process, and midwifery is deeply rooted in familial and ancestral wisdom. Legislation that seeks to regulate birthwork must be written in partnership with cultural practitioners, ensuring that policies uplift, rather than criminalize, our traditions. HB1194 fails to honor this responsibility and must be reconsidered in favor of a bill that truly protects all midwives, including cultural and traditional practitioners.

I urge the committee to listen to the voices of those directly impacted and reject HB1194. Instead, I call upon lawmakers to work alongside Indigenous birthworkers, legal advocates, and community members to craft legislation that upholds the rights of birthing people to choose their own care and safeguards the knowledge of our ancestors.

Malo lava,

Alisa Felise

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 8:10:58 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Isabel Sweitzer | Individual | Oppose | Written Testimony Only |

Comments:

To Whom it May Concern,

I OPPOSE passing of bill HB1194. I was lucky enough to have beautiful healthy home births for both of my daughters, and I cannot imagine a better or safer way to bring them Earthside. The right for a birthing person to choose a birth plan in alignment with their values, culture, religion etc is a HUMAN RIGHT. How we are born is one of the most significant moments in our lives and in that of our parents and communities. Hawaii has very long standing cultural birth practices that support and promote the beautiful culture of the Hawaiian peoples. PLEASE PLEASE DO NOT take this right away from any of us.

Sincerely,

Isabel Sweitzer

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 8:29:41 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|------------------------------------|--------------------|-----------|
| Alfred Medeiros | Testifying for Kuleana Ka ‘Aina | Oppose | In Person |

Comments:

Aloha mai kākou 'O Alfred Keaka Hiona Medeiros kou inoa no wai'anae mai au...mahalo nui for having the time give testimony and I'd like to say I'm in complete opposition of this bill HB1194 as the government nor any man has any right to tell a woman what they can or can't do, especially when it comes to birthing practices and women's rights. Did we forget that without women, that none of us would be here today and also before all this westerner ideology was around, it wasn't called natural birth, it was called birth! No labels, no separatism, etc. it was the way we were all born and many of us wouldn't be here today if our ancestors didn't give birth the traditional way that they did and who are we to stop what they've taught us...it's a shame to be even thinking of doing so and sad that our government wants to regulate a natural process. So please, KILL THIS BILL and let our Wāhine do what they've been doing since the beginning of time. Mahalo for your time and please listen to the people.

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 9:01:11 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sarah Racsa | Individual | Oppose | Written Testimony Only |

Comments:

Testimony in Opposition to 1194

Dear Valued Lawmakers,

I am Dr. Sarah Racsa, a licensed family physician practicing in Hawai'i, serving vulnerable populations across Oahu and previously on Moloka'i. I write today in strong opposition to HB1194 which seeks to make permanent the restriction of home birth midwifery licensure to only two certification pathways. While I recognize the intent of this bill to ensure safety in out-of-hospital birth, I urge this committee to reconsider its approach, as the proposed law will have the opposite effect—decreasing safety for birthing people and worsening maternal and infant health outcomes in Hawaii.

The Reality of Birth Safety

Hawaii, like the rest of the United States, is facing a maternal health crisis. The U.S. has the worst maternal and infant health outcomes in the developed world, and Hawaii's birth statistics rank among the worst in the country. Instead of limiting access to care, we should be working to expand it—supporting pathways that improve maternal health outcomes by increasing access to trained, culturally competent birth attendants and ensuring that safe transfer pathways exist when hospital care is necessary.

Restricting licensure to two mainland-based, cost-prohibitive certifying bodies does not improve birth outcomes. Instead, it reduces the number of available trained midwives, forcing families to either give birth without skilled assistance or with attendants/in places that they do not feel safe, increasing risks for mothers and babies. Evidence from countries with the best birth outcomes—such as the Netherlands, Canada, and New Zealand—shows that integrating home birth into a supportive health system leads to the safest results. These countries recognize that low-risk birth is a normal physiological process that, when supported by skilled attendants with access to seamless transfer pathways, leads to better outcomes.

The most important factor in birth safety is ensuring that the birthing person feels safe, supported, and respected. Fear and stress during labor are well-documented contributors to complications such as prolonged labor, fetal distress, and postpartum hemorrhage. Research shows that when a woman feels unsafe, her body enters a physiological stress

response that can interfere with labor progression and increase the risk of adverse outcomes. The safest birth happens in the setting where the birthing person feels the most secure—whether at home, in a birth center, or in a hospital. Limiting access to trained home birth providers does not eliminate home birth; it simply makes it less safe.

Hawaii's Legacy of Expanding Access to Care

Hawaii has long been a leader in expanding health care access, standing apart from national trends by ensuring near-universal health coverage for our residents. This bill, however, goes in the opposite direction. Rather than criminalizing birth attendants and restricting midwifery to costly, mainland-based certification models, we should be ensuring that all families have access to skilled, culturally appropriate care in the setting of their choice.

This bill also falsely claims to protect Native Hawaiian birthing traditions while simultaneously restricting them to practices predating 1892. This is not how cultural healing works—traditions evolve, adapt, and integrate new knowledge over time, just as any other lineage of medical wisdom does. To truly protect Native Hawaiian midwifery and traditional healing, we must allow Native Hawaiian practitioners to determine the appropriate scope of their practice, rather than imposing an arbitrary historical cutoff.

Additionally, Hawaii is home to many cultures with diverse traditional birth practices. A truly inclusive bill must respect and support all traditional birth workers, ensuring that families of all backgrounds have access to birth attendants who share their cultural traditions and values.

Recommendations for a Revised Bill

To create a law that genuinely protects birthing families and improves maternal and infant health outcomes in Hawaii, I urge the legislature to:

- 1. Include traditional midwives and birth workers in licensure pathways and ensure that families may receive support from friends, family, and traditional birth attendants without penalty or criminalization.**
- 2. Expand licensure pathways beyond the two currently proposed, to include apprenticeship-based and traditional training models. Restricting certification to two costly, mainland-based organizations does not improve safety; it simply reduces access to needed care and funnels money into these organizations without evidence-based justification.**
- 3. Focus on evidence-based policies that improve safety, specifically, ensuring smooth, respectful, and non-punitive transfer pathways between home birth providers and hospitals. When birth becomes complicated, a seamless and non-judgmental transfer system is the key to better outcomes—not punitive regulations that drive midwifery care underground. Look to Washington State's SMOOTH**

TRANSITIONS project and toolkit as a starting place.
<https://www.qualityhealth.org/smoothtransitions/>

Hawaii has the opportunity to be a leader in maternal health by embracing a model that expands access, respects cultural and individual autonomy, and prioritizes evidence-based safety measures. I urge you to reject HB1194 in its current form and instead work toward a policy that truly supports the well-being of all birthing families in our state.

I am a physician in a health care system whose mission it is to serve ALL of the people of Hawaii in perpetuity - this should be the goal of our lawmakers as well, providing protections for and ensuring access to "the right care, in the right place, at the right time". Home birth has been practiced since the beginning of human history, it will not go away - as evidenced by countries that embrace home birth inclusively and have the best maternal and fetal outcomes, there is a path forward that requires more work, more inclusivity, more access and safe transfers -- as it is written HB1194 will make home birth in Hawaii more dangerous, not safer. Rewrite the bill to protect our people.

Thank you for your time and consideration.

**Sincerely,
Sarah Racsa, MD**

smracsa@gmail.com

808-585-1285

HB-1194-HD-2

Submitted on: 3/14/2025 9:12:22 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|-----------|
| DESIREE MENDEZ | Individual | Oppose | In Person |

Comments:

Woman should have our natural given right to have options when child delivery. Many woman need a less stressful environment and it is our mana to listen to our heart and mind of what we need. There should be options for woman for bringing life ... especially when there are so many options for death... you all have an abortion pill on the counter at the drug store ... so why are e you trying to take a way midwifery which many woman should have that option!!!

HB-1194-HD-2

Submitted on: 3/14/2025 9:10:49 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

LATE

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Sydney Maarat | Individual | Support | Written Testimony Only |

Comments:

Licensing midwives and ensuring they are trained in CPR and NRP is a critical strategy for improving maternal and neonatal safety during childbirth by equipping midwives with the necessary skills to manage emergencies effectively. Training in these areas equips midwives with essential skills to handle emergencies effectively, thereby reducing the risk of complications during childbirth.

LATE

I'm in strong support of HB1194HD1, to renew and update the midwife licensure law in Hawaii. I'm sharing the very unfortunate and deeply personal circumstances of the home birth of my son. He was born at home on Oahu in 2011, under the care of an unlicensed midwife, along with her birth attendant. My son is 13 years old now, non-ambulatory, non-verbal, 100% disabled, and requires full care with feeding, diapering, positioning etc. We moved to the mainland (from Hawaii) when he was not quite 2 years old, so that we could be close to the support of my parents and other resources. He was diagnosed with Cerebral Palsy soon after we moved, by his developmental pediatrician.

Due to the lack of regulated licensure and no oversight of the practice of midwifery in the state of Hawaii, my son has irreversible brain damage and lifelong repercussions. This is a result of a lack of oxygen during the delivery and the prolonged delivery (over 2 days of active labor). My son was birthed at home and soon after, he was transported from my home to Kapiolani Medical Center for Women & Children via ambulance. He was admitted to the emergency neonatal intensive care unit (NICU), where he remained as a patient for 33 days. His admission records detail, in great length, his dire medical condition upon admission (i.e. brain damage or hypoxia due to oxygen deprivation, seizures, neonatal sepsis due to meconium mixing with the amniotic fluid etc.).

This is a lifelong situation for my son, my extended family and for me. It is still a reality that I live with every single day, every hour of every day.

My prenatal care was with a licensed practice and with a licensed nurse, midwife practitioner at Kaiser Permanente Honolulu Clinic. My medical records evidence and validate that I had a normal and healthy full-term pregnancy. I had no issues and was in great health.

I chose a home birth delivery with the said "midwife", who was referred to me. It was not made clear to me that she was not a licensed midwife. She identified herself as a midwife, under the guise of her other naturopathic training/practice ("Dr."), which had nothing to do with formal midwifery training. It did not occur to me that unlicensed midwives were able to practice. The unlicensed midwife shared only anecdotal stories of successful deliveries. She surrounded herself with an entire community of women and families that shared only success stories. I'm rather certain there have been horrible birth outcomes, while under her care, both before and after my son's delivery back in 2011. Her "team" gave such validation and praise of her expertise.

She did not disclose whether the outcomes of her deliveries as an unlicensed midwife were documented or reviewed by licensed practitioners or boards for the safety of expectant mothers and their babies. She also had a "team" of natural birth supporters that worked with her. They were always very supportive of her and my decision to birth at home with her. This normalcy or false narrative led me to believe that I was under the safe care of an experienced midwife, birth attendant and a support system. I was wrong.

The unlicensed midwife did not once suggest the importance of devising an emergency plan. This was never discussed prior to labor in the name of safety for her patient (mom-me) and the safety of the unborn child. There were no established, preidentified indicators that would

trigger the delivery to move to a hospital setting. In fact, I remember she and the birth attendant (part of her team) saying that if I went to the hospital that I would probably have to have a C-section, as if it would be chalked up as a failure in their home birth delivery book. In hindsight, I'd rather have had that C-section, than have the lifelong circumstance that I manage now. The unlicensed midwife's birth notes of my delivery were very limited, incomplete, inaccurate and do not align with my son's detailed admissions information from the hospital. Her records were clearly constructed after the delivery (i.e., changes in verb tense, birth attendant arriving prior to her with no change in handwriting on the delivery chart) and again, differ in all ways from my son's extensive hospital admissions notes. The "midwife" records are not in keeping with a professional standard of care.

It was and is still not clear to me if the hospital was/is required to report the transfer of my son from a home delivery by the "midwife". If the hospital was required to maintain and report such data, expectant mothers could make informed choices about their care, safety and decisions.

Given that this very well-known, unlicensed midwife did not have a plan in place for transferring the delivery, my son was transferred after his birth and with life-threatening injuries. After my son's admission to the NICU via ambulance with husband (at the time), she had me stay at home to deliver the placenta and drink some tea, eat some toast. Then she drove me in her car to meet my son and husband who had been admitted to the NICU. I was in so much pain, my pelvic area was blown out, after over two days of severe labor. Her unlicensed birth attendant or assistant also came to the NICU too and attempted to encourage me to begin nursing my son. She expressed the importance of bonding on the breast, at that time my son's condition was grave, and his survival was unsure. My son was in a life and death medically traumatic situation. Bonding on the breast was so far from the reality of what was happening. At no time did they examine me or recommend me for admission to the hospital for post-natal care, considering the traumatic birth and delivery I had underwent with my newborn son. A licensed midwife would have done so as part of the standard of care. Had a licensed midwife not done so, a peer review of the delivery would have disclosed that error. The unlicensed midwife also inserted herself into medical discussions with the NICU doctors, who were suggesting trying "cool capping", a method to relieve brain trauma. She should not have been advising nor participating in these decisions. She had no formal medical birth training nor license.

Every day for 33 days, I had to drive back and forth, over and over, from my home to Kapiolani Medical Center for Women & Children (KMCWC). I had no time to heal my body. It was so painful – physically, emotionally, spiritually. My son was discharged with an NG feeding tube, returned for daily feeding therapies, had surgery for a G-tube (inserted through the belly into his stomach), had various swallow studies, many follow up appointments, and various other therapies. I didn't know back then, but it was just the beginning of a lifetime of my role as mother to a disabled special needs child with Cerebral Palsy.

After my son's birth injuries, I attempted to file a complaint with RICO. I was rebuffed and told to return with a lawyer. In good faith, I did return with a lawyer. My son's malpractice case was taken on by a very reputable Honolulu law firm. Unfortunately, because there is no

regulation of licensure, no reporting, no formal peer review, no accountability, no requirement of liability insurance of any form, the case was dropped. The “midwife” did try to settle for a sum of money, which was simply “not worth it” to my lawyers and with consideration to the lifelong expenses that my son and I would have to incur and still do.

In addition, I have substantial data and time-stamped text messages from many of the members of this self-proclaimed “midwife’s” circle. The messages are critical, bullying, in effort to intimidate me. Many parents will not come forward with stories of their bad birth experiences with unlicensed midwives. They may be grieving, ashamed, overwhelmed, fearful, or simply too busy caring for the child (children, family needs etc.). Those parents will likely seek financial support through Social Security Disability monies, through Exceptional Student Services (ESE) in the public school system, and via Medicaid health insurance benefits. I pursued and now receive all of the aforementioned services for my son. It is a drop in the bucket when it comes to his lifetime of care that he needs and will continue to need. I suggest collecting broader data to ensure public health and safety when consumers are deciding to have births with a “midwife”. I believe there should be full disclosure given to expecting mothers to aid in their decision making of choosing a home birth and with complete knowledge of the training that the person or midwife that they choose to have deliver their baby at home.

It is my strong hope that the legislature will have information that includes NICU emergency admissions from home births identified by midwife name or practice, and, if helpful, data from Medicaid for disabled children and the public school system for exceptional students. Unfortunately, expectant mothers do not have access to Medicaid, public school or hospital data. Expectant mothers do not have access to a database that ensures the midwife is licensed and insured or if the midwife’s work is meeting standards, based on peer reviews, collected data and so on. The lack of regulation is detrimental to public safety. My delivery of my son is a testament to the huge lack of safety and absence of regulation.

I love my son above all else and have dedicated my life to his care and ever-changing needs. I have the support of my family, his care team and friends. Despite that support, his care is fully my responsibility. I do not wish any other family to experience the type of delivery I had with an unlicensed midwife whose work was unregulated and unmonitored. It’s a public threat. Women’s choice must include full disclosure and transparency, so that women are making informed choices that uphold their safety and that of their unborn child. I strongly support the passage of HB1194HD1.

Thank you for your time.

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Paul Izak, and I am a resident of Waimanalo. I am testifying in opposition to HB1194, relating to midwifery.

As a father of two beautiful children who were both born successfully at home, I am deeply concerned about the impact this bill would have on families like mine. If passed, it would make it illegal for the midwife who supported us throughout our pregnancies to continue attending home births—simply because she does not hold a midwifery license. This restriction would not only limit the ability of skilled and experienced midwives to provide care, but it would also take away my wife’s right to choose who she wants by her side during such a deeply personal and life-changing experience.

The love, support, and wisdom we received from our midwife during both pregnancies gave me peace of mind and allowed me to show up fully for my partner throughout her birthing process. More importantly, my wife felt empowered, safe, and supported, which led to two successful home births. To think that this bill could prevent our midwife from being there for us in the future is heartbreaking.

Every woman deserves the right to decide how and where she gives birth, with the support team she trusts most. I strongly urge you to protect that right and oppose this bill.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including the right to choose where and with whom to receive pregnancy and birth care. However, HB1194 falls short of protecting reproductive freedom, privacy, and cultural birthing traditions. It also restricts access to midwifery licensure by failing to recognize an apprenticeship pathway through the North American Registry of Midwives—an option available in 27 other states and Washington, D.C. This limitation will further reduce access to critical reproductive care in Hawai‘i, where many communities already face severe healthcare shortages.

I urge you to **defer HB1194 unless the following amendments are made:**

- **Protect birth attendants:** Add a statutory exemption to protect birth attendants, including hānai family members and friends, from being criminalized for providing birth support without a midwifery license—while maintaining consumer protection measures.
- **Safeguard religious and cultural birthing practices:** Add a statutory exemption to prevent the State from investigating or prosecuting individuals who incorporate spiritual, religious, or cultural practices into birth care without a midwifery license.
- **Expand access to midwifery licensure pathways:** Align Hawai‘i with 27 other states and Washington, D.C. by allowing an apprenticeship or direct-entry pathway to licensure. HB1194 currently prohibits individuals who earned a Midwifery Bridge Certification after January 1, 2020, from obtaining licensure in Hawai‘i, limiting opportunities for local midwives and reducing access to midwifery care in our communities.

Many pregnant individuals cannot afford hospital care, lack reliable transportation or childcare, or do not feel safe or respected in the traditional healthcare system. At the heart of this issue is **reproductive choice**—ensuring families have more, not fewer, options for care during pregnancy and birth.

Please vote **NO on HB1194** unless these amendments are added to safeguard reproductive autonomy, privacy rights, and midwifery care access in Hawai‘i.

Mahalo,
Paul Izak

Some Major Problems with HB 1194 HD2

Note: This list is not exhaustive, and does not cover technical matters relating to CM/CPM scope, which are also important. For these, please refer to CM/CPM testimony on [2/10/25](#) and [2/21/25](#).

| Section: | Problem: | Solution: |
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| P1: “SECTION 1. The legislature finds that the State first began regulating midwives in 1931 by establishing a registration requirement, which subsequently progressed to certification and finally, licensure .” | <p>This fails to describe how extremely problematic this Territorial licensure program was.</p> <p>Act 67 (1931 registration), which did not just register but actively persecuted midwives (very common in all communities at that time) was driven by physician pressure, despite extremely high maternal mortality in hospitals at that time. It was also a continuation of Provisional Government/Republic efforts to exterminate kahuna practices in Hawai'i following the 1893 takeover. The midwife program under Act 67 also sent inspectors to eradicate cultural practices as “lay” midwifery.</p> <p>Act 87 (1941 licensure) effectively criminalized non-nurse midwifery entirely, criminalizing all previous non-nurse licensees. This coincided with WWII travel restrictions on Japanese women (practically all licensed midwives during the Territory were Japanese, and some of these continued underground after criminalization). Numbers of government-approved midwives had already been declining, amidst protest, due to increasingly stringent requirements that put legality out of reach.</p> <p>This trend was also connected to increasing controls in Native American maternal health, which eventually culminated in the forcible sterilization of about ¼ of Indigenous women by the 1970s.</p> <p>More reading:</p> <p>https://manoa.hawaii.edu/aplpj/wp-content/uploads/sites/120/2022/05/APLPJ_23.2_Broyles_Publication.pdf</p> <p>https://www.google.com/books/edition/The_Seeds_We_Planted/gu5zDwAAQBAJ?hl=en&gbpv=0</p> <p>https://www.amazon.com/Birth-as-American-Rite-P</p> | <p>Acknowledge and correct the colonialism that drives licensure programs that criminalize traditional practices.</p> <p>Remove all language that criminalizes anyone the community might need. Limit licensure to clinical professionals, rather than allow it to be used to repress traditions.</p> |

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| | assage/dp/0520229320# | |
| <p>P1: Sec 1</p> <p>After 1998 sunset:</p> <p>“Despite the lack of regulation, many individuals continued to practice midwifery and many families in the community sought out midwife services.”</p> | <p>Clearly, according to this, the legislature knows that the community itself has been seeking out these services as an exercise of Reproductive Choice.</p> <p>there is no record of any wrongdoing during this 20 year period.</p> <p>Yet, the choice of the public who utilizes these services (and has testified clearly and consistently against regulation) is being contradicted in this law.</p> | <p>Line the rest of the bill up with the actual public need, as articulated by the public.</p> <p>Support all types of midwives chosen by families. Remove all language that criminalizes attendants.</p> <p>Respect their reproductive choice.</p> |
| <p>P1: Sec 1</p> <p>“The legislature also finds that, per the Hawaii Regulatory Licensing Reform Act, the State is required to regulate professions or vocations where the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider.”</p> | <p>What the Licensing Reform Act actually says is:</p> <p>Section 26H-2 - Policy: (1) The regulation and licensing of professions and vocations shall be undertaken only where reasonably necessary to protect the health, safety, or welfare of consumers of the services; the purpose of regulation shall be the protection of the public welfare and not that of the regulated profession or vocation;</p> <p>It is <i>not</i> reasonably necessary to regulate providers because this: 1) does not stop them (only forces them underground, which is less safe) 2) is not shown to be needed as there is no record of bad outcomes due to lack of regulation and 3) creates measurable harm and safety hazards: lack of access to care, interference with hospital transport and medical communication, disruption of midwife backup networks, etc.</p> <p>Additionally, HB1194 has clearly been driven by pressure from trade organizations such as MAH (see testimony p57) and medical associations, seeking to limit competing methodologies. This is a well-documented US national and global phenomenon.</p> | <p>Align with the actual Licensing Reform Act, which does <u>not</u> justify exclusion of community practitioners from legality.</p> <p>Do not require licensure for those who are not clinical professionals. Some degree of reasonable regulation for any type of business professional may be appropriate, but is not appropriate for non-commercial cultural & spiritual practice, and should not disqualify anyone from service.</p> <p>Develop real means of effectively addressing problems, in collaboration with the community.</p> |

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| <p>P2: Reliance on Auditors reports recommending regulation.</p> | <p>Problem: Auditor failed in both audits to evaluate the effects of regulation itself on health and safety, despite being provided extensive information about this.</p> <p>This is a serious error. Known dangerous effects such as transport delays/hospital avoidance, communication interruption, etc were not evaluated at all, despite documentation being provided, while dangers for which there is no evidence or have not been associated with home birth at all (such as maternal mortality) were relied upon to justify recommending licensure.</p> | <p>Do not rely on an incomplete audit. Evaluate ALL safety considerations.</p> <p>Ensure that State audits evaluate the actual effects of laws in question, and do not rely on speculative or conjectural evaluations of safety that are devoid of consideration of important factors.</p> <p>When a proposal to mitigate risk carries its own risk, these must be comparatively and realistically evaluated to determine whether the intervention is justified.</p> <p>Until this is done, an intervention that causes known, measurable harm and impacts freedom of choice in body autonomy is not appropriate.</p> |
| <p>P.2</p> <p>"Since the passage of Act 32, approximately 41 individuals have been licensed under chapter 457J."</p> | <p>>97% are from outside Hawai'i.</p> <p>>22% do not live in Hawai'i.</p> <p>At least 1/3 moved here since 2019, presumably attracted by licensure, displacing local practices and cultures.</p> <p>This is colonization. It is not okay.</p> | <ul style="list-style-type: none"> - Do not criminalize local practitioners for practicing. - Follow NARM standards: PEP is needed for licensure to be minimally equitable. - Build local workforce by encouraging all practices. |
| <p>p3. "The legislature affirms that the practice of midwifery under this Act does not include Native Hawaiian traditional and customary practices. The legislature also affirms that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices.</p> | <ol style="list-style-type: none"> 1. Native Hawaiian practices under HSC Article XII, Section VII are frequently subjected to assertions of the State "right" to regulate Indigenous ancestral practices. Constitutional protection without adequate statutory protection is a recipe for embroiling practitioners in a deep legal mess. 2. Native Hawaiian midwives absolutely do practice midwifery as defined in the statute. This <i>is</i> traditional Kanaka Maoli midwifery, in its original form in Hawai'i. | <p>Hawaiian practitioners need to be clearly exempt from any regulation and need the community partners they rely upon to be protected.</p> <p>Massachusetts law (St. 2024, c. 186, § 38, effective November 21, 2024) would be better language (substituting "Hawaiian" for "American"): "Nothing in this section shall regulate, restrict or prohibit the practice, service or activities of: (iv) persons who are members of Native American communities and provide traditional midwife services to their communities."</p> |

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| | <p>3. Not true. This Act clearly and significantly impedes one's ability to incorporate or provide cultural practices, particularly if those practices are not Native Hawaiian, but are traditional.</p> <p>4. It is important to remember that the traditional practices of the birthing person are the central focus of hānau. As such, it is imperative that the practitioner (mother) has access to any other person needed to safely conduct this practice.</p> | <p>Even better: Narrow the scope of licensure to clinical (CM/CPM) practices and then provide the above exemption, along with an exemption for cultural and religious practitioners.</p> |
| <p>P.3: "Accordingly, the purpose of this Act is to: (1) Make regulatory laws for the practice of midwifery permanent;"</p> | <p>Because HRS 457J is deeply flawed (see Kaho'ohano vs State, a pending lawsuit against the State by the Center for Reproductive Rights, Native Hawaiian Legal Corporation and Perkins based on HRS457J), making it permanent is an extremely bad idea.</p> | <p>End HRS 457J. Begin a new, simplified licensure program with a new sunset date.</p> |
| <p>(2) "Clarify the scope of practice of midwifery and establish licensure requirements for certified midwives and certified professional midwives, including continuing education requirements;"</p> | <p>Scope and education requirements do not align with national standards, are too restrictive, and do not reflect the actual needs of the community.</p> | <p>Simplify scope to reflect national accrediting bodies. Incorporate changes suggested by CM/CPM advocates.</p> |
| <p>(4) "Grant prescriptive authority to certified midwives and amend the list of approved legend drugs that may be administered by licensed midwives;"</p> | <p>Scope and prescriptive authority still do not align with national standards, are too restrictive, and do not reflect the actual needs of the community. This results in greater cost and less availability to consumers.</p> | <p>Align prescriptive authority and formulary with national midwifery organizations, as guided by local community experts, so that items needed most are covered.</p> |
| <p>(6) "Affirm that the practice of midwifery does not include Native Hawaiian traditional and</p> | <p>This is incorrect, as Native Hawaiian traditional and customary practices do absolutely include the practice of midwifery, as defined in this bill. It is the regulation of midwifery that Hawaiian birth customs need to be excluded from.</p> | <p>Amend language: "...the regulation of midwifery does not include Native Hawaiian traditional and customary practices."</p> <p>Or (better), limit the regulated</p> |

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| customary practices;” | Native Hawaiian midwives have a long and important cultural history that should be respected. | practice to CM & CPM practices, without unduly restricting anyone. |
| P4: (8) “Clarify medical record availability and retention requirements for the purposes of medical torts. ” | This is offensive . Not only because it is worded in a way that suggests a need for litigation, but because it health records about litigation rather than health. | Remove it. |
| “~457J-A Scope of practice of midwifery. (a) The scope of practice of midwifery means the full practice of midwifery, regardless of compensation or personal profit , as determined by the Director. | This bill goes out of its way to criminalize those who are not charging for midwife assistance. In other words, cultural and religious practitioners of diverse ethnicities, who we know will be continuing underground, are criminalized for continuing their traditions. Many of these are traditional practitioners, who are not even aware of the law. This is wrong. | Remove. |
| | (Skipping most items related to scope & technicalities - please refer to CM/CPM testimony for these) | |
| P.11 “ (c) If the midwife is attending a birth at a location without a physician and an operating room and determines during the midwife’s care that the client or clients face imminent morbidity or mortality, the midwife shall activate the 911 system and initiate transfer of care protocols.” | 1) morbidity means essentially any illness of <i>any</i> degree. It does not distinguish the level of severity. This is therefore vague, and could be legally problematic. 2) Parental consent needs to be part of this section. if a midwife activates 911 without parental consent, trust in licensed midwives will be lost, which will force more parents underground. This is dangerous. | 1) If this section is needed at all, distinguish “severe morbidity,” and add this to the definitions section, as “a condition likely to cause lasting harm or physical damage.” 2) add “with the consent of the birthing person.” |

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| <p>"(d) If the midwife transfers care of the midwife's client or clients during the intrapartum or immediate postpartum period, the midwife shall provide the receiving provider with, at minimum, the information regarding the midwife's client or clients listed on the transfer form adopted by the department.</p> <p>The transfer form may include reasons for the transfer, brief relevant clinical history, and planned mode of transport."</p> | <p>Because this form has not yet been developed, there is no guarantee as to what information it contains.</p> <p>Parental consent is necessary, especially as there is potential for the sharing of information that could increase risk of systemic repercussions to which some ethnicities are disproportionately at risk of being targeted for, or treated in a discriminatory manner.</p> | <p>Add: Parents have the right to review this form and decline the sharing of any information on it.</p> <p>Also, such a form needs to be collaboratively developed by midwives, who best know what information should be shared, and what is problematic.</p> |
| <p>PP 11-12: "(e) If the midwife's client, or the midwife's client's guardian declines assistance from appropriate licensed health care providers or the 911 system, the midwife shall continually urge the client or the client's guardian to transfer care to an appropriate licensed health care provider..."</p> | <p>This requirement to "continually urge" parents is dangerous. Convincing reluctant birthing people to transfer to needed care is a sensitive art requiring a wide variety of techniques and approaches, depending on the person.</p> <p>Part of a Midwife's essential skill is in determining appropriate communication with the birthing person. Interfering with this practice during a crucial moment is extremely hazardous and unwise.</p> <p>This section demonstrates the essential lack of understanding this Bill has about the actual practice of Midwifery.</p> | <p>Better: "the midwife shall endeavor to obtain consent from the client or the client's guardian to transfer care."</p> <p>It would be better still to delete this section.</p> |
| <p>P12: "...and may continue to provide care to save the life of the client or the newborn; provided that the midwife shall only</p> | <p>This is dangerous (and illogical) as there may well be unclear areas in the scope, or misunderstandings of it. No CM or CPM is going to endanger anyone by trying to save a life, no matter what is done. Lives would be endangered by them being restricted from doing what an</p> | <p>Delete.</p> |

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| perform actions within the midwife's scope of practice." | experienced midwife knew was needed. | |
| | (Skipping most items related to scope & technicalities - please refer to CM/CPM testimony for these) | |
| P.14 §457J-D Global signature authority. | Too much was taken out in HD2. | Restore. |
| P 14 §457J-E Prescriptive authority. | Limited prescriptive authority should be available to CPMs to increase availability to clients of specific medicines they use. | Add language recommended by CPM advocates on this point. |
| §457J-F Reporting requirements. P17 §457J-G Peer review requirements; license renewal. | Defer to CM/CPM testimony. Fines are excessive, however. | Defer to CM/CPM testimony. |
| 18 §457J-H Data submission requirements; license renewal. | Violates parental consent, if parents do not want their data shared. | Remove or limit. |
| 19-20: SECTION 3. Repeal dates | HRS 457-J is dangerous and discriminatory and should be repealed. It has caused a 40% rise in unattended births, a fear of medical establishments, and distrust and conflict, among many other problems, and has not made birth safer or more accessible (other than by increasing news media). There is still a | Repeal HRS 457J. |

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| | major lawsuit against it that is set for 2026. | |
| | (Will defer to CM/CPM testimony on most sections pp. 20-24) | |
| P25. "Practice of midwifery" does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution. | Again, midwifery IS a Native Hawaiian traditional and customary practice. This is incorrect. The state should not enforce or regulate Native Hawaiian midwifery, and this should be clear (as it should be with all cultures and religious practices). | Be clear that there will be no regulation of or enforcement against Native Hawaiian practices, which include but are not limited to midwifery. |
| P26: "Certified professional midwife" means a person who has graduated from an accredited educational program or pathway in midwifery, accredited by the Midwifery Education Accreditation Council, or successor organization, and who holds a current and valid national certification as a certified professional midwife from the North American Registry of Midwives, or any successor organization. A certified professional midwife who received their certification prior to January 1, 2020, through a non-accredited educational pathway shall have obtained a midwifery bridge certificate from the North American Registry of Midwives, or any successor organization." | Discriminatory against local practitioners for whom MEAC pathway is not realistic and in many cases not culturally compatible. Does not include PEP , which is equivalent according to the accrediting body for both MEAC and PEP (NARM). Does not specify that existing PEP licensees are allowed. | Fix or delete. PEP must be included. |
| (3) "A student [midwife] who is | purple = not needed and could confuse some situations. Note that PEP is an accredited program. | Fix, delete. |

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| currently enrolled in [a] an accredited midwifery educational program and under the direct supervision of a qualified midwife preceptor; provided that the practice of midwifery is incidental to the program of study engaged by the student;" | | |
| P32: (4) "Practicing Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution;" | Two MAJOR flaws here: 1) The supposed "right to regulate" such practices in Article 12, section 7 could still be invoked, with this language. Historically, the State has abused this. This puts traditional practices at serious risk . There are no safeguards here. 2) The central Native Hawaiian traditional and customary practices at issue in hānau practice are those of the birthing people themselves , who are the ones primarily revitalizing these traditions. these practitioners have a fundamental right to have ANYONE they choose to attend them , for their own safety, well-being and cultural needs, and those who attend them need to be able to continue to attend other births in order to do so. | 1) The best solution is to start over with a new law that does not regulate "midwifery" or any other area of traditional cultural practice. 2) At minimum, safeguards should be in place to clarify that these practices are NOT regulated by this statute. "All traditional and customary practices are exempt from regulation." |
| P32: (5) "Providing services in the case of emergency or the domestic administration of family remedies;" | This is not defined. Extended family providing traditional cultural or religious practices that count as midwifery may not be protected. | Add the words "or traditional or religious practices engaged by the family, including extended and hānai family." This is stronger and clearer. |
| P.32:(6)" Administering | This is not compatible with local culture , which includes grandparents, | Change to: "Administering care to the person's family, including hānai |

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| care to [a] the person! spouse, domestic partner, parent, sibling, or child.” | aunts and other extended family, as well as close hānai family. | family as defined by the birthing person.” |
| P.34 (6) “Information regarding any conviction of any crime which has not been annulled or expunged;” | This should be limited. Nonviolent Indigenous activists (for example) are regularly discriminated against for protest-related convictions, which they unfairly receive due to the need to protect land, water, and culture. Convictions are often unfair and politically motivated. This is a discriminatory and unrelated section. | Delete or limit to birth-related convictions. |
| P. 34 “Any additional requirements adopted by the director;” | This is much too broad. it also applies to the CPM without applying to the CM. | Delete. |
| p43 “non—accommodated physical disability,” | Discriminatory against people with disabilities. Also very unclear. | Delete. |
| ”Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license[–], notwithstanding the delegation of administrative and technical clinical tasks...” | Extremely problematic section. Listing this item as a grounds for license revocation is dangerous . Licensed midwives need to be able to assist situations in which their knowledge and skill is needed. Also, they need to have people attend births As they determine is necessary. Also, this creates a difficult situation if the birthing person invites another person to the birth, who might count as an “unlicensed person.” | Delete. |
| P.44 “Failing to maintain a record or history of competency, trustworthiness, fair | Vague, vexatious and carries a risk of use in personal vendetta or other abuse. | Delete. |

Some Major Problems with HB 1194 HD2

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| <p>dealing, and financial integrity;"</p> <p>"Engaging in conduct or practice contrary to recognized standards of ethics for the practice of midwifery;"</p> | | |
| <p>"Engaging in business under a past or present license issued pursuant to this chapter, in a manner causing injury to one or more members of the public;"</p> | <p>Vague, unclear and highly problematic.</p> | <p>delete.</p> |
| <p>45</p> <p>Failing to comply, observe, or adhere to any law in a manner such that the director deems the applicant or licensee to be an unfit or improper person to hold a license;</p> | <p>Much too broad and could be used in an inappropriate manner.</p> | <p>Delete.</p> |
| | | |
| <p>"Employing, utilizing, or attempting to employ or utilize at any time any person not licensed under this chapter where licensure is required;"</p> | <p>Highly problematic. Could be vague in application.</p> | <p>Delete.</p> |

Some Major Problems with HB 1194 HD2

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| (19) "Using or removing without authorization controlled substances or drugs," | This is too broad. While diversion is an appropriate limitation, it is not appropriate to control any other use that is unrelated to work as a midwife. Minor use is not an appropriate grounds for license revocation. | Limit this section to diversion. |
| | <i>Further review of remaining sections pending.</i> | |

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 9:25:31 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|---------------------------|
| Ramona Hussey | Individual | Oppose | Written Testimony Only |

Comments:

Senator San Buenaventura,

I am writing to urge you to kill this bill. I am a homebirth mother who was helped by traditional midwives for my three births. I believe in the birthing woman's CHOICE of her birth attendant, as strongly as I believe in CHOICE in all her reproductive actions. This bill as written now, would take away some of those choices. This is especially important for women who may already have limited choices in rural areas. They may not be able to get to a birthing center, or have money for health insurance, or simply wish to have childbirth using their cultural practices. This bill would take away their choice for traditional and cultural midwives, and severely limit their right to choose. Please kill this bill which limits our choice.

Thank you for listening.

Aloha,

Ramona, mother of three

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 9:24:35 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Maryann Solmirin | Individual | Oppose | Written Testimony Only |

Comments:

Aloha, my name is Maryann Solmirin and I strongly oppose HB1194. I am a mom, a wife, a small business owner and a doula in training here in Hawaii. I oppose HB1194 as it directly impacts women's rights as well as our freedom of choice. For our ohana, and countless others who have experienced a home birth, it was one of the best experiences of our lives. It was important to me and my husband to allow my body to naturally move through the birthing process without interventions. Experiencing how my body freely moved through the process in labor through delivery and post delivery was empowering and transformative. It will forever be an experience that has shaped our lives. Having a natural birth in the comfort of our own home was our ideal birth experience. I was able to labor comfortably and move about our home freely and listen to my body. We chose our midwives and doula and felt completely comfortable and confident with our team. Sadly, women have been lead to believe that interventions are necessary over the years and that we can not handle birth naturally. However, this is not true for all birthing experiences. We had an emergency back up plan to transfer to the hospital if needed. We had no complications and an empowering experience that we are so grateful for. We understand this is not the case for everybody which is why an emergency back up plan is necessary. Healthcare choices are not a one size fits all package. We are blessed to have had such a wonderful experience. Our son was able to come home from school and hold his baby sister hours after she was born. This was a private and beautiful moment we will cherish for the rest of our lives. Our midwives visited us for several weeks and offered the best support for our ohana. This support allowed me and my husband and our children to truly rest, adjust and enjoy our new baby. I was able to heal, rest and recover naturally without interventions. Life is full of distractions, timelines, deadlines and forced regulations. Let us support natural birth practices, the birth community and its skilled and passionate professionals. We oppose HB1194 we stand with our rights to make our own choices in regards to our ohanas health care.

LATE

HB-1194-HD-2

Submitted on: 3/14/2025 10:01:09 AM

Testimony for HHS on 3/14/2025 1:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Maria L Burke | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

My name is Maria Burke, and I am a resident of Waimānalo. I am testifying in opposition to HB1194, relating to midwifery.

Both my sister and I are the result of healthy, home birth experiences, conducted in a safe and controlled manner at the guidance of deeply experienced practitioners.

I'm testifying today because although I'm not yet pregnant, should I be lucky enough to become so, I would like the choice to give birth the way my mother did — not within a hospital setting, and with the guidance of my body and the midwives in my community.

This should be my choice, no one else's.

I'm also writing on behalf of those who don't fall into the privileged confines of a society dependent on hospital healthcare, they too, should have the choice and the access to life-supporting care.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand access to midwifery licensure by allowing residents to become a midwife through an apprenticeship pathway recognized by the North American Registry of Midwifery and allowed in 27 states and Washington, D.C.. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts. Please defer HB1194 unless the following amendments are made:

- Amendment to protect birth attendants: Add a clear statutory exemption to protect birth attendants with consumer protection requirements in place. This exemption would protect hānai family and friends who provide support during birth from being criminalized if they lack a midwifery license.

- Amendment to protect religious and cultural birth practices: Add a clear statutory exemption for religious and cultural birthing practices. Without this exemption, the State would have the legal authority to investigate and prosecute people who incorporate religious, spiritual and/or cultural birthing practices without a midwifery license.
- Amendment to expand access to midwifery licensure pathways for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, HB1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. The apprenticeship pathway to licensure is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities. Many pregnant persons are unable to afford care in a hospital, may not have access to transportation or childcare that allows them to attend appointments, or may not experience safety and dignity in the healthcare system. At the heart of this measure is reproductive choice—and offering more, not less care during pregnancy and the birthing experience. Please vote NO on HB1194 unless amendments are added to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.

Mahalo,
Maria Burke