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

**Before the**  
**Senate Committee on Commerce and Consumer Protection and the**  
**Senate Committee on Judiciary**  
**Tuesday, April 1, 2025**  
**9:30 a.m.**  
**Conference Room 016 and Videoconference**

**On the following measure:**  
**H.B. 1194, H.D.2, S.D.1, RELATING TO MIDWIVES**

Chair Keohokalole, Chair Rhoads, and Members of the Committees:

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 and offers comments.

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 Native Hawaiian traditional and customary 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.

The Department notes that the proposed Hawaii Revised Statutes (HRS) Section 457J-6(a)(7) on page 32, lines 14 through 17, provides that the midwifery chapter shall not apply to a person who is "[i]nvited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received." The Department is concerned that this exemption broadly allows individuals to practice midwifery without a license so long as they are invited by the patient and provide services without compensation.

As such, the Department proposes **deleting subsection HRS 457J-6(a)(7) in its entirety on page 32, line 14 through 17**. With technical, nonsubstantive changes for continuity, page 32, lines 10 through 17 would therefore read:

- (5) Providing services in the case of emergency or the domestic administration of family remedies; or
- (6) Administering care to the person's spouse, domestic partner, parent, sibling, or child; ~~or~~
- ~~(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received.]~~

The Department also proposes **creating a new subsection (b) under HRS 457J-6, beginning on page 32, line 14, to read:**

- (b) It is not a violation of this chapter for a person invited by a patient to be present at a birth occurring at a location other than a birth facility, provided that the person shall not use the title "midwife," "licensed midwife," or engage in the practice of midwifery, unless licensed under this chapter.

This proposed subsection will clarify that while a person invited by a patient may be present at a birth occurring at a location other than a birth facility, a person invited by a patient cannot engage in the practice of midwifery without a license, regardless of whether any compensation is involved, unless under a qualifying exemption.

Thank you for the opportunity to testify on this bill.

**HB-1194-SD-1**

Submitted on: 3/25/2025 9:37:31 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Susan Lawler	Testifying for Ohia Midwifery and Susanlawermidwife.com	Comments	Written Testimony Only

Comments:

Access to care - given the opportunity it really works and is safe!

I appreciate the opportunity to write a note regarding the support of HB1194 with a few amendments.

My name is Susan Lawler, LM ,CPM

[www.susanlawlermidwife.com](http://www.susanlawlermidwife.com)

<https://thebirthinginn.com/>

I am living in the waikola region on The Big Island and hoping to support pregnant women and their families during their childbearing and postpartum period. With the adoption of HB1194 and amendments

I little bit about me, I have successfully owned and operated a free-standing childbirth facility accredited by CABC in Washington State, the gold standard for this operation is <https://birthcenteraccreditation.org/>

This center has been open since 1999 with over 3000 successful out side the hospital births, and the support of the local community of OB/GYNs and our transferring hospitals. I operated and owned the center over a 20 year period. I myself have delivered over 1000 babies with no adverse outcomes serving only low risk healthy mothers. In order to pursue and offer the same family support and access to care that I offered in Washington state, I recently sold the center to my back-up OB in September of 2023. I also have family on the island (my mother and siblings) of childbearing age and want them to have the same opportunities that I was able to give in Washington.



Safe access to care using free-standing birth center is one way to remedy the maternity desert that many communities find themselves in. Here is a beautiful example of the birth center that could operate on the island. <https://thebirthinginn.com/>

**As a licensed certified midwife in Washington state I have the privlidge of** limited prescriptive authority for the CPM. CPM/LM's are able to work in Washington, with full integration of this credential, we can work in both a birth center and the home environment, without being overseen by a physician or having an registered nurse involved. My being able to do so contributes to excellent outcomes and helps solve the maternity desert problem for low risk healthy mothers.

**I am also seeking your support** for the HAA Suggested Amendments for the CM, I currently am partnered with a CM to provide midwifery services. [www. ohiamidwifery.com](http://www.ohiamidwifery.com). Please support the CM as a viable pathway to an advanced midwifery practice credential. It is a credential that will contribute to Hawai'i-based midwifery students being able to accomplish a graduate level education in midwifery - in order to practice midwifery- without the burden of a nursing education & lifelong maintenance of a separate nursing credential and license.

Thank you very much for taking a minute and reading and/or just taking a look at the websites links I provided.

Please support HB1194 with the suggested amendments.

Mahalo,

Susan Lawler, LM , CPM



Commerce and Consumer Protection/Judiciary Joint Committee Decision-Making Hearing 04/01/25  
Re: HB 1194 HD2 SB1 RELATING TO MIDWIVES

To: Honorable Chair Keohokalole & Chair Rhoads, Vice Chairs Fukunaga & Gabbard, and Senators Awa, Chang, Mckelvey, Richards III and San Buenaventura.

From: Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

### **WE SUPPORT HB 1194 HD2 SD1 SUBJECT TO AMENDMENT**

We sincerely appreciate all efforts to preserve the midwifery licensing law, clarify scope and exemptions, and establish prescriptive authority, all of which contribute to improved public health outcomes. It was not that long ago that Hawai'i-based legislative findings recognized integration of midwifery care as essential to a multifaceted, cost-effective approach to meeting cultural and public healthcare needs.<sup>1</sup> Today, in all neighboring islands, council members speak to continued provider shortages and the need for integration of the assets of midwives.

As a professional midwifery organization which represents Certified Midwife (CM) and Certified Nurse-Midwife (CNM) members, we speak on behalf of the CM for this bill. We urge legislators to consider what is still needed to pave the way for integration of the CM. The CNM has been regulated in Hawai'i for almost 100 years and as the CM is equivalent in the practice of midwifery, our suggested amendments establish this equivalence to the CNM as a long-standing and well-recognized provider. Without doing so, the CM will continue to face barriers to practice - AND - the potential value of future Hawai'i-based midwifery students seeking an advanced midwifery practice credential will be lost.

Our amendments include:

1. Define midwifery care outside of reproductive health to reflect practice standards of the CM and draw a distinction from the CPM. Also, to define 'licensed midwife;'
2. Clarify scope for licensed midwives, certified midwives, certified professional midwives;
3. Clarify prescriptive authority CE requirements;
4. Deferring license requirements exemptions &/or protections re: peer review & data collection to DCCA if not able to be made clear;
5. Establishing eligibility for insurance reimbursement; and
6. Religious exemption.

We hope the Judiciary Committee will be able to access the legal aspect of these requests to be sure any fundamental barriers to practice for the CM have been resolved. And, we seek clarification if the exemption based on mandatory disclosure for birth attendants (which expired in 2023) is considered a form of regulation therefore merits consideration to resume to contribute to consumer protection.

We have attached our suggested amendments below and are available for discussion via email:  
[acnmhawaiiaffiliate@gmail.com](mailto:acnmhawaiiaffiliate@gmail.com)

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<sup>1</sup> <https://files.hawaii.gov/auditor/Reports/1999/99-14.pdf>

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  
[hawaiiidwives.org](http://hawaiiidwives.org)

ATTACHMENTS:

HAA Suggested Amendments HB 1194 HD2 SD 1

[https://cca.hawaii.gov/pvl/files/2013/08/HRS\\_457-Nurses0716.pdf](https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf)

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

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

<https://midwife.org/wp-content/uploads/2024/10/CNM-CM-CPM-Comparison-Chart.pdf>

**HB 1194 HD2 SD1 Suggested Amendments  
The Hawai'i Affiliate of the American College of Nurse-Midwives**

**#1 FINDINGS AND PURPOSE**

**Address barriers to practice for the CM.** The practice of midwifery by certified midwives includes primary and gynecologic care. As this bill regulates all non-nurse midwives, the scope of all who are regulated should be included in the definitions. It is well-established that outside the reproductive cycle, CNMs in the State of Hawai'i serve families by providing primary and gynecologic care. Based on ACNM Standards and passing the AMCB exam, CMs are eligible to practice the same scope of midwifery care.

**Pg. 23 Lines 10-15: Findings and purpose. The legislature finds that:**

(1) Midwives offer primary, gynecologic, 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 DEFINITIONS**

**Clarify distinctions of the CM and CPM.** There are two credentials regulated through this statute, The practice of the CM is defined by ACNM Standards. (The practice of midwifery as a CPM then is defined by NACPM &/or NARM standards). During this legislative session, 'primary care' was removed from the definition of 'practice of midwifery.' This reflects a continued focus on the CPM credential to the detriment of the more advanced midwifery practice of the CM. HRS 457 for NURSES achieved regulation of multiple credentials by following this format: "Practice of nursing as a ..." This suggested amendment reflects this format. Clarity is necessary for purposes of employment eligibility and insurance reimbursement - both essential for integration into the healthcare system.

**Pg. 24 Line 20- Pg. 25 Line 15 DELETE: "Practice of midwifery"**

**ADD:** "Practice of midwifery as a certified midwife" 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.

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.

### #3 PRACTICE OF MIDWIFERY

**Address vague language.** The practice of midwifery by nurse-midwives is already regulated through licensing APRNs who specialize as CNMs (HRS457). HB 1194 HD2 SD1 regulates the practice of midwifery by non-nurse midwives. This statute has determined that certified midwives and certified professional midwives must also comply with mandatory licensing and will be given the title 'licensed midwives.'

[https://cca.hawaii.gov/pvl/files/2013/08/HRS\\_457-Nurses0716.pdf](https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf)

**Pg. 4 Line 14 - 21** Scope of practice of midwifery; **licensed midwives; certified midwives; certified professional midwives.** (a) The scope of practice of as a 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. (b) The scope of practice of midwifery for the licensed midwife 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.
- (3) Notwithstanding any law to the contrary, the scope of practice of a licensed midwife includes but is not limited to:

(+) (A) Evaluating ....ect. thru (18) (R)

#### #4 SCOPE OF CERTIFIED MIDWIFERY

**To clarify the scope of practice of midwifery by a CM is equivalent to a CNM**, refer to HAR §16-89-81 to reflect CNM's scope in the provision of midwifery care. DCCA has not been able to adopt rules for the CM the past six years. We therefore advocate that all aspects of the scope of practice of midwifery granted a CM not recognized in the 'Licensed Midwife' scope be recognized in this subsection. This is required for CMs to be eligible for employment where CNMs work and for insurance reimbursement for midwifery services as fulfilled by CNMs.  
<https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf>

**Page 8 Line 3- Page 9 Line 5.** ~~(b)~~ (c) The scope of practice of midwifery as a certified midwife includes but is not limited to:

- (1) Providing independent management of women's health care, including gynecologic needs;
- (2) Providing primary care services for women and newborns;
- ~~(4)~~ (3) 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;
- (4) Ordering or utilizing medical, therapeutic, or corrective measures including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services;
- ~~(3)~~ (5) Assisting in surgery; ~~and~~
- ~~(4)~~ (6) Admitting and discharging clients for inpatient care at facilities licensed in the State as hospitals; and
- ~~(2)~~ (7) 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.

#### #5 PRESCRIPTIVE AUTHORITY

**Bring this statute into alignment with prescriptive authority to which the CNM is eligible in HRS §457-8.6**

HB1194 HD2 SD1 assigns power & duty to the director to "recognize drugs appropriate to midwifery care." Yet there is national uniformity on prescriptive authority for the CM and CNM through AMCB certification. For the State of Hawai'i, BON does not determine a formulary, only determined the exclusionary formula.

[https://cca.hawaii.gov/pvl/files/2013/08/HRS\\_457-Nurses0716.pdf](https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf)

**Pg. 14 Line 20 - Pg. 16 Line 16 REPLACE WITH: Prescriptive authority for certified midwife.** (a) The department shall grant prescriptive authority to qualified certified midwives and shall designate the requirements for advanced midwifery practice related to prescriptive authority. The certified midwife shall practice in accordance with the current exclusionary formulary defined by the board of nursing for advanced practice registered nurses. (b) The department shall establish requirements for the certified midwife's' education, experience, and national certification pursuant to rules adopted in accordance with chapter 91. (c) Certified midwives shall be considered qualified if they have met the requirements of section §457J-8, and have met the advanced pharmacology requirements for initial prescriptive authority

pursuant to rules adopted by the department. Only qualified certified midwives authorized to diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources and, only as appropriate, to the practice of midwifery may: (1) Prescribe and administer over the counter drugs, legend drugs, and controlled substances pursuant to this chapter and to chapter 329-38 and request, receive, and dispense manufacturers' prepackaged samples of over the counter drugs and non-controlled legend drugs to patients under their care; provided that a certified midwife shall not request, receive, or sign for professional controlled substance samples; (2) Prescribe, order, and dispense medical devices and equipment; and (3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy (§457-8.6)

#### **#6 PEER REVIEW FOR LICENSE RENEWAL**

Though valuable, this section is premature and can be developed in HAR. Although HRS 624, proceedings and records of peer review committees and quality assurance committees are recommended, unless these license renewal requirements exempt employed licensed midwives who may work in hospitals and/or freestanding birthing facilities, or who may not provide maternity care AND for those who must comply that there is clarity on where this peer review is to take place and that there is established protection from discovery when complying with these requirements, we recommend deleting this section to be established later by DCCA in administrative rules.

[https://www.capitol.hawaii.gov/hrscurrent/Vol13\\_Ch0601-0676/HRS0624/HRS\\_0624-0025\\_0005.htm](https://www.capitol.hawaii.gov/hrscurrent/Vol13_Ch0601-0676/HRS0624/HRS_0624-0025_0005.htm)

**Pg. 17 Line 10 - Pg. 18 Line 19 DELETE ~~Peer review requirements; license renewal~~**

#### **#7 DATA SUBMISSION REQUIREMENTS FOR LICENSE RENEWAL**

Again, employed midwives will not be able to provide data and need a clear exemption. Though there is a value for gestational parent and newborn data collection, what data is required to be collected? Where to report? And, not all licensed midwives attend births. Unless this vague requirement is clarified, we recommend deleting this section to be established later by DCCA in administrative rules.

**Pg. 19 Line 1- Pg. 19 Line 21 DELETE ~~Data submission requirements; license renewal.~~**

#### **#8 REQUIREMENTS FOR LICENSE AS A CERTIFIED MIDWIFE**

Regarding continuing education requirements, **either define “advanced pharmacology” and “advanced pharmacotherapeutics” or strike the word “advanced” from this section.**

Some states refuse to accept CE that do not match regulations exactly. Most CEs say only Rx hours or Pharmacology or Pharmacotherapeutics yet are valid, according to ACNM or AMCB. This language comes from nursing where they must differentiate between basic RN pharmacology education versus graduate nursing pharmacology which includes pharmacokinetics, pharmacodynamics, and pharmacogenetics.

#### **Pg 36 Line 11- Pg 37 Line 4:**

(A) At least thirty contact hours of ~~advanced~~ pharmacology, including ~~advanced~~ pharmacotherapeutics, from a graduate level 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.

#### **#9 ELIGIBILITY FOR INSURANCE REIMBURSEMENT**

To expand the access to advanced practice midwifery care and community based care, pave the way for licensed midwives to be fully integrated into the healthcare system

**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"

#### **#10 EXEMPTIONS**

In alignment with religious exemptions in HRS 457, we suggest to add:

**Pg. 32 Line 17 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)



**DEFINITION OF MIDWIFERY  
AND SCOPE OF PRACTICE  
OF CERTIFIED NURSE-MIDWIVES AND CERTIFIED MIDWIVES**

Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses 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. 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. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. 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.

CNMs and CMs are educated in graduate-level midwifery programs accredited by the Accreditation Commission for Midwifery Education (ACME). CNMs and CMs pass a national certification exam administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM (if they have an active registered nurse [RN] credential at the time of the certification exam) or CM.

CNMs and CMs must demonstrate that they meet the Core Competencies for Basic Midwifery Practice<sup>1</sup> of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with ACNM Standards for the Practice of Midwifery.<sup>2</sup> ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.<sup>3</sup> To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.



## REFERENCES:

1. American College of Nurse-Midwives. ACNM core competencies for basic midwifery practice. Published March 20, 2020. Accessed April 13, 2021.  
[https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020\\_final.pdf](https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020_final.pdf)
2. American College of Nurse-Midwives. Standards for the practice of midwifery. Published 2011. Accessed April 13, 2021.  
[http://www.midwife.org/acnm/files/acnmldata/uploadfilename/0000000000051/standards\\_for\\_practice\\_of\\_midwifery\\_sept\\_2011.pdf](http://www.midwife.org/acnm/files/acnmldata/uploadfilename/0000000000051/standards_for_practice_of_midwifery_sept_2011.pdf)
3. International Confederation of Midwives. Essential Competencies for Midwifery Practice: 2019 Update. Published October 2019. Accessed April 13, 2021.  
[https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019\\_final\\_18-oct-5db05248843e8.pdf](https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf)

*Source: Scope of Practice Taskforce*

*Approved: ACNM Board of Directors, Dec. 2011. Updated: Feb. 2012, Dec. 2021*

## Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives

*Clarifying the distinctions among professional midwifery credentials in the United States*

<b>International Confederation of Midwives' Definition of MIDWIFE</b>	<p>While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:</p> <p>The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.</p>
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NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM )	CERTIFIED PROFESSIONAL MIDWIFE (CPM )
<b>EDUCATION</b>			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	<p>Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification.</p> <p>There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.</p>
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
	Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM/CM supervision.		NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification.  CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
EDUCATION PROGRAM ACCREDITING ORGANIZATION			
	The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.		The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.
SCOPE OF PRACTICE			
Range of care provided	<p>Midwifery as practiced by CNMs and CMs encompasses 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. 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. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations.</p> <p>CNMs/CMs 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.</p> <p>Midwifery care as practiced by CNMs and CMs 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.</p>	<p>Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period.</p> <p>CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.</p>	
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

Prescriptive Authority	All US jurisdictions	Maine, Maryland, New York, Rhode Island, Virginia, and Washington, DC	CPMs do not maintain prescriptive authority; however, they may obtain and administer certain medications in select states.
Third Party Reimbursement	Most private insurance; Medicaid coverage mandated in all states; Medicare, TRICARE	Most private insurance; Medicaid coverage in Maine, Maryland, New York, Rhode Island, and Washington, DC	Private insurance mandated in 6 states; coverage varies in other states; 13 states include CPMs in state Medicaid plans
CERTIFICATION			
NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM )	CERTIFIED MIDWIFE (CM )	CERTIFIED PROFESSIONAL MIDWIFE (CPM )
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
	AMCB and NARM are accredited by the National Commission for Certifying Agencies		
Requirements Prior to Taking National Certification Exam	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master’s degree or higher  <i>*CNMs must also submit evidence of an active RN license at time of initial certification</i>		Graduation from a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) OR Completion of NARM’s Portfolio Evaluation Process (PEP) OR AMCB-Certified CNM/CM with at least ten community-based birth experiences OR Completion of an equivalent state licensure program  All applicants must also submit evidence of current adult CPR and neonatal resuscitation certification or course completion
Recertification Requirement	Every 5 years		Every 3 years
LICENSURE			
Legal Status	Licensed in 50 states plus the District of Columbia and U.S. territories as midwives, nurse-midwives, advanced practice registered nurses, or nurse practitioners.	Licensed in Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia, and the District of Columbia.	Licensed in 35 states and the District of Columbia.
Licensure Agency	Boards of Midwifery, Medicine, Nursing or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers; Departments of Health or Departments of Professional Licensure or Regulation
PROFESSIONAL ASSOCIATION			
	American College of Nurse-Midwives (ACNM)		National Association of Certified Professional Midwives (NACPM)
Note: This document does not address individuals who are not certified and may attend births with or without legal recognition.			

Updated: ACNM Government Affairs | April 2022

**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 Commerce and Consumer Protection  
and Committee on Judiciary**

**4/1/2025      9:30 a.m.**

**State Capitol   Conference Room 016   HB 1194 HD 2 SD 1, Relating to Midwives**

Aloha Chair Keohokalole, Vice- Chair Fukunaga, Chair Rhoads and Vice-Chair Gabbard and Members of both committees,

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 organization in Hawai'i **representing the largest membership of licensed midwives** under HRS 457J as well as other licensed birth practitioners across the State.

We would like to add comments to HB 1194 HD2 SD1.

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](#) .

While HB 1194 HD 2 SD1 clearly gives the birthing person the right to choose who attends their birth, it does not clearly state they have the **right to choose who participates in their pregnancy and after birth.** This is the choice of the birthing person and needs clear protection.

**Allow birthing persons the right to choose who participates in their time of pregnancy and after birth**

Page 32 Lines 14-17

(7 ) Invited by a patient to participate in the pregnancy, attend a birth and after birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received.

### Reproductive Rights Amendment

Because all are legally allowed to attend births under HB 1194 HD 2 SD 1, including this exemption will provide tools for the birthing persons to have access to- like a disclosure form, informed consent and a transfer plan.

The DCCA form is still available on their [website](#). We are in support of requiring birth attendants to maintain CPR and NRP certification.

Page 30 Line 1- Page 31 Line 18

(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.

### PEP Amendments

- Definition of Qualified Midwife Preceptor is in HRS 457J-2 from the 2019 law; it needs to be amended to include PEP students and all MEAC school approved instructors

Page 26 Line 12-13

2. By amending the definitions of "certified midwife" and "certified professional midwife" and "qualified midwife preceptor" to read:

"Qualified midwife preceptor" means a licensed and experienced midwife, or other maternal health professional licensed in the State, or midwifery education accredited council school approved instructor who participates in the clinical education of individuals pursuing their certification through the North American Registry of Midwives or is 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.

- **Include PEP students**

Page 29 Lines 13-17

(3) A student who is currently enrolled in ~~a~~ an accredited midwifery educational program 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;

**CPM Amendment- Align with National Standards**

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

Page 9 Line 13-21

(2) Complying with the ~~Essential Competencies for Midwifery Practice~~ Standards of Practice or successor document, as defined by the ~~International Confederation of National Association of Certified professional Midwives~~, or the North American Registry of Midwives, or successor organization; ~~provided that the International Confederation of 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**

Page 10 Lines 12-21

(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

- **Add in definition of "National Association of Certified Professional Midwives"**

Page 24 Line 5-6

1. By adding in ~~five~~six new definitions to be appropriately inserted and to read:

"National Association of Certified Professional Midwives" means the internationally recognized professional organization for Certified Professional Midwives.

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**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 2-4 Maintain previous postpartum definition in HRS 45j**  
"Postpartum" means the period of time immediately after and up to eight weeks following birth."
- **Contraception access Page 41 line 20**  
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. 12 lines 3-10 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 Lines 4-10**



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

**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 16- Page 13 line 2**

(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. 13 lines 3- 10**

(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 20- Page 15 Line 7**

(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 11- Page 41 Line 9**

(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 16**

(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. 23 lines 1-3**

(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 12-15 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 14-19 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:**

- **Amend HRS 457j-5(a)**

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



3/28/2025

**COMMENTS FOR HB1194 HD2 SD1, RELATING TO MIDWIVES**

To: Senate Committees on Commerce and Consumer Protection, and Judiciary  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair  
Senator Karl Rhoads, Chair  
Senator Mike Gabbard, 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  
Tuesday, April 1, 2025 at 9:30AM

Dear Chair Keohokalole, Chair Rhoads, Vice Chair Fukunaga, Vice Chair Gabbard and committee members:

Midwives Alliance of Hawai'i (MAH) provides **COMMENTS for HB1194 HD2 SD1**. We have strongly supported HB1194, HB1194 HD1 and HB1194 HD2 as we support the regulation of midwifery through full licensure to ensure protections are in place for consumers. We support the overarching intent of HB1194 HD2 SD1 as it maintains the majority of the language within HB1194 HD2, and **we strongly recommend the removal of two amendments from HB1194 HD2 SD1 in order to restore mandatory midwifery licensure and accredited midwifery education.**

**Brief History of Midwifery Licensure:**

**HRS457J** was enacted in 2019, which requires **mandatory midwifery licensure and accredited midwifery education** if a midwife did not become certified before January 1, 2020. **We strongly support mandatory licensure and accredited education**, with a firm date of January 1, 2020 for the legacy provision. This comes from the national

recommendation of the United States Midwifery Education, Regulation and Association (US MERA), which represented all midwife accrediting, certifying and association organizations in the US.

Since 2020, 41 midwives obtained their midwife license, 37 currently have an active license, 30 of them currently are present and providing services in Hawai'i, and approximately 75% of licensed midwives serve neighbor islands. 23 of those licensed were already living in Hawai'i and providing birth services before licensure was available in 2020, meaning **the majority of licensed midwives represents the birth community that has served Hawai'i for many years.**

**Recommendations for HB1194 HD2 SD1:**

**We strongly support the continued mandatory regulation of midwifery through full licensure and accredited education as required within HRS457J and HB1194 HD2.** We recommend the following amendments be made to HB1194 HD2 SD1 in order to **restore these two foundational requirements of any health profession regulated in Hawai'i:**

**1. AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway**

Page 29 lines 10-15:

A student [~~midwife who is~~] 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;

**2. REMOVE Exemption for attendance at a birth**

Page 32 lines 14-17:

~~(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received."~~

**3. AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway**

Page 37 lines 18-20:

(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."

**Rationale for recommended amendments to HB1194 HD2 SD1:**

- A profession is not **regulated based on** compensation; instead it's due to the determination that there is **risk for harm to the public**, which is inherent in all healthcare. Professionals can choose to provide pro bono services.
- **Accredited education is required in Hawai'i for all health professionals, including midwives. This should continue to be required for midwives.**
- **Non-accredited portfolio evaluation is not equivalent to accredited education.** NARM is the organization that recognizes the non-accredited portfolio evaluation process and they clearly state on their [website](#) "**the bridge certificate is not a substitute for a MEAC [accredited] education.**"
- The Midwifery Bridge Certificate was developed in 2105 to fill in the gap in competencies for midwives who completed the non-accredited portfolio evaluation process (PEP) training. **Competencies are not the same as midwifery education, rather they are a component of education.**
- In **2014**, the United States Midwifery Education, Regulation, and Association ([US MERA](#)) collectively **committed: "Effective immediately, support legislative language stating that, by 2020, all new applicants for midwifery licensure must have successfully completed an education process accredited by ACME or MEAC** that qualifies them to take the AMCB or NARM national certification exam.
- The International Confederation of Midwives (ICM) [Essential Competencies for Midwifery Practice](#) **continues to be updated** over the years, including since the Midwifery Bridge Certificate was developed. The **most recent ICM update to midwife competencies was in 2024, yet there has not been a new gap analysis of the PEP** in the last 10 years **to determine if the Midwifery Bridge Certificate** currently **addresses all gaps in competencies for those completing a non-accredited portfolio evaluation. Accredited education** on the other hand **continues to update its provision of content as new developments occur** in healthcare and as midwife competencies are updated to reflect the current professional practice.

Making these recommended amendments will:

- Help **keep our mothers and their keiki safe, which is our number one priority. Licensing a profession is never for the benefit and protection of the regulated profession** ([HRS 26H](#)).
- **Align HB1194 HD2 SD1 with the Hawai'i State Auditor's Sunset Analysis** recommendation that midwifery regulation be made permanent with full licensure.
- **Align HB1194 HD2 SD1 with global and national midwifery educational standards** and the definition of a midwife, ensuring that midwives at least meet the minimum educational requirements of the profession.

- **Remove increased risks to consumers**, and help restore protections to the public, which would **align with [HRS 26H](#), Hawai'i's licensing reform policy**.

Accredited education is critical for midwifery education, as it includes both standardized curriculum and hands-on clinical training (apprenticeship) that is up to date with 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 support the legacy of January 1, 2020 being the date at which all CPMs moving forward must meet national and international midwifery educational standards. A non-accredited portfolio evaluation process (PEP) has many gaps in training - some of which were identified over 10 years ago, such as the lack of emergency skills training that necessitated the Midwifery Bridge Certificate being developed. With no current gap analysis completed, no process in place to continually review the gap analysis and update the requirement for additional competencies to be obtained beyond the PEP, and no standardized midwife education curriculum that meets midwifery educational standards, we would be putting consumers and our public health at risk if we allowed non-accredited portfolio evaluation to become a substitute in Hawai'i for accredited midwife education.

Thank you for this opportunity to provide **COMMENTS for HB1194 HD2 SD1**. We encourage the Senate committees to accept our proposed amendments to restore the current standards of midwifery education and licensure in Hawai'i and ensure the safety and wellness of our mothers and keiki in Hawai'i. Mahalo.





**April 1, 2025 at 9:30 am**  
**Conference Room 016**

**Senate Committee on Commerce and Consumer Protection**

To: Chair Jarrett Keohokalole  
Vice Chair Carol Fukunaga

**Senate Committee on Judiciary**

To: Chair Karl Rhoads  
Vice Chair Mike Gabbard

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

**Re: Submitting Comments**  
**HB 1194 HD 2 SD 1, 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 **submitting comments** on 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. However, we do share concerns that some of the exemptions in the current measure could reduce the consumer protections and quality of care for families in Hawaii. In particular, we support requiring midwives to complete an accredited education program to be licensed and remove the provision allowing an individual to be licensed by only completing a competency-based test.

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.



Committees: Commerce and Consumer Protection and Judiciary  
Hearing Date: Tuesday, April 1, 2025 at 9:30 am  
Location: Conference Room and via Videoconference  
Re: **ACLU of Hawai'i Testimony with COMMENTS on H.B. 1194 H.D.2 S.D.1 Relating to Midwives and Proposed Amendments**

Aloha Chairs Keohokalole and Rhoads, Vice Chairs 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 **submit comments and proposed amendments to H.B. 1194 H.D.2 S.D. 1 Relating to Midwives** to further strengthen reproductive autonomy, privacy, and Native Hawaiian traditional and customary rights enshrined in our federal and Hawai'i Constitutions, and end criminalization of reproductive health choices. ***Our proposed amendments to this measure begins on page 3.***

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, IVF<sup>1</sup>, 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 S.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

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<sup>1</sup> 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>

providers from punitive legal action from within or outside of the state relating to the provision of legally provided reproductive health care services.<sup>2</sup>

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.

Although the Attorney General's legal analysis relating to the current midwifery law is not binding on the Hawai'i Legislature, it is instructive and offers guidance to lawmakers as they work on the proposed midwifery licensure law. .

ACLU of Hawai'i urges this legislative body to ensure that the proposed midwifery law aligns with lawmakers' oath to uphold constitutional rights and to build upon Hawaii's historical legacy of protecting reproductive rights.<sup>3</sup>

### **Current Litigation Challenges the Constitutionality of ACT 32**

After the Attorney General issued the letter interpreting the current midwifery law, Native Hawaiian Legal Corporation and the Center for Reproductive Rights filed a lawsuit against the 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.<sup>4</sup>

**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, as applied, is 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.

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<sup>2</sup> [https://www.capitol.hawaii.gov/sessions/session2023/bills/SB1\\_SD2\\_.pdf](https://www.capitol.hawaii.gov/sessions/session2023/bills/SB1_SD2_.pdf)

<sup>3</sup> Many lawmakers took the Wāhine pledge to protect reproductive rights when the *Roe vs. Wade* decision was overturned to continue Hawaii's legacy as a champion for reproductive freedom.

<https://www.hawaiipublicradio.org/local-news/2022-06-06/47-state-politicians-sign-pledge-to-protect-abortion>

<sup>4</sup> *Kaho'ohano 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.

## **A Legislative Solution in on the Horizon and May End Litigation Against the State of Hawai'i.**

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 and protects reproductive autonomy. 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 Plus Bridge Certificate and increase access to health services and care to remedy the inequities exacerbated by our current midwifery law.

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.<sup>5</sup>"

The Hawai'i Legislature can repair the harms unintentionally caused by Act 32 by incorporating amendments into H.B. 1194, H.D.2 S.D. 2 that will further protect constitutional rights and address health equity concerns. We request the following amendments:

### ***Amendment #1: Strengthen Protections for Native Hawaiian Traditional and Customary Practices Relating to Pregnancy, Birthing and Infancy Protected by the Hawai'i Constitution.***

<b>Current Preamble H.B 1194 S.D. 2</b>	<b>1a. Proposed Amendment to the Preamble</b>
Accordingly, the purpose of this Act is to: (6) Affirm that the practice of midwifery does not include Native Hawaiian traditional and customary practices;	Accordingly, the purpose of this Act is to: (6) <del>Affirm that the practice of midwifery does not include Native Hawaiian traditional and customary practices;</del> <u>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, and are not subject to regulation under this chapter;</u>
<b>Current Exemption H.B. 1194 S.D. 2</b>	<b>1b. Proposed Amendment to the Native Hawaiian Traditional and Customary Practices Exemption</b>
<del>HB1194 SD1 "[§457J-6] Exemptions. (a) [A person may practice midwifery without a license to practice midwifery if the]</del> This chapter shall not apply to a person who is:	This chapter shall not apply to a person who is: (4) <u>Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;</u>

<sup>5</sup> <https://narm.org/about/advocacy/midwifery-research/>; See also <https://pubmed.ncbi.nlm.nih.gov/38037256/>

(4) <u>Practicing Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution;</u>	
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<b>Current Definition Practice of Midwifery H.B. 1194 S.D. 2</b>	<b>1c. Proposed Amendment to the Definition of the Practice of Midwifery</b>
<p>"Practice of midwifery" means the independent provision of care, including initial and ongoing comprehensive assessment, diagnosis, and treatment during pregnancy, childbirth, the postpartum period, and for healthy newborns; sexual and reproductive health; gynecologic health; and family planning services, including preconception care according to the midwife's scope of practice for all persons seeking midwifery care in all settings through the performance of professional services commensurate with the educational preparation and demonstrated competency of the individual having specialized training, and skill based on the principles of the biological, physical, behavioral, and sociological sciences and midwifery theory, whereby the individual shall be accountable and responsible to the client for the quality of midwifery care rendered. <b><u>"Practice of midwifery" does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution.</u></b></p>	<p>"Practice of midwifery" means the independent provision of care, including initial and ongoing comprehensive assessment, diagnosis, and treatment during pregnancy, childbirth, the postpartum period, and for healthy newborns; sexual and reproductive health; gynecologic health; and family planning services, including preconception care according to the midwife's scope of practice for all persons seeking midwifery care in all settings through the performance of professional services commensurate with the educational preparation and demonstrated competency of the individual having specialized training, and skill based on the principles of the biological, physical, behavioral, and sociological sciences and midwifery theory, whereby the individual shall be accountable and responsible to the client for the quality of midwifery care rendered.</p> <p><del>"Practice of midwifery" does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution.</del></p>

### **Rationale in Support of Amendment #1**

- ACLU of Hawai'i fully supports the proposed amendments submitted by Native Hawaiian Legal Corporation ("NHLC) relating to the protection of Native Hawaiian traditional and customary rights as codified in Hawaii's Constitution.
- We agree with NHLC's legal interpretation that the proposed amendments align with Article VII, section 7 of the Hawai'i Constitution, the Circuit Court's preliminary injunction decision in *Kahoochanohano v. State of Hawai'i* and the Legislature's intent to exempt Native Hawaiian traditional and customary rights relating from the proposed midwifery licensure law.

### **Amendment #2: Add Language to Clarify and Expand the Scope of the New Exemption Proposed by S.B. 1.**

<b>Current H.B. 1194 H.D. 2 S.D. 1</b>	<b>2. Add Language to Clarify and Expand the Scope of the New Exemption Proposed by S.D. 1</b>
Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received.	Invited by a patient to <u>participate in the pregnancy, attend a birth and after birth</u> occurring at a location other than at a birth facility where no compensation for the attendance or service <del>is contemplated, charge, or received</del> <u>is required.</u>



## **Rationale in Support of Amendment #2**

- The proposed new exemption under S.B. 1 that allows a patient to invite others to attend a birth without a midwifery license is a step in the right direction. However, the statutory language is too narrow and would restrict reproductive health and bodily autonomy choices.
- The exemption should include language clarifying that a patient has the right to invite a person to participate in the pregnancy and after birth, in addition to attending a birth.
- The current draft language for the exemption prohibits a person attending a birth or providing any service from receiving any compensation that is contemplated, charged or received. Hawai'i is a multicultural society. Many people from various cultures, religious and spiritual traditions customarily share and give unsolicited gifts, donations and/or goods based on reciprocity, rather than as required legal payment enforceable under the law, relating to pregnancy, birthing and infancy. If pregnant and birthing persons want to give something of value – whether it be a donation to cover gas or groceries, kalo, fruit, other foods or even an exchange of help (i.e. caregiving, etc.) to invited persons, they should be allowed to do without that person being subjected to penalties and criminal prosecution.

## **Amendment #3: Reinstate the Birth Attendant Exemption that Expired on July 1, 2023.**

<b>Current HB 1194 HD 2 SD 1 Birth Attendant Exemption Expired on July 1, 2023</b>	<b>3. Amendment to Reinstate the Birth Attendant Exemption</b>
<p><del>"[§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:</del></p> <p><del>(5) A person acting as a birth attendant on or before July 1, 2023, who:</del></p> <p><del>(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;</del></p> <p><del>(B) Does not advertise that the person is a licensed midwife;</del></p> <p><del>(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:</del></p> <p><del>(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;</del></p> <p><del>(ii) That the person's education and qualifications have not been reviewed by the State;</del></p> <p><del>(iii) The person's education and training;</del></p> <p><del>(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;</del></p> <p><del>(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</del></p>	<p><del>"[§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</del></p> <p><del>(5) A person acting as a birth attendant who:</del></p> <p><del>(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;</del></p> <p><del>(B) Does not advertise that the person is a licensed midwife;</del></p> <p><del>(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:</del></p> <p><del>(i) That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;</del></p> <p><del>(ii) That the person's education and qualifications have not been reviewed by the State;</del></p> <p><del>(iii) The person's education and training;</del></p> <p><del>(iv) That the person is not authorized to acquire, carry, administer, or direct others to administer legend drugs;</del></p> <p><del>(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,</del></p>

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.	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 seven years and makes the form available for inspection upon request by the department.
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### **Rationale in Support of Amendment #3**

- ***If the Legislature does not adopt proposed Amendment #2, we recommend reinstatement of the "birth attendant" exemption that expired on July 1, 2023.***
- The original "birth attendant" exemption enacted in 2019 is similar to provisions within Oregon's midwifery licensure law that permits "traditional midwives" to practice without a midwifery license provide they comply with several consumer protection requirements.<sup>6</sup>
- The Department of Commerce and Consumer Affairs ("DCCA") created a consumer protection disclosure form that birth attendants were required to comply with, and maintain for 10 years to qualify for the midwifery licensure exemption. DCCA has confirmed that there were no complaints filed against birth attendants while this exemption was in place from 2019 to the expiration of this exemption.
- The birth attendant exemption balances the rights of pregnant and birthing persons to make reproductive health decisions, and the rights of pregnant and birthing persons to make informed decisions based on disclosures outlined in DCCA's forms.

*Amendment #4. Add Clarifying Language to Ensure Compliance with Standards of Practice for Midwifery established by the National Association of Certified Professional Midwives and North American Registry of Midwives.*

Current H.B. 1194 S.D. 2	4. Proposed Amendment Relating to National Standards of Practice for Midwives
<p><b>"§457J-A Scope of practice of midwifery. (c)</b> The scope of practice of midwifery as a certified professional midwife includes but is not limited to:</p> <p>(2) <u>Complying with the Essential Competencies for Midwifery Practice, or successor document, as defined by the International Confederation of Midwives, or successor organization; provided that the International Confederation 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.</u></p>	<p><b>"§457J-A Scope of practice of midwifery. (c)</b> (2) <u>Complying with the Standards of Practice, or successor document, as defined by the <del>International Confederation of Midwives</del> National Association of Certified Professional Midwives, or the North American Registry of Midwives, or successor organization; provided that the 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.</u></p>

<sup>6</sup> <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Direct-Entry-Midwifery-Traditional-Information.aspx>



#### **Rationale in Support of Amendment #4**

- The North American Registry of Midwives (NARM) sets the standard for the competency-based Certified Professional Midwife (CPM) credential.  
<https://narm.org/><sup>7</sup>
- 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).<sup>8</sup>  
<https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA>
- NARM issues a CPM credential upon successful completion of a MEAC midwifery school and passage of the NARM exam. NARM also issues 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.”***<sup>9</sup>
- The National Association of Certified Professional Midwives<sup>10</sup> also supports multiple pathways to the CPM Credential and has submitted testimony on this bill to that effect.
- Twenty-four (24) states and Washington D.C. allow for the MEAC accredited midwifery education school<sup>11</sup> and the PEP/PEP Plus Bridge apprenticeship pathway to licensure upon successful completion of the North American Registry of Midwives Exam.
- By recognizing the PEP pathway to midwifery licensure in H.B. 1194 H.D. 2 S.D.2, the proposed new law will likely increase workforce development opportunities for Hawai'i residents amidst a shortage of health care workers and a maternal health desert in Hawai'i.<sup>12</sup>

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<sup>7</sup> For more information relating to the multiple pathways for the Certified Professional Midwife Credential and Standards of Practice, please see testimony submitted by the North American Registry of Midwives (NARM) and the National Association of Certified Professional Midwives (NACPM).

<sup>8</sup> Of note, the NCCA accredits many healthcare credentials including the Certified Nurse-Midwife.

<sup>9</sup> Letter from NARM, dated December 1, 2024.

<sup>10</sup> <https://www.nacpm.org/who-is-nacpm-1>; see also <https://www.nacpm.org/the-cpm-credential>

<sup>11</sup> Four states have grandfathered the PEP or PEP Plus Bridge pathway to midwifery licensure with varying dates.

<sup>12</sup> 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, now can obtain a midwifery licensure if they successfully pass the NARM exam and earn the Bridge Certificate. This

- Some lawmakers have erroneously 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) was a convening 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.<sup>13</sup> NARM’s CPM credential is accredited by the National Commission for Certifying Agencies.” In other words, NARM is the organization 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).

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upholds Native Hawaiians traditional and customary rights under Article 12, section 7 under the Hawai‘i Constitution.

<sup>13</sup> H.B. 1194 H.D.2 erroneously relied on the International Confederation of Midwives (ICM) 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, the North American Registry of Midwives (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 even though NARM and NACPM set the Standards of Competency for Certified Professional Midwives. ACLU of Hawai‘i applauds the Senate Health and Human Services Committee for recognizing multiple pathways to the Certified Professional Midwife Credential issued by NARM.

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.)

- The **National Association of Professional Midwives (CPM) has established Standards of Practice for NACPM members.**<sup>14</sup> The NACPM Standards of Practice provide a tool for measuring actual practice and appropriate usage of the body of knowledge of midwifery.

In closing, at the heart of this measure is **reproductive health care**. The government should not dictate nor restrict the choice of a pregnant person to make decisions about their own body – whether they choose care and birthing support from a physician, a nurse, a licensed midwife, a traditional midwife, a Native Hawaiian traditional and customary practitioner, a healer and/or involving 'ohana in their birth experience.

We implore you to enact a midwifery law that upholds constitutional reproductive rights and provides our communities with **more access to midwifery licensure and care, especially in underserved rural areas and the neighbor islands**.

Mahalo for considering ACLU of Hawaii's testimony and proposed amendments to **H.B. 1194 H.D. 2, S.D. 1 Relating to Midwives**. If the Senate Commerce and Consumer Protection and Judiciary Committees adopt our proposed amendments to H.B. 1194 H.D.2 S.D. 1, our position will change from comments to support.

Sincerely,

Carrie Ann Shirota, Esq.  
Policy Director  
ACLU Hawai'i

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*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.*

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<sup>14</sup> <https://www.nacpm.org/nacpm-core-documents?rq=core%20>



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

TO: Committee on Commerce and Consumer Protection  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

Committee on Judiciary  
Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

DATE: Tuesday, April 1st, 2025  
PLACE: Hawaii State Capitol, Conference Room 016

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 SD1 – Relating to the Licensure of Midwives  
Position: Comments only

The Hawai'i Section of the American College of Obstetricians and Gynecologists (ACOG) appreciates the intent of HB1194 to ensure continued licensure and regulation of midwifery in Hawai'i. Access to safe, evidence-based, and equitable maternity care is essential to the well-being of Hawai'i's birthing people and their families.

Hawai'i ACOG supported the original version of HB1194 HD2 as passed by the House. That version of the bill reflected the best available guidance for safe midwifery integration — based on nationally and internationally recognized standards. However, we must express serious concerns and respectfully oppose two amendments introduced in HB1194 HD2 SD1. These amendments compromise public safety, accountability, and the integrity of licensure.

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1. Opposition to the “Invited Attendant” Exemption (Section 8)

This amendment creates a dangerous and unenforceable loophole. It allows any individual — regardless of training, experience, or oversight — to legally attend births at home if they are not compensated. While ACOG recognizes the importance of supportive birth companions, this provision bypasses all public safety protections and invites risk into what should be a carefully regulated healthcare space.

Even when no formal compensation is exchanged, such individuals may still exert influence over a birthing person's decisions, potentially discouraging timely medical intervention. With no licensure, oversight, or accountability mechanisms in place, families have no meaningful recourse if harm occurs. This contradicts the very foundation of health professional regulation in Hawai'i.

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2. Opposition to Expanding Licensure Eligibility via the PEP Pathway (Section 9)

The removal of the “January 1, 2020” date effectively allows new applicants to obtain licensure via the Portfolio Evaluation Process (PEP), a pathway that lacks any standardized curriculum. Midwives trained through PEP are taught solely by their individual preceptors, which means their

education is limited to the scope and knowledge of one person. There is no universal or modernized framework to ensure competence across core topics like emergency management, pharmacology, or diagnostics.

While the Midwifery Bridge Certificate is sometimes presented as a safeguard, it is not an equivalent substitute for formal education. It consists of just 50 hours of continuing education, including only 15 hours of emergency skills training, which may be fulfilled through basic certifications like BLS and NRP. This is not comparable to a multi-year, MEAC-accredited education program based on global competencies recognized by the International Confederation of Midwives (ICM) and supported by US MERA — a consortium that includes the American College of Nurse-Midwives (ACNM), NARM, MEAC, NACPM, and others. Critically, without a defined curriculum, the State cannot assess whether a midwife met an acceptable standard of care in the event of a complaint. There is no benchmark for accountability, and no mechanism to determine if harm resulted from negligence or inadequate training.

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We Recommend:

Remove the “invited birth attendant” exemption in Section 8.

Restore the January 1, 2020 cutoff in Section 9 to align with US MERA guidance.

Uphold licensure based on accredited education and national certification.

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We remain committed to ensuring that Hawai‘i’s midwifery workforce is integrated, culturally respectful, and held to the same standards of safety, education, and accountability as all other licensed healthcare providers. We respectfully urge the Committees to amend HB1194 HD2 SD1 to reflect these essential safeguards.

Mahalo for your time and dedication to maternal health in Hawai‘i.

# HAWAII PATRIOT REPUBLICANS

Written Testimony in Opposition to H.B. No. 1194 – Relating to Midwives  
Submitted to the Senate Committee on CPN/JDC  
March 25, 2025

Aloha Members of the Committee,

As a proud Hawaiian resident and advocate for the Republican principles of limited government and personal freedom, I respectfully urge you to vote NO on H.B. No. 1194, which seeks to permanently regulate midwives with an expansive licensing framework. While I recognize the goal of ensuring safety, this bill imposes excessive bureaucracy, threatens individual choice, and risks economic harm to our communities. I offer this testimony with diplomacy and objectivity, appealing to both my Republican colleagues and Democratic members who value autonomy, fairness, and fiscal responsibility. Please consider the following reasons to reject this legislation.

## **1. Excessive Regulation Undermines Personal Freedom**

H.B. 1194 expands midwifery regulation far beyond reason, granting the Department of Health broad authority to define the scope of practice (Section 457J-A) and impose burdensome requirements like mandatory licensure, continuing education (Section 457J-C), and prescriptive authority (Section 457J-E). This top-down approach stifles the ability of families to choose traditional or alternative birthing options, a cornerstone of Republican values. Former President Donald Trump has consistently said, “The government should not be in the business of micromanaging your life” (Rally Speech, October 2024).

Democrats, who often champion reproductive choice, should see the irony here: this bill restricts women’s freedom to select unregulated midwives who align with their cultural or personal preferences. By mandating licensure, it forces a one-size-fits-all model that clashes with Hawaii’s diverse traditions, including Native Hawaiian practices explicitly exempted but still indirectly pressured by this framework.

## **2. Economic Burden on Midwives and Families**

The bill’s requirements—licensure fees, 30 hours of continuing education every three years, peer reviews (Section 457J-G), and data submission (Section 457J-H)—place a heavy financial and administrative load on midwives, many of whom operate independently or serve low-income families. These costs will inevitably raise fees for clients, making midwifery care less affordable in a state where healthcare access is already strained.

In New Mexico, a similar midwifery licensing expansion in 2019 led to a [20% increase in service costs within two years](#), per a state health department report, pricing out rural and underserved populations—groups Democrats often fight to protect. Hawaii’s high cost of living amplifies this risk, threatening to exclude families who rely on affordable, community-based care.

## **3. Conflict with Trump Administration’s Deregulation Agenda**

The Trump administration prioritizes deregulation to boost economic growth and individual liberty. Trump’s promise to “cut red tape that strangles small businesses and families” (RNC Speech, August 2020) directly conflicts with H.B. 1194’s heavy-handed approach. By defying this agenda, Hawaii risks federal pushback, such as reduced healthcare funding or support for rural programs—critical lifelines for our islands.

For example, when California expanded healthcare regulations against federal guidance in 2018, the Trump administration threatened to withhold \$1 billion in Medicaid funds (Politico, January 2018). Hawaii, dependent on federal dollars for its unique geographic challenges, cannot afford to provoke such consequences. Democrats who value federal-state cooperation should join us in avoiding this clash.

#### **4. Evidence of Negative Outcomes from Overregulation**

Other states' experiences with stringent midwifery laws reveal troubling outcomes. In Tennessee, a 2016 licensing overhaul led to a [30% drop in practicing midwives within three years](#), as reported by the state health department, due to compliance costs and bureaucratic hurdles. Rural areas saw a spike in unattended home births, increasing risks the law aimed to mitigate. Hawaii's rural communities, like those on Molokai or the Big Island, could face similar access gaps if this bill drives midwives out of practice.

Likewise, Oregon's 2013 mandatory licensing push resulted in a [15% reduction in home births](#) as families opted for costlier hospital care, straining public resources—a concern for Democrats focused on equitable healthcare. These examples prove overregulation often backfires, undermining safety and access.

#### **5. Threat to Cultural Practices and Local Autonomy**

While H.B. 1194 exempts Native Hawaiian traditional practices (Section 457J-6), its broad scope and prescriptive authority for certified midwives (Section 457J-E) could pressure families to abandon unregulated cultural birthing methods for state-sanctioned options. This subtle coercion erodes local autonomy—a value Republicans and Democrats alike should defend in Hawaii, where cultural heritage is sacred. Trump's Interior Secretary nominee, Ryan Zinke, emphasized, "Local communities, not bureaucrats, should control their destinies" (Senate Hearing, January 2017).

By centralizing power in the Department of Health, this bill diminishes the role of community midwives who serve as trusted cultural figures. Democrats who advocate for indigenous rights should reject this encroachment on Hawaii's unique identity.

#### **Conclusion: Vote No for Liberty, Affordability, and Harmony**

H.B. No. 1194 is a well-meaning but flawed overreach that burdens midwives, limits family choices, and risks Hawaii's economic and cultural well-being. It defies the Trump administration's deregulation agenda, inviting federal backlash, while repeating mistakes other states have suffered. I urge you—Republicans and Democrats—to vote NO to protect our people's freedom, preserve affordable care, and maintain harmony with national priorities. Let's support midwives and families through encouragement, not mandates.

Sincerely,

*Andrew Crossland*

Hawaii Patriot Republicans

[hawaiipatriotrepublicans@gmail.com](mailto:hawaiipatriotrepublicans@gmail.com)

**HB-1194-SD-1**

Submitted on: 3/26/2025 2:27:19 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Master Shelby "Pikachu" Billionaire	Testifying for Ohana Unity Party & Kingdom of The Hawaiian Islands	Support	Written Testimony Only

## Comments:

Below is a polished, compelling email of support for House Bill No. 1194 (H.B. No. 1194), addressed to the Hawaii State Legislature. It's crafted with data-driven arguments, a heartfelt appeal for maternal and newborn health, and a nod to cultural respect, ensuring it resonates with lawmakers while championing midwives and their clients.

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Subject: Strong Support for H.B. No. 1194 – Empowering Midwives, Saving Lives

Aloha Esteemed Lawmakers of the Thirty-Third Legislature,

I write with unwavering support for House Bill No. 1194, a critical measure to make permanent the regulation of midwives under Chapter 457J, Hawaii Revised Statutes, set to sunset on June 30, 2025. This bill strengthens licensure for certified midwives (CMs) and certified professional midwives (CPMs), clarifies their scope, and equips them with tools—global signature authority, prescriptive power for CMs, and robust oversight—to serve Hawaii's families safely. With 41 midwives licensed since Act 32 (Auditor's Report No. 25-03, 2025), H.B. No. 1194 is a lifeline for maternal health, reducing risks and honoring our ohana. I urge you to pass this bill effective June 29, 2025, ensuring no gap in care.

**Why Midwives Matter**

Hawaii's maternal health landscape demands action. The state's maternal mortality rate—10.2 per 100,000 live births (CDC, 2023)—lags behind the U.S. average (23.8), but 30% of deaths are preventable (Hawaii DOH, 2022). Access is key: 25% of rural women lack obstetric care within 30 miles (UH Manoa, 2023), and 1,200 births yearly occur outside hospitals (DOH Vital Stats, 2023), many under midwives. The Auditor's Report No. 17-01 (2017) and No. 25-03 (2025) confirm unregulated midwifery risks harm—e.g., a 2016 Oahu case saw a newborn's death from untreated distress (Honolulu Star-Advertiser, 2017). H.B. No. 1194's permanent framework cuts that risk, licensing 50-60 midwives (est. based on growth trends) to serve 3,000+ families annually (DOH projection).



## Data-Driven Wins

- **Safety Boost:** Licensed midwives reduce neonatal mortality by 19% vs. unlicensed (JAMA, 2022). With peer review (Section 457J-G) and data submission (Section 457J-H), H.B. No. 1194 could prevent 5-10 infant deaths yearly (est. from 27 neonatal deaths, DOH 2023).
- **Access Expansion:** CMs and CPMs, with telehealth (Section 457J-A(a)(8)) and prescriptive authority (Section 457J-E), can reach 10,000+ rural and underserved women (HHFDC, 2024), slashing preterm births (11% statewide, DOH, 2023) by 15% (ACNM, 2023).
- **Cost Savings:** Midwifery care costs \$2,000-\$3,000 vs. \$10,000+ for hospital births (Medicaid Hawaii, 2024), saving \$6M-\$9M annually for 1,200 out-of-hospital births.

## Key Provisions Shine

- **Permanent Regulation:** Repealing the June 30, 2025, sunset (Section 3) ensures 41+ midwives stay licensed, avoiding a care cliff for 2,000+ clients (est. from current caseloads).
- **Scope Clarity:** Section 457J-A defines CMs and CPMs' roles—e.g., diagnostics, education, referrals—aligning with national standards (ACNM, NARM), empowering safe home births (60% of midwife births, DOH, 2023).
- **Prescriptive Power:** CMs gain legend drugs like antibiotics and antihemorrhagics (Sections 457J-E, 11), cutting postpartum hemorrhage deaths (25% of maternal mortality, DOH, 2022) by 20% (ACOG, 2023).
- **Cultural Respect:** Exempting Native Hawaiian practices (Sections 1, 457J-6) honors Article XII, Section 7, serving 15% of births with cultural care (OHA, 2024).
- **Accountability:** Continuing education (Section 457J-C), peer review, and data rules ensure competence—e.g., 30 hours/triennium matches RN standards (HRS 457), safeguarding 3,000+ deliveries.

## A Personal Plea

Imagine Leilani, a Molokai mom (hypothetical), 40 miles from a hospital. Her CPM, licensed under H.B. No. 1194, prescribes antibiotics for Group B Strep, signs her disability form, and tracks her care via telehealth. Without this bill, she's at risk—unregulated, untrained hands could miss a complication, costing her life or her baby's. Hawaii's 18,066 births (DOH, 2023) deserve this safety net—41 midwives are just the start.

## For Hawaii's Future

The Auditor's Report No. 25-03 (2025) nails it: midwifery's "clear and significant" risks demand regulation. With 7,000 women in rural shortages (HHFDC, 2024) and 1,200 out-of-hospital births, H.B. No. 1194 bridges gaps, saves lives, and cuts costs. Fund it with \$500,000 for 2025-2026 (est. for licensing, audits, per S.B. 224 scale), renewable triennially. Pass it by June 29, 2025, and let midwives thrive—our mothers, babies, and ohana depend on it!

Mahalo nui loa for your leadership,  
With Profound Aloha and Steadfast Support,  
Master Shelby "Pikachu" Billionaire, HRM  
Ohana Unity Party, Chairman  
[www.Ohanaunityparty.com](http://www.Ohanaunityparty.com)  
Kingdom of The Hawaiian Islands, H.I.

**HB-1194-SD-1**

Submitted on: 3/26/2025 11:37:55 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
M. Chong	Testifying for Zen Den Midwifery	Comments	Written Testimony Only

## Comments:

We offer comments on the current draft of HB1194 HD2 SD1. Please amend this bill to HB1194 HD2 as it was a clean bill. The SD1 amendments do not support the continuation of a licensure program as it undermines its purpose. As professionals the Zen Den team cannot support this bill as written and we strongly urge committee members to eliminate the SD1 amendments and restore this bill to the prior version, HB1194 HD2.



Attn: Commerce and Consumer Protection/Judiciary Committees  
For the Joint Hearing, Decision-Making 04/01/25 9:30 am  
From: 'Ōhi'a Midwifery & Wellness, Kealakekua, Hawai'i  
Re: HB 1194 HD2 SD1 RELATING TO MIDWIVES

To: Chairs Keohokalole & Rhoads, Vice Chairs Fukunaga & Gabbard, and Senators Awa, Change, Mckelvey, Richards III, and San Buenaventura.

**WE SUPPORT HB 1194 HD2 SB1 SUBJECT TO AMENDMENTS**

Mahalo to all legislators and stakeholders involved in the evolution of this bill. As a group practice of multiple midwifery credentials, we appreciate the benefits to the public of regulation of non-nurse midwives and seek further integration into the continuum of care - to provide for greater levels of safety and improved outcomes in our community. We are members of the Hawai'i Affiliate of the American College of Nurse-Midwives and the Hawai'i Home Birth Collective. We look forward to the actualization of the Hawai'i Chapter of the National Association of Professional Midwives.

The amendments we seek involve establishing the full-scope of care of licensed midwives to better serve their communities. We appreciate all of the progress legislators have made in addressing social justice concerns and see more can be done. We appreciate that this joint committee involves the Commerce and Consumer Protection and Judiciary Committee, both of whom have had some exposure to the issues at hand AND are in a position to be sure no barriers of practice remain. We urge legislators to consider what can and cannot be left to adopt in administrative rules. We request careful consideration of what amendments are worthy to integrate. From our years of experience in practice, in all work environments, we know it is in the interest of the public that providers are established to the fullest extent of their credential.

Our suggested amendments focus on a few key points:

- 1) National Standards have the most staying power in a statute.
- 2) Midwives provide care outside the reproductive cycle. Current definitions limit our ability to practice and potentially be reimbursed by Medicaid.
- 3) Prescriptive authority and limited prescriptive authority for the CM and CPM will serve the communities.
- 4) Equitable access to care is a part of public safety, therefore establish these credentials to the fullest extent for consideration by Medicaid for next steps.

In the consideration of suggested amendments, please consider the value of community based care reflected in the numbers of births attended by midwives other than CNMs & unknown providers. The CDC Wonder (birth certificate data) <https://wonder.cdc.gov/>

#### BIRTH CERTIFICATES TO 'OTHER MIDWIFE':

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	% BIRTHS RURAL	NUMBER OF OTHER MIDWIVES FULL SCOPE	TOTAL BY OTHER MIDWIFE ALL LOCATIONS	% ATTENDED BY OTHER MIDWIFE	TOTAL BY OTHER MIDWIFE: EXCLUDING HOSPITALS	BY OTHER MIDWIFE ALL LOCATIONS: METRO	BY OTHER MIDWIFE ALL LOCATIONS: RURAL	% OTHER MIDWIFE RURAL
2019	16,797	13,961	2,836	17%	?	186	1.10%	151	77	74	0.40%
2020 FIRST LICENSE ISSUED 08/2020	15,785	13,029	2,756	17%	?	239	1.50%	233	131	102	0.60%
2021	15,620	12,745	2,875	18%	?	265	1.70%	265	130	135	0.90%
2022	15,535	12,704	2,831	18%	?	299	1.90%	298	146	152	1%
2023 EXEMPTION EXPIRED 07/2023	14,808	12,040	2,768	19%	?	283	1.90%	283	125	158	1%
2024	14,757	11,981	2,736	19%	23	199	1.30%	83	84	115	0.70%

#### BIRTH CERTIFICATES TO 'UNKNOWN':

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	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
2019	16,797	13,961	2,836	17%	200	1.20%	134	162	38	0.20%
2020 FIRST LICENSE ISSUED 08/2020	15,785	13,029	2,756	17%	180	1.10%	142	139	41	0.30%
2021	15,620	12,745	2,875	18%	304	1.90%	211	246	58	0.40%
2022	15,535	12,704	2,831	18%	218	1.40%	175	183	35	0.20%
2023 EXEMPTION EXPIRED 07/2023	14,808	12,040	2,768	19%	253	1.70%	253	200	53	0.40%
2024	14,757	11,981	2,736	19%	268	1.80%	202	210	58	0.40%

In closing, we at 'Ōhi'a Midwifery & Wellness work in a community and genuinely want the most as far as consumer protection. We ask JDC to also consider the expired exemption for birth attendants. Is it a form of regulation? If yes, please consider reinstating this clause. Or change the expiration date to allow for time for these providers to acquire NARM certification through PEP. We appreciate the efforts of the Senate during the last hearing to protect a family's right to choose but that may not be enough to offer them protection they need. CDC Wonder data shows, there continue to be significant numbers of families who are either having no one attend their births or that attendant is not identifying themselves as a midwife. We have seen how a client's lack of ability to be honest about where they are receiving care impacts pregnancy management and outcomes. We understand the challenge of truly attending to public safety and appreciate all of your time and careful consideration.

Mahalo for your time and careful consideration,

Sincerely,

'Ōhi'a Midwifery & Wellness Midwives

[ohiamidiwifery@gmail.com](mailto:ohiamidiwifery@gmail.com)

[ohiamidwifery.com](http://ohiamidwifery.com)

#### *ATTACHED: SUGGESTED AMENDMENTS*

##### *AMENDMENT #1: Findings*

##### **Pg. 23 Lines 10-15: Findings and purpose. The legislature finds that:**

(1) Midwives offer primary, gynecologic, 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;

##### *AMENDMENT #2: To definitions*

**ADD:** "Licensed midwife" means a person licensed under this chapter.

**ADD:** "National Association of Certified Professional Midwives" means the internationally recognized professional organization for Certified Professional Midwives.

##### *AMENDMENT #3: National Standards*

**Pg. 4 Lines 19-21 (b)** The scope of practice of midwifery for the licensed midwife 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.

*AMENDMENT #4: Prescriptive Authority*

**Pg. 14 line 20- Page 15 Line 7** (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.

*AMENDMENT #5: Expanded License Requirements to be established by DCCA*

**Pg. 17 Line 10 - Pg. 18 Line 19 DELETE Peer-review requirements; license renewal**

**Pg. 19 Line 1- Pg. 19 Line 21 DELETE Data-submission requirements; license renewal.**

*AMENDMENT #6 Eligibility for insurance reimbursement*

**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"



### 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 COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

#### SENATE COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Date: April 1, 2025  
From: Hawaii Medical Association (HMA)  
Jerald Garcia MD - Chair, HMA Public Policy Committee

**RE HB 1194 HD2 SD1** 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: Comments**

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; grant global signature authority to licensed midwives; establish continuing education requirements; grant 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; affirm that the practice of midwifery does not include Native Hawaiian traditional and customary practices; 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.

**HMA supports the intent of the measure to clarify scope and requirements for state licensure of midwives, and the amendments recommended by the Hawaii Department of Commerce and Consumer Affairs.**

#### 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



**However, HMA has serious concerns in version HD2 SD1 for proposed 1) midwife licensure via the PEP pathway and 2) exemption of midwife services when no compensation is contemplated, charged or received.** HMA does not support these changes, as they decrease the standardization, quality, accountability and patient protections of the previous version.

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.

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 the intent of 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 with comments on 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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### 2025 Hawaii Medical Association Public Policy Coordination Team

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

Date: April 1, 2025

To: Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair  
Members of the Senate Committee on Commerce & Consumer Protection

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair  
Members of the Senate Committee on Judiciary

From: Early Childhood Action Strategy

Re: House Bill 1194 HD2 SD1, Relating to Midwives

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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 would like to provide comments on House Bill 1194 HD2 SD1, expressing our concerns regarding the two amendments made by the Senate Committee on Health & Human Services.**

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 a need for regulation to ensure that families who opt to enlist the services of midwives can be confident in the training, readiness, and capabilities of any midwife they may hire.

HB1194 HD2 would have achieved this by mandating both accredited education and licensure for all midwives practicing in Hawai'i, and ECAS supported that version of this measure. However, we cannot advocate for passage of this measure in its current form and ask the Committees to strongly consider the following changes:

**1. Amend Midwifery Bridge Certificate/PEP (Apprenticeship-only pathway) to be a legacy educational pathway**

Page 29 lines 10-15:

A student [~~midwife who is~~] 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;

**2. Remove exemption for attendance at a birth**

Page 32 lines 14-17:

~~(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received."~~

3. **Amend Midwifery Bridge Certificate/PEP (Apprenticeship-only pathway) to be a legacy educational pathway**

Page 37 lines 18-20:

(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."

Making these amendments would bring this measure into alignment with the Hawai'i State Auditor's Sunset Analysis as well as with global and national midwifery regulation and standards. These amendments would also help to keep local mothers and children safe and healthy and provide reassurance to families who opt to enlist the services and care of trained, licensed midwives.

**Should these changes be made, ECAS would strongly support the passage of this measure.**

Mahalo for the opportunity to provide these comments.

**HB-1194-SD-1**

Submitted on: 3/30/2025 8:59:55 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
mieko stewart	Testifying for Aoki Birthing Care	Comments	Written Testimony Only

Comments:

In support of HB1194 only with the following additional amendments to support well rounded CPM midwifery care and families of Hawaii. We've made it easy for you to find and understand the needs of the CPM midwives. Remember we are not nurses or medical providers, but unique specialized midwifery care providers. Please consider the amendments to perfect this bill.

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

- **Amend HRS 457j-5(a)**  
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.

**PEP Amendment #1**

**Definition of Qualified Midwife Preceptor is in HRS 457J-2 from the 2019 law; it needs to be amended to include PEP students and all MEAC school approved instructors**

Page 26 Line 12-13

2. By amending the definitions of “certified midwife” and “certified professional midwife” and “qualified midwife preceptor” to read:

“Qualified midwife preceptor” means a licensed and experienced midwife, or other maternal health professional licensed in the State, or midwifery education accredited council school approved instructor who participates in the clinical education of individuals pursuing their certification through the North American Registry of Midwives or is 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.

## **PEP Amendment #2**

### **Protection of pep students**

Page 29 Lines 13-17

(3) A student who is currently enrolled in a an accredited midwifery educational program 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;

## **CPM Amendment #3**

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

Page 9 Line 13-21

(2) Complying with the Essential Competencies for Midwifery Practice, Standards of Practice or successor document, as defined by the International Confederation of National Association of Certified professional Midwives, or the North American Registry of Midwives, or successor organization; provided that the International Confederation of 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.

## **CPM Amendment #4**

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

Page 10 Lines 12-21

(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

## **CPM Amendment #5**

### **Add in definition**

Page 24 Line 5-6

1. By adding in five six new definitions to be appropriately inserted and to read:

“National Association of Certified Professional Midwives” means the internationally recognized professional organization for Certified Professional Midwives.

## **Reproductive Rights Protection Amendment #6**

### **Remove expiration date**

Page 30 Line 1- Page 31 Line 18

(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.

## **Reproductive Rights Protection Amendment #7**

### **Allow birthing persons the right to choose who participates in their time of pregnancy and after birth**

Page 32 Lines 14-17

(7 ) Invited by a patient to participate in the pregnancy, attend a birth and after birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received.

**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 2-4 Maintain previous postpartum definition in HRS 45j**

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

- **Contraception access Page 41 line 20**

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. 12 lines 3-10 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 Lines 4-10**

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

Removal:

- **Pg. 12 line 12-15 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.

- **Pg. 12 line 16- Page 13 line 2**

(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. 13 lines 3- 10**

(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 20- Page 15 Line 7**

(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 Pg. 24 lines 14-19 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.

**HB-1194-SD-1**

Submitted on: 3/29/2025 7:50:00 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Laura Kahiapo	Testifying for Pono Records	Comments	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Chair Rhoads, and Committee members,

I am a mother of five, and a grandmother of five, from Waimānalo, O‘ahu. I respectfully URGE you to make the changes recommended by ACLU, Hawai‘i Home Birth Collective, and Ea Hānau Cultural Council.

Crucial changes need to be made to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in the pregnancy, birth, and after birth, and without criminalizing any choices to give to those they invite into their journey. Please stand with wāhine.

Mahalo,

Laura Kahiapo



aloha@pacificbirthcollective.org  
pacificbirthcollective.org

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810 Kokomo Road # 240 & #170  
Ha‘ikū, Hawai‘i 96708

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**PBC Board**

March 29, 2025

Kiana Rowley  
*President*

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*Vice President*

Kristina Statler  
*Secretary*

Wyonette Wallett  
*Treasurer*

Sonya Niess

**Comments on HB1194\_SD1**

Pacific Birth Collective Board of Directors

To: Hawai'i State Senate Committees Commerce and Consumer Protection and  
Judiciary.

Aloha Chairs, Senator Keohokalole and Senator Rhoads, Vice Chairs, Senator  
Gabbard and Senator Fukunaga and Members of the Committees,

**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*

**Comments for HB 1194\_SD1 - Final Provisions for Consideration**

The Pacific Birth Collective extends our sincere appreciation to the members of the  
Senate for your thoughtful engagement with the community regarding HB1194 and  
for your leadership in advancing amendments that uphold reproductive rights and  
support equitable pathways into the midwifery profession. .

We submit comments only on HB1194\_SD1 and respectfully offer the following  
considerations to ensure alignment with national professional standards and to  
protect community access to culturally grounded and competent care.

We continue to advocate for amendments that:

1. **Affirm national standards for Certified Professional Midwives (CPMs):**  
Align CPM practice definitions with those established by their certifying  
bodies—the North American Registry of Midwives (NARM) and the  
National Association of Certified Professional Midwives (NACPM)—as  
recommended by their representatives.
2. **Clarify standards for Certified Midwives (CMs):** Ensure that language  
around scope of practice, prescriptive authority, reporting requirements, and  
definitions reflects national standards set by the American Midwifery



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Certification Board (AMCB) and the American College of Nurse-Midwives (ACNM), as echoed by the Hawaii Affiliate of ACNM (HAA).

- 3. Uphold reproductive autonomy and protect traditional and cultural practices:** Remove compensation limitations for exemption 7 and reinstate the Birth Attendant exemption, with appropriate safety guardrails such as mandatory NRP (Neonatal Resuscitation Program) and CPR certification.

These final additions are essential to preserving the autonomy of families to make informed and intentional choices about their birthing experiences, supported by their chosen community. Ensuring these rights will enhance safety, respect, and holistic care for all.

We urge you to include these provisions to ensure that HB 1194 fully supports families’ choices and their ability to create meaningful and supportive birth experiences.

Thank you for your consideration.

Sincerely,

**Pacific Birth Collective Board of Directors**

**HB-1194-SD-1**

Submitted on: 3/28/2025 10:03:17 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Maki Morinoue	Testifying for HULI PAC	Comments	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Maki Morinoue, and today I am representing HULI PAC. I am a resident of Holualoa ahupua'a on the island of Hawai'i. I am submitting comments on HB1194, Relating to Midwifery.

Mahalo for listening to the concerns of the birthing community and for your willingness to consider amendments to this bill. I appreciate the steps taken so far and hope that you will continue to work toward a version of this legislation that truly expands access to maternal care across our islands. This is of the utmost importance.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

I urge you to update the language of this bill to align more closely with HB1328, which allows for traditional midwifery practices across all cultures. We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,  
Maki Morinoue  
HULI PAC  
Holualoa, Hawai'i Island



Testimony of  
Selena M. Kamara, CPM, LM  
Hale Kealaula, LLC  
O'ahu, HI

**Committees on Consumer Protections and Judiciary**

Aloha Chair Keohokalole and Chair Rhoads,

I am requesting you please protect our wahine by allowing Hawaii families the choice:

1. To give whatever they want to those they invite to be at their birth.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth.

Mahalo,

Selena M Kamara, CPM, LM  
Owner/Hale Kealaula, LLC  
415-505-4906



March 30th, 2025

Senate Committee on Commerce and Consumer Protections

Senate Committee on Judiciary

Hawaii State Capitol

415 South Berentania Street

Honolulu, HI 96813

**Re: Support for HD1194 HD2 SD1, Relating to Midwives**

On behalf of the National Association of Certified Professional Midwives (NACPM), we appreciate the opportunity to comment on HB 1194 HD2, *Relating to midwives*.

Midwives are and have historically been, vital primary perinatal health providers. They offer high-quality, low-cost care to patients during the preconception, prenatal, intrapartum, and postpartum periods<sup>1</sup>. Patients increasingly choose home and birth center settings as a safe option for their pregnancies. A strong body of evidence demonstrates the safety of community birth attended by Licensed Midwives<sup>2,3,4,5</sup>. Midwifery care increases rates of uncomplicated physiologic delivery, breastfeeding, and satisfaction, while decreasing rates of preterm birth, low birth rate, and cesareans<sup>2</sup>. Neonatal outcomes with Licensed Midwives who attend community births meet ACOG's benchmark for low risk pregnancies<sup>3</sup>. By reducing unnecessary interventions and NICU admissions, midwifery care significantly lowers healthcare costs<sup>2</sup>.

## Critically Important Amendment

HB 1194 HD2 SD1 preserves a pathway to licensure for midwives in Hawai'i, thereby protecting parents' right to choose high-quality, cost-effective healthcare in the setting of their choice. To ensure that midwifery care remains accessible, culturally relevant, and sustainable for the midwifery workforce, NACPM supports HB 1194 HD2 SD1 with a critical recommendation to include **decriminalization** through the addition of the following amendment:

As currently written, Section 8 (Exemptions) does not provide exemptions for other birth attendants. This omission may infringe upon the rights of Native Hawaiian families to access culturally relevant midwifery care, potentially violating constitutional protections under the State of Hawai'i.

**Amend Section 8 to include the following exemption:**

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

(A) Does not use legend drugs or devices that require a license under the laws of the State;



(B) Does not advertise as a licensed midwife;

(C) Discloses to each client, both verbally and in writing, using a form adopted by the department, which must be received and signed by the client at the initiation of care, that:

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

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

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

(iv) 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 finds the person guilty of misconduct or holds them criminally or civilly liable for conduct related to midwifery by any licensing or regulatory authority, territory, state, or other jurisdiction; and

(vi) A plan for transporting the client to the nearest hospital if complications arise during care.

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

This amendment protects the rights of families seeking culturally relevant birth options, ensures informed consent, and provides appropriate safeguards for both clients and birth attendants.

## Critically Important Opposition

**NACPM strongly opposes the inclusion of the proposed change under Section 8 (7),** as well as the amendment suggested by certain stakeholders, due to the following concerns:

1. Doula Reimbursement in Community Settings: There are significant concerns about the inability of doulas to receive reimbursement for services provided in community-based settings.
2. Potential Loophole for Midwives with Misconduct or Liability Issues: The proposed change may create a loophole allowing midwives, who have been found guilty of misconduct or held criminally or civilly liable in other states for actions related to midwifery, to practice in Hawaii.
3. Existing Protections for Patient Choice: Patients already have the legal right to invite anyone to attend their birth in non-facility settings, making the proposed amendment unnecessary.

The proposed amendment, which states, *"Invited by a patient to participate in the pregnancy, attend a birth, and provide care after birth occurring at a location other than a birth facility where no compensation for the attendance or service is contemplated, charged, or received,"* is both redundant and potentially harmful. For these reasons, NACPM maintains its firm opposition to these changes.

## Strong Support for PEP + Midwifery Bridge Certificate

**NACPM strongly supports the PEP+Midwifery Bridge Certificate pathway.** Recognizing that there is a) no evidence to suggest that PEP + Midwifery Bridge Certificate midwives do not perform as well as MEAC trained midwives, and b) that there are not currently sufficient MEAC accredited midwifery schools to accommodate workforce growth, 11 other states allow for the use of the Portfolio Evaluation Process + Midwifery Bridge Certificate to qualify for state licensure (See attached table.) We applaud the inclusion of the MEAC + Midwifery Bridge Certificate pathway as written in HB 1994 HD2 SD1 and recommend the following amendments in order to improve functionality and align with national standards. (For more information see the [CPM Framework](#) and the [CPM Curriculum](#).)

- 1. Amend the definition for the Qualified Midwife preceptor**

Amend: "Qualified midwife preceptor" definition to read: "Qualified midwife preceptor" means a licensed and experienced midwife, or other maternal health professional licensed in the State, or midwifery education accredited council school approved instructor who participates in the clinical education of individuals pursuing their certification through the North American Registry of Midwives or is 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."

- 2. Amend the definition of student midwife to include PEP students**

Amend exemption for students to read: "A student who is currently enrolled in an accredited midwifery educational program **or** under the direct supervision of a qualified midwife preceptor;"

## Strong support for additional amendments

- 1. Recognition of National Certifying Bodies – CPM:**

Amend the language to recognize the national certifying bodies for Certified Professional Midwives (CPMs) by including the following:

*"Complying with the Standards of Practice, or a successor document, as defined by the National Association of Certified Professional Midwives or the North American Registry of Midwives, or a successor organization; provided that the National Association of Certified Professional Midwives and the North American Registry of 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."*

This amendment ensures that the recognized certifying bodies for CPMs are acknowledged while maintaining the director's autonomy and legal authority.

- 2. Removal of Nurse-Midwife Standards as a Requirement – CPMs Are Not Nurses:**

Remove the requirement for Certified Professional Midwives to adhere to the standards of the American College of Nurse-Midwives (ACNM) by revising the language to state:

*“A midwife shall continually assess the appropriateness of the planned location of birth and may refer to the American College of Nurse-Midwives Clinical Bulletin Number 61: Midwifery Provision of Home Birth Services (November 2015), or a 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.”*

This amendment recognizes that CPMs follow different standards and models of care than nurse-midwives and ensures that CPMs are not bound by nurse-midwife standards, which are not applicable to their scope of practice.

**3. Inclusion of the National Association of Certified Professional Midwives:**

Add language to explicitly recognize the National Association of Certified Professional Midwives (NACPM) as the internationally recognized professional organization for Certified Professional Midwives.

*“The National Association of Certified Professional Midwives is the internationally recognized professional organization for Certified Professional Midwives.”*

This amendment affirms NACPM's role as the authoritative professional organization for CPMs, supporting the recognition and credibility of the profession.

Midwifery care strengthens families by increasing access to perinatal care, reducing postpartum depression, and nurturing parent-child bonds<sup>5</sup>. Ongoing midwifery licensure by all NARM approved educational pathways is essential to promote accessibility and integration, which improves outcomes<sup>6</sup>. **We urge you to pass HB 1194 HD2 SD1 with the above amendments**, so that Hawaii's families can continue to benefit from high-quality, cost-effective midwifery care.

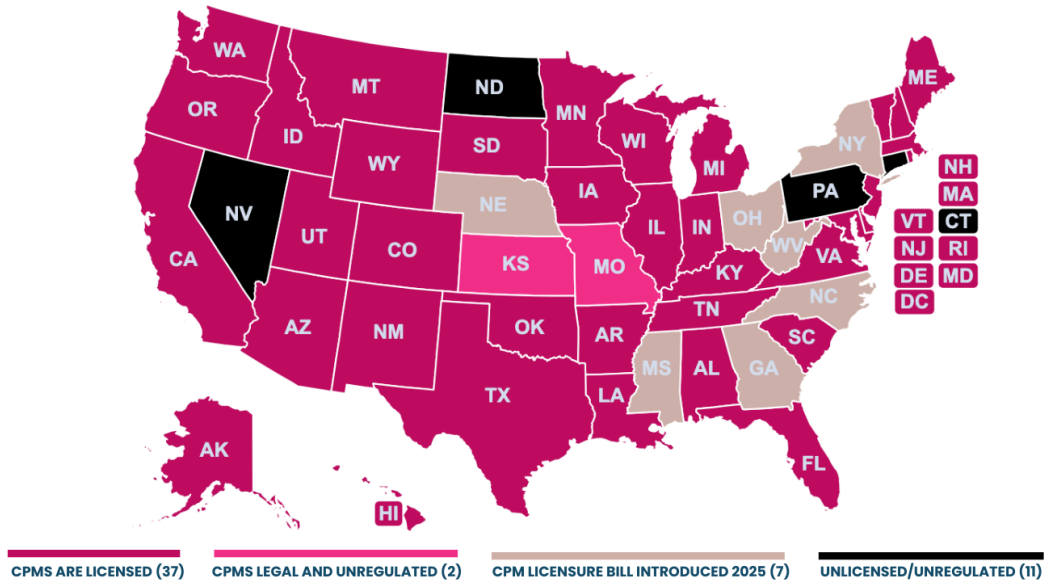
Respectfully,



Cassaundra Jah, Ph.D., LM, CPM  
Executive Director, NACPM

March 2025

## STATE RECOGNITION OF CERTIFIED PROFESSIONAL MIDWIFERY 2025



## LAST 10 YEARS OF CPM PATHWAYS RECOGNIZED IN STATE LICENSING LEGISLATION

STATE LICENSED	YEAR OF LICENSURE	AVAILABLE PATHWAYS	
Maryland	2015	MEAC	PEP+Bridge
Maine	2016	MEAC	PEP+Bridge
Michigan	2016	MEAC	PEP+Bridge
Alabama	2017	MEAC	N/A
South Dakota	2017	MEAC	PEP+Bridge
Hawaii	2019	MEAC	PEP+Bridge*
Kentucky	2019	MEAC	PEP+Bridge
Oklahoma	2020	MEAC	PEP
Illinois	2021	MEAC	PEP+Bridge
Iowa	2023	MEAC	PEP+Bridge
District of Columbia	2020	MEAC	PEP+Bridge
Massachusetts	2024	MEAC	PEP+Bridge

\*Discontinued in 2020



[WWW.NACPM.ORG](http://WWW.NACPM.ORG)

## Sources

1. National Association of Certified Professional Midwives, 2025 Certified professional Midwives Framework, (2025), <https://www.nacpm.org/cpmframework>
2. Alliman J, Stapleton SR, Wright J, Bauer K, Slider K, Jolles D. Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*. 2019 Jun;46(2):234-243. doi: 10.1111/birt.12433. PMID: 31102319; PMCID: PMC6594238.
3. Nethery E, Schummers L, Levine A, Caughey AB, Souter V, Gordon W. Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State. *Obstet Gynecol*. 2021 Nov 1;138(5):693-702. doi: 10.1097/AOG.0000000000004578. PMID: 34619716; PMCID: PMC8522628.
4. Bovbjerg ML, Cheyney M, Hoehn-Velasco L, Jolles D, Brown J, Stapleton J, Everson C, Stapleton S, Vedam S. Planned Home Births in the United States Have Outcomes Comparable to Planned Birth Center Births for Low-Risk Birthing Individuals. *Med Care*. 2024 Dec 1;62(12):820-829. doi: 10.1097/MLR.0000000000002074. Epub 2024 Nov 8. PMID: 39514513; PMCID: PMC11542973.
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6. Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Powell Kennedy H. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. *PLoS One*. 2018 Feb 21;13(2):e0192523. doi: 10.1371/journal.pone.0192523. PMID: 29466389; PMCID: PMC5821332.

# 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 p~~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](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](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/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

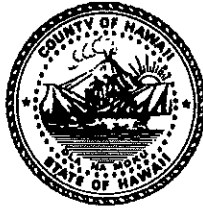
Tara Compehos, LM, CPM, TM ~ Vice President

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



## **HAWAI'I COUNTY COUNCIL - DISTRICT 2**

25 Aupuni Street • Hilo, Hawai'i 96720

DATE: March 25, 2025  
TO: Senate Committees on Commerce and Consumer Protection and Judiciary  
FROM: Jennifer Kagiwada, Council Member  
Council District 2  
SUBJECT: HB 1194 HD2 SD1

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and members of the Committees,

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 SD1. As currently written, with the most recent amendments inserted from Senate Committee on Health and Human Services, this bill addresses most of the issues raised in Resolution 26-25. One area in which this bill still needs improvement is in including language regarding birth attendant exemptions that protect all people from attending and supporting births they are invited to, provided they comply with disclosure requirements.

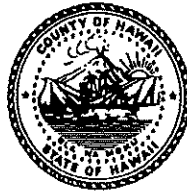
Based on the testimony by those with lived experience, those currently serving as birth workers in our primarily rural communities and those who receive care from licensed and unlicensed birth workers, I am respectfully requesting that your committees support the amendments regarding licensure equity and additional exemptions.

Thank you for the opportunity to offer my comments on HB 1194 HD2 SD1.

Mahalo,

A handwritten signature in black ink, appearing to read "Jenn Kagiwada", written in a cursive style.

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'u, 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 GOFAC

RESOLUTION NO. 26 25

 COUNTY CLERK  
 CHAIRPERSON & PRESIDING OFFICER

**HB-1194-SD-1**

Submitted on: 3/24/2025 7:53:57 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
A.droson	Individual	Oppose	Written Testimony Only

Comments:

Testimony Opposing HB1194

Astrid Drolson

To: Hawai‘i State Legislature

Subject: Testimony in Opposition to HB1194

Aloha,

My name is Astrid Drolson. I am a homebirth mother, a doula, and a working mother and member of this state. I am writing to strongly oppose HB1194, which threatens the rights of all birthing families and the midwives who support them—both Native midwives and all midwives who serve our diverse communities in Hawai‘i.

Families deserve the right to choose where and how they give birth. Its a Human Right. Midwifery, including traditional and community-based midwifery, has existed long before state regulations, providing safe and deeply personal care to families. By making the restrictive policies of Act 32 (2019) permanent, HB1194 will further limit access to midwifery care, disproportionately harming rural communities, Native Hawaiian birth traditions, and families seeking an alternative to the hospital system.

This bill does not increase safety—it takes away options. Midwives, whether licensed or traditional, have been providing safe and effective care for centuries. Forcing them into a rigid licensing system that does not recognize the value of generational knowledge and hands-on experience is a disservice to the families who trust and rely on them.

Instead of restricting midwives, Hawai‘i should be expanding access and creating pathways for all midwives to practice safely and legally. True birth justice means ensuring that every family—regardless of background, location, or financial status—has the ability to make informed choices about their own care.

I urge you to vote NO on HB1194 and instead work toward policies that protect birthing autonomy, honor cultural traditions, and support midwives in serving their communities.



Mahalo for your time and consideration.

Sincerely,  
Astrid Drolson

**HB-1194-SD-1**

Submitted on: 3/24/2025 11:43:03 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dana Keawe	Individual	Oppose	Written Testimony Only

Comments:

Oppose HB1194 HD2 SD1

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:37:45 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Audrey Alvarez	Individual	Comments	Written Testimony Only

Comments:

Aloha Senators,

Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey.

Mahalo for Standing With Wahine.

Audrey Alvarez

Homebirth mother of 3

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:53:06 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ayumi Imai	Individual	Comments	Written Testimony Only

Comments:

Aloha senators,

Crucial changes need to be made to HB1194 to perfect the bill by protecting freedom for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for standing with wahine.

**HB-1194-SD-1**

Submitted on: 3/25/2025 11:59:30 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alice Abellanida	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. It is too vague and too restrictive.

**HB-1194-SD-1**

Submitted on: 3/25/2025 9:49:21 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Zoe Durant	Individual	Comments	Written Testimony Only

Comments:

To the Honorable Members,

My name is Zoe Durant, and I am here today to express my strong support for HB1194 and its protective amendments, which ensure that women’s rights to make autonomous decisions about their bodies, births, and healthcare remain safeguarded against government overreach and criminalization.

Women have the right to make informed choices about their pregnancies, including who they invite to their births, what forms of care they receive, and how they navigate the childbirth process. The protective amendments to this bill are crucial in preventing the criminalization of women, midwives, birth workers, and family members who offer support. Without these protections, unnecessary legal barriers and punitive measures could force women into fearful and unsafe situations, disproportionately impacting those who choose to give birth outside of hospital settings.

It is unacceptable that in some states, women and their birth attendants have been investigated, prosecuted, or even had their children taken away simply for choosing alternative birth care. Restricting birth choices does not improve safety—it only forces women into secrecy and isolation, leading to worse outcomes. By ensuring HB1194 includes clear protections against criminalization, we uphold not only the rights of women but also the integrity of medical and traditional birth practices that have supported families for generations.

This is not just a matter of personal freedom—it is a matter of public health, human dignity, and basic bodily autonomy. The protective amendments to HB1194 ensure that no woman has to give birth under the shadow of legal threat, and that midwives, doulas, and traditional birth attendants can continue to provide essential care without fear of prosecution.

I urge this committee to support HB1194 with its protective amendments and to stand firmly for women’s rights, birth autonomy, and freedom from government overreach in deeply personal medical decisions. Thank you for your time and for considering this critical issue.

Sincerely,

Zoe Durant of Puna



**LATE**

**HB-1194-SD-1**

Submitted on: 3/25/2025 4:44:44 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Annette Manant	Individual	Support	Written Testimony Only

Comments:

HB1194HD2SB1

Written testimony in support with amendments.

My name is Annette Manant. I am a retire Advanced Practice Registered Nurse (APRN), Certified Nurse Midwife (CNM) and I live in Honoka'a, Big Island. I have been a full time practicing APRN/CNM since 1982. Now, as a retired healthcare professional, the most important goal for me is to promote the health and well being of families and communities through the development and support of the profession of midwifery. Families and communities need access to our professional care and Hawaii needs to improve the health of women and newborns.

As APRN/CNMs, we want a comprehensive bill to move forward that is complete in supporting the practice of midwifery by the Certified Midwife. Certified Midwifery is a type of midwifery practice established by the American College of Nurse Midwives and credentialed by the American Midwifery Certification Board. It is a practice that is an equivalent to the practice of Nurse Midwifery. The practice of midwifery by CNMs and CMs includes the provision of primary care as well as care of women in all phases of their lives. Because Certified Midwives were not included in the Hawaii law that governs Certified Nurse Midwives, Certified Midwives need a bill and a law that is specific to their practice but remains equivalent to CNMs. Elements of this bill that do not correspond to equivalency can impede Certified Midwives from getting licensed and from being unable to practice to the full extent of their scope. CMs need equivalence to be written into the law and regulations in order to be credentialed by Medicaid. In addition, the definition of midwifery in this bill needs to include an amendment that states that CMs provide primary care.

Thank you for this opportunity to submit my testimony.

Annette Manant, PhD, APRN, CNM



**HB-1194-SD-1**

Submitted on: 3/25/2025 6:45:20 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jen	Individual	Oppose	Written Testimony Only

Comments:

This bill is unconstitutional. The people never gave their public servants authority to control their behavior.

More and more people do not trust the mainstream health industry, and for very good reasons.

Leave people's choices alone. People are self-reliant and sovereign. YOU SERVE US. Nobody wants their precious babies jabbed with pharmiticicles. It is very easy to see where this is going.

ENOUGH.

**HB-1194-SD-1**

Submitted on: 3/25/2025 7:55:56 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jacob Char	Individual	Oppose	Written Testimony Only

Comments:

I strongly Oppose this bill.

**HB-1194-SD-1**

Submitted on: 3/25/2025 7:06:37 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa Flores	Individual	Comments	Written Testimony Only

Comments:

Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for women to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for standing with wāhine.

Melissa Flores

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:09:22 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Yvonne Alvarado	Individual	Oppose	Written Testimony Only

Comments:

I, Yvonne Alvarado oppose this Bill HB1194 HD2 SD1

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:12:15 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jon-Louis Siracusa	Individual	Oppose	Written Testimony Only

Comments:

Infringing on freedoms, no

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:25:45 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Paul Littleton	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194

**HB-1194-SD-1**

Submitted on: 3/25/2025 8:48:03 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kirk Powles	Individual	Oppose	Written Testimony Only

## Comments:

Expanding midwife regulations might seem like a way to ensure safety, but it's a bad idea. First, it restricts access. More rules—licensing, training, scope-of-practice limits—mean fewer midwives can operate. In rural or underserved areas, where doctors are scarce, that's a lifeline cut off. Women get stuck with costlier, less personal options like hospitals.

Second, it jacks up costs. Extra certifications and compliance don't come cheap. Midwives pass those expenses on to families, making home births or natural deliveries pricier. Low-income moms, who already lean on midwives for affordable care, lose out most.

Third, it's overreach. Midwifery's been around forever, guided by experience and community trust. Piling on bureaucratic red tape assumes regulators know better than practitioners who've delivered thousands of babies. Evidence backs this—countries with less regulation, like the Netherlands, have safe outcomes and high midwife use.

The argument for it is protecting mothers and babies from untrained providers. Fair, but existing laws already weed out the bad apples. More rules just strangle the good ones, reducing choice and hiking costs for no real gain. Let midwives work—freedom beats micromanagement.

**HB-1194-SD-1**

Submitted on: 3/25/2025 10:38:28 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill!



**HB-1194-SD-1**

Submitted on: 3/25/2025 10:41:51 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
James K. Rzonca	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. I find it ridiculous that this "state" makes abortion basically unlimited, but is trying to put restrictions on how we can give birth to our children. No respect for culture. Another example of why Hawaii is the most corrupt "state"

**HB-1194-SD-1**

Submitted on: 3/25/2025 10:48:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Emerson	Individual	Oppose	Written Testimony Only

Comments:

Health care needs less regulations in general. More regulations means it will be harder to obtain proper care. This bill will do so.

**HB-1194-SD-1**

Submitted on: 3/25/2025 11:34:07 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

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-SD-1**

Submitted on: 3/26/2025 2:17:30 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alika Valdez	Individual	Support	Written Testimony Only

Comments:

I support this for my community.

**HB-1194-SD-1**

Submitted on: 3/26/2025 3:09:15 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sylvie Madison	Individual	Oppose	Written Testimony Only

Comments:

**I am opposing a bill and strongly object to this government overreach, as do many legislators on both sides of the aisle. Stop this bill!**

**Sylvie Madison**

**HB-1194-SD-1**

Submitted on: 3/26/2025 5:25:16 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ruben Ongos	Individual	Oppose	Written Testimony Only

Comments:

I STRONGLY OPPOSE THIS BILL!!

**HB-1194-SD-1**

Submitted on: 3/26/2025 7:12:36 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Joelle Seashell	Individual	Oppose	Written Testimony Only

Comments:

Strongly opposed. Mind your own business and STOP trying to tell ME what I can do with my own body. You have zero authority over the sacred process of my birth plan. You folks are SO full of ideological hypocrisy.

**HB-1194-SD-1**

Submitted on: 3/26/2025 7:14:53 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tim Huycke	Individual	Support	Written Testimony Only

Comments:

I support HB1194.



**HB-1194-SD-1**

Submitted on: 3/26/2025 7:31:34 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sarah Wing	Individual	Oppose	Written Testimony Only

## Comments:

I oppose this bill. Why would you want to further limit access to healthcare. There are not enough options as it is to give birth. People should be free to choose a midwife and midwives should be free to operate

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:01:46 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Yvonne Galoia	Individual	Oppose	Written Testimony Only

Comments:

You guys claim to be for freedom of choice well there are choices like midwives that people rather have especially if you guys preach continuously that our healthcare and facilities are overrun, this expands midwife regulations, why? It's bureaucracy, it raises cost, limiting freedom in Hawaii's healthcare choices.

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:01:56 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tori Saludez	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine. Tori Saludez

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:35:58 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
David Nichols	Individual	Oppose	Written Testimony Only

## Comments:

I oppose House Bill No. 1194 because it imposes undue financial burdens on midwives, restricts their professional autonomy with overly stringent regulations, compromises client privacy, fails to effectively address the safety concerns it targets, and introduces ambiguous provisions that invite inconsistent enforcement. While I acknowledge the intent behind regulatory oversight, I believe this legislation oversteps practical and equitable boundaries, ultimately undermining the midwifery profession and the communities it serves.

I find the financial demands of this bill particularly objectionable. Requiring midwives to cover licensure fees, complete 30 hours of continuing education every three years, participate in peer reviews, and submit data creates a significant cost burden, especially for independent practitioners. As a taxpayer and observer of healthcare systems, I see this as a barrier that could force midwives to either raise their fees—reducing affordability for clients—or exit the profession entirely. This outcome would diminish access to midwifery care, contradicting the state’s broader healthcare goals in a region where economic pressures are already acute.

Equally concerning is the bill’s restrictive framework, which I view as an overreach into midwives’ professional discretion. The mandates for specific certifications and the exclusion of certified professional midwives from prescriptive authority limit their ability to tailor care to individual needs. I recognize the value of standards, but this approach stifles the flexibility that distinguishes midwifery as a personalized, holistic practice. Such rigidity risks alienating practitioners who prioritize non-medicalized care, potentially driving them out of regulated practice and into less accountable spaces.

The privacy implications of this legislation also trouble me. Compelling midwives to submit detailed data for non-facility births and subjecting them to peer reviews and random audits encroaches on the confidentiality of both practitioners and clients. From a public policy perspective, I find this intrusive, as it could deter individuals from seeking midwifery services due to fears of exposure. This erosion of trust threatens the therapeutic relationship central to midwifery, an outcome I consider counterproductive to the bill’s stated purpose.

Furthermore, I question the bill’s efficacy in addressing safety concerns. While it emphasizes licensure and training, it does not adequately tackle systemic issues—such as emergency response infrastructure or client decision-making—that often underlie adverse outcomes in childbirth. As an informed citizen, I see this as a misallocation of regulatory focus, burdening

midwives with compliance obligations that may not translate into measurable improvements in maternal and neonatal health. The approach feels more symbolic than substantive.

Finally, I am skeptical of the bill's clarity and enforceability. Terms like "appropriate continuing education" and subjective disciplinary criteria, such as deeming a midwife "unfit," lack precision, opening the door to arbitrary application. The logistics of peer review remain undefined, which I view as a significant oversight. In my assessment, this ambiguity undermines the legislation's integrity, potentially subjecting midwives to inconsistent or unfair penalties and fostering confusion rather than confidence in the regulatory process.

In conclusion, I regard H.B. 1194 as an excessively burdensome and poorly constructed measure—financially taxing, overly restrictive, invasive, questionably effective, and insufficiently clear. I advocate for its rejection in favor of a more balanced approach that supports midwives without compromising their viability or the trust of their clients. This bill, as drafted, fails to strike that necessary equilibrium and warrants reconsideration.

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:40:37 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Frank Schultz	Individual	Support	Written Testimony Only

Comments:

I support this initiative.

**HB-1194-SD-1**

Submitted on: 3/26/2025 10:17:18 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dani Mathisen	Individual	Comments	Written Testimony Only

Comments:

My name is Dr. Dani Mathisen and I am an obstetrician-gynecologist resident practicing in Oahu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and [US MERA guidelines](#).

Mahalo for your consideration.

**HB-1194-SD-1**

Submitted on: 3/26/2025 10:27:24 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lora Santiago	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE HB1194. Stop adding bureaucracy, and raising costs, limiting freedom in Hawaii's healthcare choices.



**HB-1194-SD-1**

Submitted on: 3/26/2025 11:34:16 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Monica Stone	Individual	Comments	Written Testimony Only

Comments:

Aloha Committee Members and mahalo for receiving my comments on this bill. Please ensure a woman's right to choose where she gives birth, and who is in attendance.

I had a normal homebirth to a healthy baby girl in Kona 7 years ago. I am so grateful that I was able to choose that for myself, as well as vet and hire my own attending midwives, without these attendants being at risk of criminalization.

Please keep the power in the hands of the women giving birth to decide who attends and where.

Aloha nui,

Monica Stone 96740

**HB-1194-SD-1**

Submitted on: 3/26/2025 11:44:30 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bart Burford	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE MORE REGULATIONS ON PERSONAL HEALTHCARE CHOICES/ FREEDOM  
OF CHOICE RESTRICTIONS

**HB-1194-SD-1**

Submitted on: 3/26/2025 12:43:27 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Avery Olson	Individual	Oppose	Written Testimony Only

Comments:

**Dear Senators,**

My name is Dr. Avery Olson, and I am a resident obstetrician-gynecologist practicing in Honolulu and Hilo. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess what a midwife knows before they start practice. This could, and likely will, lead to malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend to the birth. It's not only impossible to monitor or enforce, but it also removes accountability entirely. Any family member, friend, or cultural member is of course already encouraged to attend the birth if requested by a birthing person. This does instead is a way for an improperly trained midwife to care for a pregnant person, and possible inadequately or inappropriately so, without the knowledge of that pregnant person.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and [US MERA guidelines](#).

Mahalo for your consideration.

Dr. Avery

**HB-1194-SD-1**

Submitted on: 3/26/2025 1:03:47 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dorinda Ohelo	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

**HB-1194-SD-1**

Submitted on: 3/26/2025 1:05:00 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Paul Giles	Individual	Oppose	Written Testimony Only

Comments:

I Oppose HB1194,

Paul Giles

**HB-1194-SD-1**

Submitted on: 3/26/2025 2:02:14 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Richard Domingo	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE HB1194 HD2 SD1.

Stop raising cost of everything and start looking for actual solutions to problems instead of creating them. Please work with the people.

**HB-1194-SD-1**

Submitted on: 3/26/2025 2:27:39 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sara Harris	Individual	Comments	Written Testimony Only

Comments:

Dear Chair Keohokalole, Vice Chair Fukunaga, Chair Rhoads and Vice Chair Gabbard and the members of the Senate Committee on Commerce and Consumer Protection and Committee on Judiciary,

My name is Sara Harris and I am a board-certified obstetrician-gynecologist practicing on Oahu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system especially in rural areas. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices.

Thank you very much for your consideration.

Sincerely,

Sara C Harris, MD

**HB-1194-SD-1**

Submitted on: 3/26/2025 3:20:57 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tamarin McCartin	Individual	Oppose	Written Testimony Only

Comments:

My name is Dr. Tamarin McCartin, and I am a board-certified obstetrician-gynecologist practicing on O'ahu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and US Midwifery Education, Regulation, and Association guidelines.

Mahalo for your consideration.



**HB-1194-SD-1**

Submitted on: 3/26/2025 3:44:24 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jolie Stewart	Individual	Comments	Written Testimony Only

Comments:

Dear [Chair Keohokalole](#) and [Chair Rhodes](#),

Please protect wāhine by allowing Hawaii families the choice:

1. To give whatever they want to those they invite to be at their birth.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth.

Mahalo,

Jolie Stewart

**HB-1194-SD-1**

Submitted on: 3/26/2025 3:44:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mekealohapumehana hemolele Howard	Individual	Comments	Written Testimony Only

Comments:

Aloha Senators! Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for standing with wahine.  
Mekealohapumehana hemolele Howard

**HB-1194-SD-1**

Submitted on: 3/26/2025 4:49:24 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
dawn alba noble	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they give to invite into their journey. Thank you for your support

**HB-1194-SD-1**

Submitted on: 3/26/2025 5:08:42 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tashya Whitehead	Individual	Comments	Written Testimony Only

## Comments:

I am a pediatrician in Hawai'i, and I am writing regarding HB1194 HD2 SD1. This bill is extremely important to ensure the regulation of midwifery in Hawai'i and uphold high standards of care for pregnant people and their families. I unfortunately cannot support HB1194 with the current amendments, which fail to provide birthing parents with informed choice about their care team's education and qualifications or to ensure that birth attendants are adequately trained to recognize and respond to emergencies. The PEP apprenticeship pathway does not ensure a universal standard of education, which ultimately puts patients at risk. The exemption allowing anyone who attends birth to practice midwifery, as long as they are not paid, also presents the potential for significant harm to the pregnant person and their child. I would really like to see midwifery licensure passed this year because safe and appropriately regulated midwifery practice ensures that fewer babies will suffer irreversible brain damage from unrecognized birth emergencies and that birthing parents will be safer. However, I respectfully request that the amendments added in the bills' most recent version be removed. I appreciate your time and efforts on this matter.

**HB-1194-SD-1**

Submitted on: 3/26/2025 5:24:49 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shandhini Raidoo	Individual	Comments	Written Testimony Only

Comments:

**Dear Senators,**

My name is Shandhini Raidoo, and I am a board-certified obstetrician-gynecologist practicing in Hawaii for almost 10 years. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and [US MERA guidelines](#).

Mahalo for your consideration,

Shandhini Raidoo, MD, MPH, FACOG

**HB-1194-SD-1**

Submitted on: 3/26/2025 5:36:47 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Robin D. Ganitano	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194 and against expanding midwife regulations.

**HB-1194-SD-1**

Submitted on: 3/26/2025 6:16:25 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bonnie Marsh	Individual	Support	Written Testimony Only

Comments:

Dear Chair Keokolole and Chair Rhodes,

Please protect woman by allowing Hawaii families the choice:

1. To give birth at home and to invite those they want to be at their birth.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth.

Mahalo,

Dr. Bonnie Marsh

**HB-1194-SD-1**

Submitted on: 3/26/2025 6:23:44 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Garrett McNamara	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine.

Garrett McNamara



**HB-1194-SD-1**

Submitted on: 3/26/2025 6:24:29 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Nicole McNamara	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine.

Nicole McNamara

**HB-1194-SD-1**

Submitted on: 3/26/2025 6:33:09 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kylee Mar	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS KEOHOKALOLE &amp; RHODES

Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wahine.

Kylee Mar

**HB-1194-SD-1**

Submitted on: 3/26/2025 6:38:58 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kimberly Nagamine	Individual	Comments	Written Testimony Only

Comments:

My name is Dr. Kimberly Nagamine, and I am a board-certified obstetrician-gynecologist practicing on Oahu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to **oppose HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices.

Thank you for your consideration.

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:33:32 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Saito	Individual	Comments	Written Testimony Only

## Comments:

I am writing regarding HB1194 HD2 SD1 as a concerned member of the public. Like other healthcare workers, midwives should be required to meet clear, accredited educational standards to ensure public safety and quality care.

I would like to submit comments about HB1194 HD2 SD1 due to two dangerous amendments, which I cannot support, although I submit the idea behind this bill and the previous version of it.

1 The inclusion of the unaccredited PEP pathway undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without consistent standards, the public will not be able to know that a midwife who attends a birth is adequately trained to manage common complications or recognize and respond to emergencies.

2 The exemption for “unpaid invited attendants” creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

I strongly urge the legislature to remove these two amendments and return to the previous House version of the bill, which aligns with national best practices. Mahalo

**HB-1194-SD-1**

Submitted on: 3/26/2025 9:42:07 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
sally Eveland	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey.

Mahalo for Standing With Wāhine.

Sally Eveland

**HB-1194-SD-1**

Submitted on: 3/26/2025 10:42:20 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sayaka Blakeney	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine.

Sayaka Blakeney

## TESTIMONY IN STRONG OPPOSITION TO HB1194 HD2 SD1: RELATING TO MIDWIVES

Aloha Chair Keohokalole, Vice Chair Fukunaga, Chair Rhoads, Vice Chair Gabbard, and Members of the Committees,

My name is Teri Kia Savaiinaea, and I am submitting this testimony in strong **opposition** to HB1194 HD2 SD1, relating to the regulation of midwifery. While I understand the intent to ensure public safety and establish professional standards, this bill raises serious concerns about access to culturally grounded and community-based care that many families in Hawai'i rely on.

The continuation of restrictive licensing laws for midwives' risks marginalizing families who seek alternative birthing options. For generations, traditional midwifery practices have been a vital part of Native Hawaiian culture and local communities. By imposing rigid regulations, this bill may create additional barriers for families who value culturally rooted birthing practices — a fundamental right that should be preserved and protected.

Furthermore, the inclusion of expanded licensing requirements, prescriptive authority, and peer review processes places an undue burden on independent midwives who provide essential services in underserved areas such as the Leeward Coast. These practitioners play a crucial role in ensuring that families have access to safe, supportive, and personalized birthing experiences. Adding excessive regulatory hurdles could force some midwives out of practice, further reducing options for families seeking individualized maternity care.

While I appreciate the exemption language for Native Hawaiian traditional practices, this measure still threatens to limit access to alternative birthing choices by imposing heavy-handed regulations that may discourage experienced and trusted midwives from continuing to serve their communities.

I urge this committee to **reject** HB1194 HD2 SD1 and instead support policies that empower families to make informed decisions about their birthing care, protect cultural practices, and respect the diverse needs of Hawai'i's communities.

Mahalo for the opportunity to provide testimony.

Sincerely,

Teri Kia Savaiinaea

Wai'anae resident, District 45

**HB-1194-SD-1**

Submitted on: 3/27/2025 7:53:41 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Cabjuan	Individual	Oppose	Written Testimony Only

Comments:

Oppose this bill. Hawaii already has healthcare professional shortage of doctors. Do not creat a law that would give Hawaii citizens less choices. Why would you attack such an important role that provides important services to our community. Stop trying to control and limit our healthcare choices



**HB-1194-SD-1**

Submitted on: 3/27/2025 8:09:16 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
cheryl burghardt	Individual	Comments	Written Testimony Only

Comments:

Aloha,

Offering comments on HB1194 HD2 SD1. It is important to support our wāhine and their bodily autonomy. We should be able to guarantee that the traditional paths are protected. Please take the time to perfect this bill and protect the wahine and keiki, ohana and community.

**HB-1194-SD-1**

Submitted on: 3/27/2025 9:30:01 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Casandra Simonson, MD	Individual	Comments	Written Testimony Only

Comments:

3/27/25

HB1194

Comments Only

Thank you to the committee for your time.

My name is Dr. Casandra Simonson MD FAAP and I am a pediatrician in Hawai'i, and I am writing on my own behalf regarding HB1194 HD2 SD1. This bill is extremely important to ensure the regulation of midwifery in Hawai'i and uphold high standards of care for pregnant people and their families. I unfortunately cannot support HB1194 with the current amendments, which fail to provide birthing parents with informed choice about their care team's education and qualifications or to ensure that birth attendants are adequately trained to recognize and respond to emergencies. The PEP apprenticeship pathway does not ensure a universal standard of education, which ultimately puts patients at risk. The exemption allowing anyone who calls themselves a traditional birth attendant, as long as they are not paid, also presents the potential for significant harm to the pregnant person and their child. I would really like to see midwifery licensure passed this year because safe and appropriately regulated midwifery practice ensures that fewer babies will suffer irreversible brain damage from unrecognized birth emergencies and that birthing parents will be safer. However, I respectfully request that the amendments added in the bills' most recent version be removed. I appreciate your time and efforts on this matter.

Dr. Simonson

**HB-1194-SD-1**

Submitted on: 3/27/2025 10:28:52 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Vince Yamashiroya, MD	Individual	Comments	Written Testimony Only

## Comments:

I am a pediatrician in Hawai'i, and I am writing regarding HB1194 HD2 SD1. This bill is extremely important to ensure the regulation of midwifery in Hawai'i and uphold high standards of care for pregnant people and their families. I unfortunately cannot support HB1194 with the current amendments, which fail to provide birthing parents with informed choice about their care team's education and qualifications or to ensure that birth attendants are adequately trained to recognize and respond to emergencies. The PEP apprenticeship pathway does not ensure a universal standard of education, which ultimately puts patients at risk. The exemption allowing anyone who attends birth to practice midwifery, as long as they are not paid, also presents the potential for significant harm to the pregnant person and their child. I would really like to see midwifery licensure passed this year because safe and appropriately regulated midwifery practice ensures that fewer babies will suffer irreversible brain damage from unrecognized birth emergencies and that birthing parents will be safer. However, I respectfully request that the amendments added in the bills' most recent version be removed. I appreciate your time and efforts on this matter.

**HB-1194-SD-1**

Submitted on: 3/27/2025 11:37:06 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Isabelle Constant	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Isabelle Constant, and I am a resident of Kaaawa. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- - **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
  - **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.**

Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Isabelle

**HB-1194-SD-1**

Submitted on: 3/27/2025 11:56:53 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chuck Taylor	Individual	Support	Written Testimony Only

Comments:

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care.

**HB-1194-SD-1**

Submitted on: 3/27/2025 12:13:44 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Julia Marrack	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Julie Marrack, and I am a resident of Kamuela. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Julie Marrack*



**HB-1194-SD-1**

Submitted on: 3/27/2025 12:41:00 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ka`iulani Galon	Individual	Oppose	Written Testimony Only

## Comments:

*To my respected elected officials deemed to lead the process for the passing or deferring of Bill HB1184,*

*I am writing to show my OPPOSITION to this bill in the current way it is drafted. I am a mother of a blended family, who continues to raise three children alongside my husband. We reside in Waikapu, Maui close to where my father was raised on a taro farm that still exists today due to the extended family's diligence to revive. As a Native Hawaiian woman privileged to live where my ancestors began, I started my life on the continent being raised by my white single mother. Maternal health has become more relevant growing up in an all female household. Coming back to Maui as an adult to find my cultural and generational foundation has been a journey with many twists and turns. Growing up on the continent afforded me opportunities in education I may not have received here, and therefore I am grateful. Yet, coming home to Maui, I am profoundly aware of the harms that colonization and state/federal encroachment on what Native Hawaiians could or can practice is completely illuminated from my perspective. As we consider health and standard practices, understanding indigenous expertise that may not be tied to western professionalism brings me to the argument that opposes this bill. As we see in data now, and in the recent and distant past, maternal mortality rates for Native Hawaiians and Pacific Islanders in Hawai'i have data points this state cannot be proud to uphold. Some quick data points to illustrate my thoughts come from the National Library of Medicine to say:*

*In the United States, maternal mortality is among the highest of all developed nations. For every 1 maternal death, there are more than 100 life-threatening complications that occur related to pregnancy. Maternal morbidity and mortality do not affect all mothers equally. Black and indigenous people are at the highest risk for pregnancy-related complications and death—they are up to 5 times as likely to die from childbearing than white women.*

*Twenty-five maternal deaths occurred in the state of Hawai'i from 2015 to 2017. More than half of these deaths were deemed preventable. Twenty-three percent of maternal deaths occurred in Native Hawaiian and Pacific Islander women, even though they make up a smaller proportion of women in the state.*

*My key point is that western medicine is not meeting the needs of our indigenous and black populations in Hawai'i. Native Hawaiian and Pacific Islander health statistics demonstrate that our people are dying up to 10 years earlier than white populations in a state where we once made up the majority. As these populations were thriving pre-contact, westernization has hurt*

*and killed us, rather than creating health for ALL populations in Hawai'i. This includes where all life begins...at birth.*

*This bill threatens the expertise of indigenous practitioners who do not need to standardize their ancestral knowledge through a western lens. I am asking that deep revisions be made to this bill before it can be passed. I am asking that Native Hawaiian ancestral knowledge not be based on a standard that cannot be measured by western criteria and therefore cannot be required in a licensure. Western medicine and cultural maternal practices are two different to be lumped into the same bill. Both to be respected and honored from their own perspective, but only one part of this bill should be passed into law. Therefore, I oppose this bill and ask you to do the same.*

*Thank you so much for your time and consideration.*

*Ka`iulani Galon*

*mother, daughter, sister, friend, community leader*

**HB-1194-SD-1**

Submitted on: 3/27/2025 12:45:43 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tadia Rice	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Tadia Rice, and I am a resident of Kailua. I have comments related 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- 1) Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstatement of the birth attendant exemption that existed under the current midwifery law that expired in 2023.
- 2) Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;

Pregnant women should be able to make informed decisions about their own bodies and reproductive health care. Every woman needs and deserves more choices to access care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities. Mahalo,

Tadia Rice

**HB-1194-SD-1**

Submitted on: 3/27/2025 12:47:24 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alexandra Kisitu	Individual	Comments	Written Testimony Only

Comments:

Aloha senators,

Some crucial changes need to be made still to this bill so that women and their support networks, ohana, and extended friends and family aren't criminalized. Thank you for your support and consideration.

Dr. Alexandra Kisitu

**HB-1194-SD-1**

Submitted on: 3/27/2025 1:36:46 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Noelle Lindenmann	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Noelle Lindenmann, and I am a resident of Kailua-Kona. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
- **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals. As someone who was born at home, this is very important to me. My mother had the choice to do what she felt was right for her at that time in her life.**

Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Noelle Lindenmann, Kailua-Kona

**HB-1194-SD-1**

Submitted on: 3/27/2025 1:40:30 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Lum	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Jennifer Lum, and I am a resident of 'Ewa Beach. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Jennifer Lum, 'Ewa Beach*



**HB-1194-SD-1**

Submitted on: 3/27/2025 1:51:52 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Krista Vessell	Individual	Oppose	Written Testimony Only

Comments:

STRONGLY OPPOSE this bill which violates a basic human right to one of the most intrinsic things that makes a human being a human being. A governing body has NO right to dictate to us who we shall engage in the birth process with. SHAME ON YOU for using "safety" as a means to criminalize humanity.

**HB-1194-SD-1**

Submitted on: 3/27/2025 2:26:18 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Danielle Robertson	Individual	Comments	Written Testimony Only

Comments:

Aloha Senators - Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine. Danielle Robertson

**HB-1194-SD-1**

Submitted on: 3/27/2025 2:41:23 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Winternitz	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Elizabeth Winternitz, and I am a resident of Kula, Maui. I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Elizabeth Winternitz

**HB-1194-SD-1**

Submitted on: 3/27/2025 3:01:51 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ronnie Texeira	Individual	Oppose	Written Testimony Only

Comments:

My name is Dr. Ronnie Texeira and I am a board-certified obstetrician-gynecologist practicing in Kane`ohe. I am writing regarding HB1194 HD2 SD1.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
  2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.
- 
1. 1194 HD2 requires midwives to complete an accredited educational program and upholds the gold standard of midwifery training. This is important at this time as health is changing. We are dealing with diseases that our former practitioners and midwives did not encounter such as diabetes, heart disease, hypertension, IVF, multiple gestations, obesity, gastric bypass and now even measles. We can't rely on years of experience or going through an apprentice program like the PEP program. All of the bad outcomes I have seen were preventable and are from a clear lack of training and not knowing when to transfer a patient. We cannot lower the bar and need to keep the standards high for the women of Hawaii and support HB 1194 HD2. I look forward to working with licenses midwives through HB 1194 HD2 to help to provide care to the mothers in Hawaii and help facilitate safe transfers to the hospital.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and [US MERA guidelines](#).

Mahalo for your consideration.



**HB-1194-SD-1**

Submitted on: 3/27/2025 3:05:27 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Judith Cucco	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Judith Cucco and I am a resident of Honolulu. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

Judith Cucco



**HB-1194-SD-1**

Submitted on: 3/27/2025 3:32:58 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Brigitte Leilani Axelrode	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Brigitte Axelrode and I am a resident of Honolulu. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

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  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Brigitte Axelrode*

**HB-1194-SD-1**

Submitted on: 3/27/2025 5:27:26 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Christy Shaver	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Christy, and I am a resident of Lahaina. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Christy*

**HB-1194-SD-1**

Submitted on: 3/27/2025 7:19:31 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Leah Morse	Individual	Support	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Leah Morse and I am a resident of Honolulu. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND*
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Leah Morse*

**HB-1194-SD-1**

Submitted on: 3/27/2025 7:44:19 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shay Chan Hodges	Individual	Comments	Written Testimony Only

Comments:

*I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;*****

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

***We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*





**HB-1194-SD-1**

Submitted on: 3/27/2025 7:57:48 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rebecca Inaba	Individual	Comments	Written Testimony Only

Comments:

**Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,**

My name is Rebecca Kawehi Inaba, and I am a resident of Kona, Hawaii. I am submitting comments in strong support of amending **HB1194, Relating to Midwifery**, to better protect reproductive freedom and Native Hawaiian traditional and customary practices.

The Hawai‘i State Constitution guarantees the right to reproductive autonomy, including decisions around pregnancy and birth care. I respectfully urge the Committee to adopt the following amendments:

- **Restore legal protections for birth attendants** by reinstating the previous exemption and adding a clear statutory exemption with appropriate consumer safeguards.
- **Strengthen protection of Native Hawaiian practices** by replacing the current exemption in HRS 457J-6 with:

“This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawai‘i State Constitution.”

Pregnant individuals must have the right to choose their care—whether that means support from licensed midwives, traditional practitioners, or hospital-based providers. Some see pregnancy as a medical event, others as a natural life process, and both choices deserve respect and legal protection.

Hawai‘i needs more options—not fewer—for safe, culturally rooted, and community-based maternal care.

**Please support these amendments to HB1194** to uphold reproductive autonomy, honor Native Hawaiian practices, and expand access to care.

Mahalo nui for giving this your careful thought and consideration.

**HB-1194-SD-1**

Submitted on: 3/27/2025 8:34:43 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Emily Olson	Individual	Comments	Written Testimony Only

Comments:

Aloha my name is Emily Olson and I am a full time resident of Kaua'i and I had a beautiful, safe birth at home with my husband and doula. Crucial changes must be made to HB1194.

The state and law, should never interfere with how you show generosity from the heart for those that are present to your birth. By law we may call them unlicensed attendees, but for me those participating in my sacred birthing journey are ohana.

I urge you to make changes to HB1194 recommended by ACLU, HHHBC and Ea Hanau.

Thank you for listening.

From the heart, with aloha,

-Emily

**HB-1194-SD-1**

Submitted on: 3/27/2025 8:38:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Johns	Individual	Oppose	Written Testimony Only

## Comments:

Dear Senators Jarrett Keohokalole, Carol Fukunaga, Karl Rhoads, and Mike Gabbard,

My name is Jessica Johns and I'm a practicing OB/GYN in Oahu and have been a part of this community caring for women since my residency through the University of Hawaii in 2013. I'm writing to express my concern regarding the new addendums to HB1194. Adding these addendums will eliminate the fundamental goals of this bill: safe care for the women of Hawaii by ensuring qualified professionals are caring for them. Qualified professionals should be licensed, a title only to be attained after completing a standardized core curriculum. The PEP (Portfolio Evaluation Process) is solely preceptor-based and thus lacks a core education standard and competency assessment. The final addendum negates the original bill by allowing any untrained individual to legally attend a birth at home, if they have no monetary gain. This is not only unverifiable, but it's unenforceable. Both of these addendums allow for unsafe practices and I request that they be removed from the original bill.

Thank you for your time,

Jessica Johns MD

**HB-1194-SD-1**

Submitted on: 3/27/2025 9:03:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Julia M. Yano	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194. This bill restricts birth care to pregnant Moms and their spouses.

**Over 1,000+ people testified (in person and in writing) in OPPOSITION to HB1194 as of Friday, March 14, 2025.** It is clear that some women and their spouses have had very bad experiences at the hospital and do not want to be restricted by the government with their new birthing choices. Other women and their spouses choose homebirth for religious or cultural reasons. No matter what the reason is, all women want the freedom to choose regarding birth care.

**The Legislature seems to be in a panic to pass HB1194 because the controversial 2019 law to regulate midwifery will sunset on June 30, 2025.** However, if June passes and no bill has been passed, then things will go back to how they were before 2019: Pregnant women will be free to utilize a care provider of her own choosing without government interference and ALL women will be content with unrestricted birth care choices because the State will be out of their way.

This bill has already had 4 amendments and would need about 6 more amendments to be acceptable to all women. As the bill is currently written with amendments, HB1194:

- **Restricts Birthing Moms and their spouses from exercising their religion. This is a violation of the First Amendment.**
- Violates indigenous cultural rights of the Hawaiian & Pacific Islander Moms and their families/communities by failing to provide a clear **exemption for traditional birth practitioners, or Native Hawaiian birth practitioners (Article 12, Section 7 of the Hawai'i State Constitution).**
- Criminalizes local midwives from Hawai'i who are not certified, and favors Mainland midwives. Please note that ALL of the Hawaiian and Pacific Islander midwives have not been certified and have never even been required to be certified (since before 2019's controversial law which will lapse in June 2025). In addition, **home births reduce the maternal mortality rate among Hawaiians and Pacific Islander Women by 44%!**
- Is government overreach where the government is trying to impose a state-controlled license on a group of people who have practiced midwifery in indigenous communities without regulation for years.
- Criminalizes grandmas and others who want to help Moms with breathing or giving "advice" during the birthing process.

- Is extremely costly to local midwives because they would have to go to Midwifery Training on the Mainland in order to become certified. At the Midwifery Training on the Mainland, they teach midwifery according to the western civilization practices, and not according to Hawaii Women's practices.
- Restricts women who live too far from a hospital from giving birth at home.

If you want to research positive home birth outcomes, just watch the verbal testimonies to OPPOSE HB1194 that took place at the auditorium this past Friday, March 14, 2025. <https://www.youtube.com/live/kOkDa7A6JhQ?feature=shared>. You will see incredible Moms and Dads, and outstanding Midwives in Hawai'i who are flourishing after successful home births!

I am asking you to Vote NO on HB1194, relating to midwives.

Thank you for considering my viewpoint.

**HB-1194-SD-1**

Submitted on: 3/27/2025 9:12:38 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sally Markee	Individual	Oppose	Written Testimony Only

## Comments:

My name is Dr. Markee, and I am a board-certified obstetrician-gynecologist practicing in Honolulu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to **oppose HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and [US MERA guidelines](#).

- **ACOG and ACNM’s joint policy** supports midwifery only when midwives are educated, trained, and licensed according to nationally recognized standards.
- **No curriculum = No accountability** — public complaints can't be evaluated without a standard for comparison.
- **Licensure is meaningless if untrained individuals or "invited attendants" can bypass it**

**HB-1194-SD-1**

Submitted on: 3/27/2025 9:29:59 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Isabella Lau	Individual	Comments	Written Testimony Only

## Comments:

HB1194 needs to have an amendment that allows birthing women to be able to express their thanks to those who attended their births in the manner they choose, without it being criminalized. This is different than paying someone who may be unlicensed for their services. Women give thanks in many different ways and it should not be written into law that this is illegal. For instance, I gifted my midwife, birth assistant, and my dear friend for being present with me at birth with ceramic pottery, even though the only person I paid was my licensed midwife. I am still appreciative of the emotional support provided by the women in my life who showed up.

**HB-1194-SD-1**

Submitted on: 3/27/2025 9:32:24 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kathy Shimata	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is [Kathy Shimata, and I live in Honolulu. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices:

- - **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
  - **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant women should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.**

Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.



Mahalo,

Kathy Shimata

Honolulu. 96822

**HB-1194-SD-1**

Submitted on: 3/27/2025 11:02:37 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cory Harden	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

Please add these amendments to HB1194

1-Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023.

2-Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: "This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution".

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care.

mahalo,

Cory Harden, Hilo

**HB-1194-SD-1**

Submitted on: 3/27/2025 11:07:45 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Serafin	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wāhine/women to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey.

Mahalo for Standing With Wahine/women and our community.

Michelle Serafin

**HB-1194-SD-1**

Submitted on: 3/28/2025 2:25:41 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alana Sooriyakumar	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing you to share my testimony in strong opposition HB1194.

I tallied the last round of testimony submitted for the 3/14 hearing. There was a total of 557 testimonies submitted. 51 were in support, 493 were in opposition, and 13 were comments for amendments (essentially a testimony of opposition to the bill as written). Percentage wise that is 9.2% support, 88.5% oppose, and 2.3% comments for amendments. If you combine the opposition and the comments then you have a total of 90.8% oppose. Your duty as an elected Senator is to represent the will of the people, not to vote what your opinion or party line opinion is. The will of the people is very clearly demonstrated to be in opposition to HB1194!

This subject matters to me because while I may not have any more children, my children will be having children one day and so will their children and so forth; it is important to protect their right to choose to have a home birth unobstructed by undue government regulations. I say undue because that is exactly what this bill entails. It makes the term midwife proprietary, it limits the ability of people in Hawaii to become licensed midwives, and it restricts what cultural/religious practitioners are able to do within the scope of their care.

I understand the current legislation sunsets in June, but we shouldn't push through new legislation that is poorly written and discriminatory/exclusionary in nature, and most importantly not wanted by the people just because the old one is expiring. The people strongly oppose HB1194.

My objections are that

- it is wrong to limit traditional/cultural & religious midwifery practices,
- to regulate whom a woman wishes to have in attendance as a birth assistant,
- to make the term "midwife" proprietary to the government. Midwives have been practicing for as long as we have recorded history. The government does not own the term and cannot dictate who is and isn't a midwife. I can see the government setting up a pathway to be able to call yourself a licensed midwife with the state, but not to commandeer the general term midwife.

- to require licensing only through the MEAC pathway and not the PEP pathway (both of which are approved pathways to obtain licensure by NARM). The new writing of the bill is unclear to me whether the PEP has been included.
- and perhaps most importantly it is wrong for the government to interject themselves into our homes in what is a woman's sacred right of giving birth by restricting their ability to give birth with whomever and however they deem best suited for them and their family (so long as malice and willful neglect are not involved.) The government has no business being involved in my birth decisions, dictating what is and isn't ok, especially when it is within my own home and being paid for out of pocket.

HB1194 is confusing and vague in many areas. There have been so many rewrites and amendments made to this bill because it is a poorly written bill that doesn't serve the people. And if I didn't know any better, one would think that our representatives don't care what the people have to say. The people/community came together to introduce HB1328, but the Reps voted to defer it. The people have continuously submitted testimony asking that the PEP pathway be included as not including it severely limits the ability of the people living in Hawai'i to become licensed midwives and for the people of Hawaii, especially in rural locations, to access midwifery care for home births. But thus far, there has been no amendment to include it...one must ask, WHY? NARM is the nationwide governing authority for licensing midwives. NARM supports PEP as just as valid as the MEAC pathway, both pathways lead to the same licensing credential. PEP offers a way for people living in a location that doesn't have an MEAC available, to become licensed midwives without having to relocate. Hawaii doesn't have an MEAC available. So by not including the PEP pathway we effectually are forcing anyone in Hawaii who wants to be a licensed midwife to have to relocate. Why would anyone for the people of Hawaii support this?? The only conclusion I could draw is that they don't want midwives or homebirth in Hawaii.

Personally, I have had 4 home births, all here on Oahu. I am the youngest of 5 children, all of us were born at home. My husband was born at home. But even so, with our first pregnancy we weren't sure about home birth so we did dual care at Kaiser and with our midwife until about halfway through when we felt confident we were in better hands with our midwife than at the hospital. My experience under the care of my midwife was and 7 years later continues to be far superior to the care I received while still going to prenatal appointments at Kaiser, known as one of our top maternity care centers in the state. For example, my midwife had supplement suggestions that actually helped me and made me feel stronger and healthier during pregnancy, which was also shown to be evident on my lab blood work. During the prenatal appointments my midwife would be able to locate and feel the position of the baby and put the doppler on the heartbeat of the baby on her first try every single time vs the hospital where often the technician couldn't find the heartbeat for several minutes and at times had to bring in an ultrasound machine to see whether the baby was still alive...talk about inducing a panic of fear for the pregnant mother due to their incompetency. My midwife taught me how to feel the walls of my growing uterus, to feel for baby's position and included my whole family in each appointment. She educated us on what was going on with our baby each visit, what developments were happening inside for the baby and for me. She cared about my home life, my diet, my energy levels, my blood pressure, glucose and protein levels, and would ask me questions about whether I was experiencing any unusual or concerning symptoms: spotting, swelling, headaches,

nausea/vomiting, etc. With each pregnancy she brought with her the charts for our previous pregnancies and would look at baby's positioning and activities in the womb. We were able to see different characteristics between my 4 babies just by looking at the pregnancy charts of what I experienced with each of them in the womb. My midwife created a bond, a relationship with me, my husband, and with each of my children both in and out of the womb, and fostered my children having a bond with their baby brother or sister that was in the womb. She coached me through labor and was instrumental in the success of my 4 births, each one with no tearing, no stitches, and having a successful latch leading to breastfeeding all of them without having to supplement. She continued to visit for 8 weeks after birth, to check on me and baby and our family as a whole. There is no one else I trust more to deliver my babies, to care for me and my family during pregnancy, labor, and post-partum. She continues to be a presence in our life years after their births. Her work is a labor of love, it's not just a job. She is a midwife because it is her passion, her calling, truly a gifting, she does it with love and purpose because she cares for the health of you, the baby, and your family as a whole. At the hospital, I was just a cog in the wheel. I peed in a cup, had my blood pressure taken, weighed, told to take TUMS, and repeatedly asked if I wanted various different shots. Asked if I had any questions and sent on my way. There was no help offered, no education or support of what is going on inside you, no individuality in care tailored to you, there was no bond, no relationship, no love, and certainly no excitement of the awe that pregnancy and birth is. And honestly, I don't blame them because anecdotally I can tell you that everyone I know who has given birth in the hospital has had lasting trauma whether it is physical, emotional, mental, or a combination of these trauma types, so much so that I cringe every time I hear that someone is going to the hospital for birth. And so if I was a staff member involved in labor and delivery, I wouldn't be excited for the woman's coming birth experience either.

Anecdotally I can tell you that I personally know 11 women here on Oahu who have had home births for a total of 18 babies. Only 1 of them required a transfer which was not due to an emergency, but rather the labor never progressed after the waters had broken and so they transferred after 6 hours of no labor progression to ensure the safety of the mother and baby. Both mother and baby did come out alive, but only after receiving horrifying care at the hospital for an additional 72 hour labor with 3rd degree tears and a baby needing resuscitation. At the same time, I know 9 women who have planned on and given birth here in the hospital, only 1 of them gave birth vaginally. Every birth story, even the one who ended with a vaginal delivery, is a traumatic experience of multi-day labors filled with induction, fear, chaos, panic, and having to fight with the staff re: intervening in their labor with vaginal exams, pain meds, and IVs. Many don't want to share or talk about their birth experience because it was so traumatic and they're just thankful to be alive along with their baby. It is tragic that this is the norm of maternity care in our state and country as a whole. When you look at other developed nations, we have the worst maternal mortality statistics<sup>[1]</sup> and only 1.5% of all births in the US are home births. There is something wrong with our current maternal care system. You cannot in good faith support this bill which will limit our ability to access qualified midwifery care while simultaneously discriminating against the people of Hawaii being able to become a licensed midwife as it will make it possible only for those who have the luxury to relocate for a time and then have the desire to move back to practice.

I include my anecdotal stories not to say that there is no bad outcomes in home birth or good outcomes in the hospital, but rather to submit a picture of the beauty, that more often than not, is home birth. The undertone of this bill and the testimony of those that support and authored it is that home birth is dangerous, and the hospital isn't. But the statistics don't agree with that statement. Even the state auditor's sunset analysis report found that planned home birth is no more dangerous than planned hospital birth<sup>[ii]</sup>. It doesn't take long to see there is a difference in birth experiences when you talk to women who have had home births vs hospital. Outcomes of positive birth stories (women speaking highly of their birth experiences) are much higher in home birth than in the OBGYN/hospital route. A living mother and baby isn't a guarantee no matter where or how you choose to give birth. There are risks involved whether you choose to do it at home or in the hospital. It is a woman's right to weigh those risks and decide where she is most comfortable and confident to birth her baby and with whom. It is not the government's place to put undue burdens on her in restricting her ability to make that choice such as this bill would do, but rather how can we support the women who want to have home births.

Do the right thing, oppose this poorly written bill that does not support the pregnant women of Hawaii, nor the people of Hawaii wanting to become licensed midwives. Not only that, but the people have very clearly stated they do not support this bill, by submitting testimony in overwhelming opposition to this bill, as such it is your duty to oppose this bill.

Please vote **NO on HB1194**.

Mahalo,

Alana Sooriyakumar

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<sup>[i]</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

<sup>[ii]</sup> <https://auditor.hawaii.gov/summary/25-03-sunset-analysis-regulation-of-midwives/>

**HB-1194-SD-1**

Submitted on: 3/28/2025 8:46:22 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Lickers	Individual	Oppose	Written Testimony Only

Comments:

Testimony of Ashley Lickers in OPPOSITION to HB1194

Aloha Chair Keohokalole, Chair Rhoads, and Committee members,

My name is Ashley Lickers. I am and Indigenous Midwife from Six Nations of the Grand River Territory in Ontario, Canada. As a cultural practitioner, I have seen the overall health benefits of cultural midwifery and the benefits of Indigenous health sovereignty on the entire community when cared for by cultural practitioners.

I respectfully URGE you to make the changes recommended by the ACLU, Hawai'i Home Birth Collective, and Ea Hānau Cultural Council.

Without these changes, there are still major gaps in protection for Hawaiian and other cultural practitioners, and protection of reproductive rights. Also, the title "midwife" belongs to the community, with cultural protocols for its use, and making it a proprietary term is NOT OK!!!



Attn: Commerce and Consumer Protection/Judiciary Committees  
From: Margaret Ragen CM, LM, MS (Certified Midwife, Island of Hawai'i)

Re: HB 1194 HD2 SD1 RELATING TO MIDWIVES  
Joint Hearing, Decision-Making 04.01.25 9:30 am

To: Chairs Keohokalole & Rhoads, Vice Chairs Fukunaga & Gabbard, and Senators Awa, Change, Mckelvey, Richards III, and San Buenaventura.

### **I SUPPORT HB 1194 HD2 SD1 SUBJECT TO AMENDMENT**

I appreciate all the attention that has been given to the significance of midwifery. **I write to you as a Certified Midwife (CM) who has faced significant barriers to practice under Act 32.** Definitions and the scope of practice of midwifery in the existing bill have limited the authority of the CM, so much so that the CM is still not eligible for employment in any hospital, does not have prescriptive privileges, nor is eligible for Medicaid credentialing. Act 32 equated the CM to the CPM, whose work environment and scope is limited to community birth and reproductive healthcare. HB 1194 HD2 SD1 has not yet remedied this error.

**I am currently the only Certified Midwife in the State and I attribute that to inadequacies in Act 32/HJRS457j which persist in HB 1194 HD2 SD1.** I advocate to address these omissions now because I fully understand the potential value of the CM credential for Hawai'i to address provider shortages now and for the future of the profession. The CM is well-suited for Hawai'i-based midwifery students interested in pursuing an advanced midwifery practice credential. Furthermore, I also know DCCA will not be able to address deficiencies via administrative rules. Definitions and scope need to be adequately established in the statute. These past three years, I have been working closely with the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA) where I serve as Secretary of the Board.

The most simple way of understanding what are ACNM National standards is in the statement: **the Certified Midwife (CM) credential is equivalent to the Certified Nurse-Midwife (CNM) in the provision of midwifery care.** CNMs have been established in Hawai'i for almost 100 years. I advocate for the CM so that this credential can serve in the way CNMs have served for decades. What is required is definitions and scope of practice for the CM must match what has been established for the CNM.

Currently in Hawai'i, a CNM, if they so choose, can work in all environments. They can apply to serve in hospitals, clinics, and if there were a Licensed Freestanding Birthing Facility they could also serve there. They can provide independent full-scope care, including maternal and newborn care, primary and gynecologic care. And, although there have been a handful of CNMs serving

as home birth midwives, there is only one providing this care at this time. As does the CM in other states, most CNMs in Hawai'i function as employees.

**Act 32/HRS457j and HB 1194 were primarily conceived to regulate midwifery in community settings.** Attention to amendment suggestions to establish the CM's equivalence with the CNM has been challenging because these considerations have been overshadowed by the more urgent needs to resolve community based care as provided by Certified Professional Midwives (CPMs) and birth attendants. Reproductive, religious, cultural, and constitutional rights have also been at the forefront of all proposed amendments these past 5 years and the ongoing lawsuit.

**Now that these elements have substantially been addressed in the amendment process, I urge legislators to take the time to recognize that the CM credential is also impacted by this statute.** It is for the public benefit that all midwives practice to the fullest extent of their training and credential. The CM is a valuable asset to attracting advanced midwifery practitioners to the State AND to function as a viable pathway for advanced midwifery practice.

**I appreciate that the Commerce and Consumer Protection and the Judiciary Committee will review this written testimony. I seek reassurance that the final version of HB 1194 will no longer stand as a barrier to practice for the CM.**

Please consider amending this bill so that the CM can:

- 1) Become fully integrated into the healthcare system.
- 2) Codify midwifery service by CM to be eligible for reimbursement.
- 3) Support Hawai'i-based educational pathways to advanced midwifery practice. The CM credential was designed so that a midwifery student could pursue a MS in Midwifery without burdening the nursing educational system AND that they not be burdened by a dual credential and dual license.

Mahalo for your careful time and consideration of these requests.

To achieve these aims, I endorse all suggested amendments by the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA).

Sincerely,

Margaret Ragen CM, LM, MS

[ohiamidwifery@gmail.com](mailto:ohiamidwifery@gmail.com)

**HB-1194-SD-1**

Submitted on: 3/28/2025 11:08:37 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kristina Statler	Individual	Comments	Written Testimony Only

Comments:

With the passing of the amendments to HB 1194, I respectfully ask that these final pieces of information be included:

1. Families should have the freedom to give whatever they wish to those they invite to be present at their birth.
2. Anyone invited to a family's birth should be able to participate in their pregnancy and postpartum care as desired by the family.

Mahalo!

Kris Statler

Ha'iku, Maui

808-268-3527

**HB-1194-SD-1**

Submitted on: 3/28/2025 12:29:33 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lenley Lewis	Individual	Support	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Lenley Lewis. I am a resident of Laupahoehoe. I am submitting comments on **HB1194, Relating to Midwifery.***

***Please add the following amendments to HB1194*** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption WITH consumer protections in place.*** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
- ***Amendment to fully protect Native Hawaiian traditional and customary practices.*** Replace the current exemption language under HRS 457J-6 with the following language: ***This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***  
*Some view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support. Others view pregnancy and birth as a*

*medical event and choose to give birth in a hospital with access to physicians and nurses (which HI suffers from a shortage of).*

***We need more choices, not fewer, about when, where and from whom to access care.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in HI.*

*Mahalo,  
Lenley Lewis*

**HB-1194-SD-1**

Submitted on: 3/28/2025 12:33:37 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Makalani Franco-Francis	Individual	Comments	Written Testimony Only

Comments:

Aloha Senators

I urge you to honor your pledge to "Stand with the Wahine" (June 3,2022).

HB1194 needs crucial changes to perfect the bill by PROTECTING FREEDOM for Wahine to choose who participates in their pregnancy, birth, and after birth. And without criminalizing any choices to give to those who they invite into their birth journey.

Mahalo for STANDING WITH WAHINE,

Makalani Franco-Francis

**HB-1194-SD-1**

Submitted on: 3/28/2025 7:41:41 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Linda Morgan	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Linda Morgan and I am a resident of Ocean View. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND*
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural*

*needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

***We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

Linda Morgan



**HB-1194-SD-1**

Submitted on: 3/28/2025 2:57:49 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
janet Taiatini	Individual	Comments	Written Testimony Only

## Comments:

Tena Koe(Greetings) friends and whanau( family). I am an experienced registered midwife in Aotearoa. I believe the inherent right of women to have pregnancy care that is clinically and culturally safe. Our ancestors have been present and birthing women from the beginning of time. I believe the birth practitioners of all our International lands, have gifts and skills they have developed over time to work with our whanau whom choose a culturally appropriate pathway. I believe Legislation should enable and support birth workers to formulate policy that upholds the practices of our ancestors. Tihei mauri ora( it is the breathe of life) janet Taiatini

**HB-1194-SD-1**

Submitted on: 3/28/2025 3:22:39 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kula Raquedan	Individual	Oppose	Written Testimony Only

## Comments:

Article XII. Section 7 of Hawai'i's Constitution affirms the state's obligation to "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"

I strongly oppose HB1194 HD2. You, Hawaii Legislature and Leaders, to have this conversation on how we deliver and with whom we deliver our babies is not your concern, nor is it a political matter. It is our Kō Hawai'i Pae 'Āina; it is our kino, it is our cultural practice and belief. Stop this nonsense and respect what was here before you.

**HB-1194-SD-1**

Submitted on: 3/28/2025 3:42:04 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jerri Shay	Individual	Comments	Written Testimony Only

Comments:

To whom it may concern.

I am sending this because crucial changes need to be made to HB 1194. Is a human right? A mother, father or family should be able to gift or give whatever they want To the unlicensed attendant, they choose to have at their birth as a cultural tradition, Common courtesy, love and gratitude from the heart. common courtesy, love and gratitude from the heart.

I urge you to make changes to HB 1194 as recommended by ACLU, HIHBC and Ea Hanau. These recommendations will protect traditional midwives and midwifery practices rather than eliminating them or restrict them into the western/medical model of care.

Mahalo for your time and consideration.

**HB-1194-SD-1**

Submitted on: 3/28/2025 3:48:50 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Merrily Daly	Individual	Comments	Written Testimony Only

Comments:

**I am only commenting on this measure as I DO support HB1194HD2 yet DO NOT accept the 2 amendments added in HB1194HD2SD1**

I am emailing today as the midwifery HB1194 HD2 SD1 will be heard in a CPN and JDC joint committee that I am very concerned about.

I am a 47 year resident of Hawaii, an RN, Certified Professional Midwife , and Licensed Midwife. I have been advocating for licensure in this state since 1979 which took up until 2019 to pass. That was an extensively long process over the years to finally get regulation for the Profession of Midwifery. Our group worked tirelessly to help legislators understand what was at stake for practicing midwives who were educated and wanted licensure.

**I completely disagree with:**

**The two amendments added to the bill**

#1: Exemption for TBA's Under the new amendments added to bill HB1194 HD2-SD1 Section 8: 457J-6

**Amendment (7): "Birth Attendant" has nothing to do with the Professional Practice of Midwifery and should have NO part of this bill**

- If Hawaii makes an exemption for Traditional Birth Attendants (TBAs) , then why have a midwifery license at all? You will give permission to ANYONE who claims they know something about birth to practice the professional skill of midwifery!

Midwives and others will flock here who have lost their licenses in other states and could cause more harm to our community.

- I would no longer need a license to Practice and neither will the other 40 Licensed midwives in the state.

- We live in 2025 where everyone needs to make a living. There will be no way to know who exchanges money.
- Please remember that many of us who oppose this amendment have worked in the community a very long time and have had to deal with birthing issues that have come up (unlicensed practitioners that say they are midwives)
- The state also will become a target for lawsuits because they chose NOT TO REGULATE MIDWIVES. Your job in the community is to protect the community with laws from wrong doing. OB's, CNM's, RN's, and other LM's all will wonder why a TBA (Traditional Birth Attendant) would have an exemption when all of them must have a license to practice along with continued education.

The State Auditors Sunset Analysis Report found that midwives should continue to be regulated under full licensure.

**This exemption states: invited by a patient to attend a birth occurring at a location other than a birth facility where no compensation for the attendants or SERVICE is contemplated, charged or received. LET'S GET REAL HERE**

That already exists in the prior bill allowing someone who is not a professional, but a helper to come in and be at a birth with no training. **She is a helper NOT a MIDWIFE with training.**

## **#2 Add in PEP process**

I disagree with the other amendment added to HB1194 HD2 on 3/17/25 concerning the PEP process for licensure. NARM (North American Registry of Midwives) developed the Portfolio Evaluation Process (PEP) in the early 90s as a means to certify the very first Certified Professional Midwives. Instead I strongly support the standard for licensure be a MEAC accredited education.

**This is why I disagree.**

1. I used the PEP process back in the 90's to fulfill my midwifery requirements as there were NO ACCREDITED SCHOOLS at that time. I was also an RN and a practicing midwife since 1973 with direct training from and OB, Pediatrician and Midwife before I started the PEP process. I had ample Professional training prior to PEP
2. **The PEP process now is substandard as there are MANY accredited schools teaching the needed skills necessary to be a CPM, CM, and LM. (PEP) has run its course and now is becoming outdated with new ways to become educated.**
3. In 2019 those who had opposed what became our current midwifery law were given a working group to come up with how they would define and regulate themselves. They put forth a bill this year and it was immediately deferred.

4. Now this group wants to destroy the Licensed Midwives bill by demanding these amendments. I am a LM and am very against this.

5. Adding the amendment for TBA's makes everyone in our community **LESS SAFE**.

In summary I ask that you think about what you are putting into law and please

**Remove both of these amendments from HB1194 HD 2 SD1 at the next hearing. The licensed midwives already have done so much work on the bill that passed in 2019. How could you let people with NO TRAINING come in and obliterate what took so long to put into law (by adding these 2 amendments.) You pass the laws yet you are NOT out there in the community to see what is really happening.**

If you have any questions I am more than happy to discuss with you. My number is:

**808 280 2077.**

Mahalo for your time

**Merrily Daly LM, CPM, RN**

Daly Birth Maternity Services, Maui, Hawai

**HB-1194-SD-1**

Submitted on: 3/28/2025 4:48:44 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bliss Kaneshiro	Individual	Comments	Written Testimony Only

Comments:

My name is Dr. Bliss Kaneshiro, and I am a board-certified obstetrician-gynecologist who provides obstetric services on Oahu, Hawaii Island and Maui. I am writing regarding HB1194 HD2 SD1. I testify on behalf of myself only.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose two of the amendments that were introduced by the Senate.

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

Removing these two amendments supports patient safety and autonomy by providing patients with all of the information needed to make decisions for their own care.

Bliss Kaneshiro

**HB-1194-SD-1**

Submitted on: 3/28/2025 5:56:36 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Coles	Individual	Support	Written Testimony Only

Comments:

Pregnant women need more access to womens health care and more choices for prenatal care and delivery, and prptecting their healrh while pregnant and giving birth. Midwifery is a thousands of years old tradition that looks holistically at women.



**HB-1194-SD-1**

Submitted on: 3/29/2025 2:55:33 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Naomi Baquera	Individual	Oppose	Written Testimony Only

## Comments:

Aloha, my name is Naomi Baquera. I am a massage therapist from Honolulu who cares deeply about health and wellness for the people. This said, I respectfully urge you to make changes recommended by the ACLU, Hawai'i Home Birth Collective, and Eā Hanau Cultural Council.

These changes are crucial for the protection of Hawaiian cultural practitioners, to which is allegedly outlined in this bill, yet is without implementation of feedback from the people it vows to protect.

Midwifery is an ancient practice that can be traced back to the Paleolithic era of humankind. The preservation of traditional midwifery and cultural practitioners is the preservation of an integral facet of human history. Many of us would not be here today without the practice of traditional midwifery bringing our ancestors into the world. Therefore, I believe we owe it to midwives today of organizations afformentioned to listen with open ears to what they are calling for.

Without these changes, we risk losing protection for cultural practitioners. Without protection for cultural practitioners, we risk losing the essence of traditions that have brought forth life for centuries.

**HB-1194-SD-1**

Submitted on: 3/29/2025 12:12:03 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sandra Staab	Individual	Comments	Written Testimony Only

Comments:

Aloha,

Please remove the two amendments that were added.

1. Which removed MEAC education from the licensure requirement and
  2. Which allows anyone to practice midwifery without a license provided they are not paid.
- Neither of these amendments protects the consumer.

Mahalo nui.

**HB-1194-SD-1**

Submitted on: 3/29/2025 1:15:52 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Elisabeth Kalanikapulahaʻole Jones	Individual	Comments	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

‘O Elisabeth Kalanikapulahaʻole Jones koʻu inoa. No Kuliʻouʻou mai au, a noho au ma ka piko ʻo Chinatown Honolulu. I offer this testimony for HB1194 with humility but also with deep conviction, shaped by years of research into the sacred nature of the birthing body, the architecture of patriarchal law, and the enduring wisdom of Indigenous knowledge systems.

In Hawaiian ways of knowing and being, as in many Indigenous worldviews, birth is not merely a biological event. It is a ceremony of passage—a moment when the body becomes a threshold between realms, between pō and ao, the unseen and the seen, the ancestral and the living. Midwives are the guardians of this liminal space. They are not simply providers. They are keepers of ceremony, safety, and sacred continuity. Yet, the law, as it stands fails to see this. Instead, it measures legitimacy only through institutional pathways—pathways that were never designed for us. In Hawaiʻi, where no midwifery schools exist, we are asked to uproot ourselves, to seek certification across the ocean, to participate in systems that too often ignore, or worse, undermine, the wisdom carried in our bodies and our communities. It is a familiar demand, one that echoes the long and violent history of forced removal, disconnection, and being told that our ways are not enough. But I ask you: if a single standardized examination is the gateway to licensure, then why should the path to preparation—be it through Western schooling, portfolio evaluation, or apprenticeship—matter at all? To privilege one route is to quietly uphold colonial hierarchies. It is to say that only knowledge sanctioned by foreign institutions is legitimate, while ancestral knowledge passed through generations, through observation, embodiment, and trust, is somehow insufficient. This is not neutrality. This is colonization at work.

I must also speak to the criminalization embedded in this law—the quiet but devastating way it punishes those who would have stepped forward to help life enter the world in times of urgency. Is there anything more instinctive, more human, than a wahine responding to the cries of another in labor? Yet this most ancient act of care is rendered suspect under the law. This is not safety—this is control, born of a patriarchal logic that has long sought to regulate the female body and its power. Such laws do not arise in a vacuum. They are the modern descendants of purity codes and of religious and legal systems that positioned the female body as a site of danger, disorder, and thus in need of management. But to Indigenous peoples, the body—especially the birthing body—has always been a site of mana, not inferiority.

I urge you to amend this law by:

1. Strengthening the exemption to fully protect Native Hawaiian birthing practices as traditional, customary, and sacred—not as cultural curiosities, but as living, necessary forms of care.
2. Reinstating the birth attendant exemption to ensure that no one who rises to assist at the sacred threshold of birth is punished for doing so.

This is not only a legal issue. This is a question of trust: Do we trust the intelligence of our people? Do we trust the resilience of knowledge that has safeguarded life here for generations before colonization, and will continue to do so if allowed? To ignore these amendments is to continue a history of dispossession and mistrust. To adopt them is to affirm the sanctity of birth, the dignity of birthing people, and the rightful place of ancestral knowledge within the laws of this land.

Me ka ha‘aha‘a,

Elisabeth Kalanikapulaha‘ole Jones

**HB-1194-SD-1**

Submitted on: 3/29/2025 2:20:57 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lilian Miwa Maher	Individual	Comments	Written Testimony Only

Comments:

Aloha

I am a mother of twins and one more. The pregnancy and birth of my twins was difficult and scary. It would've helped me and my babies if I had my cultural and traditions practices.

Please allow:

- An amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- An amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution.

Mahalo

**HB-1194-SD-1**

Submitted on: 3/29/2025 3:25:25 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Nicole Chun-Park	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and

Committee Members,

My name is Nicole Chun-Park, and I am a resident of Moanalua, O’ahu. I have had 4 hospital births and 2 home births. My last home birth I gave birth to twins surrounded by my 'ohana, midwife, doula(s) and birthworkers. I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Nicole Chun-Park

**HB-1194-SD-1**

Submitted on: 3/29/2025 6:27:13 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kehaulani Avicolli	Individual	Comments	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Chair Rhoads, and Committee members,

My name is Kehaulani Avicolli. I am a mother, Native Hawaiian birth and postpartum worker in my community, from Kailua, O‘ahu. I respectfully URGE you to make the changes recommended by ACLU, Hawai‘i Home Birth Collective, and Ea Hānau Cultural Council.

Crucial changes need to be made to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in the pregnancy, birth, and after birth, and without criminalizing any choices to give to those they invite into their journey. Mahalo for standing with wāhine.

Mālama,

Kehaulani



**HB-1194-SD-1**

Submitted on: 3/29/2025 6:41:26 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tara Flynn	Individual	Comments	Written Testimony Only

Comments:

Aloha

As a native hawaiian mother having birthed four children,

I ask you to make the changes recommended by ACLU, Hawai'i Home Birth Collective, and Ea Hānau Cultural Council, to protect the freedom of wāhine to choose who participates in the pregnancy, birth, and after birth, and without criminalizing those chosen to participate in the pregnancy, birth and postpartum process.

mahalo nui,

Tara Flynn

**HB-1194-SD-1**

Submitted on: 3/29/2025 6:55:14 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Robert Culbertson	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Rob Culbertson, and I am a resident of Honokaa. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
- **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

***We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*R A Culbertson*

*Honokaa*

**HB-1194-SD-1**

Submitted on: 3/29/2025 7:09:37 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jenessa Adams	Individual	Comments	Written Testimony Only

Comments:

Aloha Senators,

Very important changes need to be made to HB1194 to perfect the bill by protecting wahine to be able to choose who will be with them at their births, including who they choose for their prenatal and postpartum care. No one needs to be criminalized for supporting a mother during her pregnancy journey!

Mahalo for your consideration and standing with wahine!

Jenessa Adams

**HB-1194-SD-1**

Submitted on: 3/29/2025 7:10:20 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thomas Richmond	Individual	Support	Written Testimony Only

Comments:

Aloha mai kakou

Mahalo for hearing testimony and making important ammendments to this proposed bill. However to clarify, it MUST include the following

"[~~E~~§457J-12[~~H~~] Lists no exemptions to cultural attendants to practitioners as allowed for within laau lapaau and other forms of cultural services pertaining to medicine and in this case pregnancy and delivery.

Please consider no limitations to Kānaka maoli requests to their own protocols.

If these paths are open to those seeking modern healthcare alternatives, then such practitioners should also be provided an avenue of protection, both to be excused from government persecution and procedural regulations for doing so, extending to ALL areas of intentional procedures recommended by the head practitioner; which also includes attendees, and medicines (whatever that may be).

If liability is the cause of such tenants being still included, please consider a unified waiver or consent form that gives the consigned autonomy to choose their practitioners and gives those listed the protections as any required documentation of procedure would; allowing for those listed to be free of persecution, fine, legal action from state/federal etc.

to allow for culture, but place limitations, is a risky potential overstep, yet done correctly it will set precedent of how legislation can have a symbiotic relationship with ALL constituents, especially those acting within their own cultural universe and their own self identity autonomy inherent therein.

aloha nui kakou

mahalo mahalo mahalo

Thomas

ascendedlines@gmail.com

9136385016



**HB-1194-SD-1**

Submitted on: 3/29/2025 7:28:48 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Georgia L Hoopes	Individual	Support	Written Testimony Only

Comments:

Aloha Committee Members.

This is a good bill. Please make it even better with amendments added, protecting practitioners of native Hawaiian midwifery traditions. No midwifery schools are here in the islands and it's prohibitively expensive and out of reach for many who want to pursue certification.

Mahalo for your consideration.

Georgia Hoopes, Kalaheo

**HB-1194-SD-1**

Submitted on: 3/29/2025 7:49:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
pahnelopi mckenzie	Individual	Comments	Written Testimony Only

## Comments:

Thank you Chairs Keohokalole, Rhodes, and Committee members, We are so grateful for your years of support and hope for Reproductive advancements and Reproductive rights. Midwifery care is an essential part of a healthy society. Birthing people deserve to have autonomous choice in how, where and with whom they share the life changing experience of being pregnant and giving birth. Total access to choice on who supports them through their pregnancy, birth and postpartum journey (not just their birth). I am grateful for the many changes that needed to be made to HB 1194 and so far most of them have been amended. The PEP is a crucial additional to this bill we are grateful has been added. HB 1194 HD2 SD1 is very close to being a bill that can work for the overall well being of the Maternal health crisis we are in and the lack of full spectrum care that we are trying to establish. As we are here today to bring the final additions to HB 1194 to make it fully strengthen in accessible and autonomous health care.

**Hawaiian customary and traditional practices must be clearly protected as we move forward with this Midwifery Bill.** Midwifery at base line is cultural, traditional, and human biological support. Birthing people deserve access to all forms of care that they choose. **The continued exemptions for all cultural and religious Midwives can and should be established as once was.** The exemptions forms that worked and seen fit by DCCA as we also see these same exceptions forms in Oregon. These exemptions will give parents autonomy to choose the support they see fit for their normal biological process of pregnancy.

We must also see that gifts are often given to those we love or are supported by. A family should be able to exchange gifts of their choosing to who ever they want. Midwives are not political figures nor criminals and should not be restricted in communities offering to them in there wellbeing.

I ask that these additions be placed in HB 1194 HD2 SD1 and we can finally being to work collaboratively in the goal of strengthen the health of Mothers, Parents, and families with access to all providers as should be accessible here in Hawaii.

Thank you, Pahnelopi McKenzie



**HB-1194-SD-1**

Submitted on: 3/29/2025 7:51:19 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kiley Adolpho	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole, Rhodes, and Committee members,

Please make the additional amendments to HB 1194 HD2 SD1

Total freedom of choice on who supports them through their pregnancy, birth and postpartum journey (not just their birth). or anyone they invite to be able to participate in their pregnancy and after the birth as well.

To give whatever they want to those they invite into their birth space without the overshadowing of criminalization. Give whatever they want to those they invite to be at their birth

Thank you, Kiley Adolpho

**HB-1194-SD-1**

Submitted on: 3/29/2025 8:49:23 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gabriel Katz	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Gabriel Katz and I am a resident of Kailua-Kona. I am submitting comments on **HB1194, Relating to Midwifery.***

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including during pregnancy and labor. **Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:***

- **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
- **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawai'i State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical needs. **While some people feel it is in their best interest to give birth in a hospital setting, criminalizing midwives without licensure only serves to make access to pregnancy and labor assistance HARDER for expecting mothers who don't subscribe to that belief. Allow the choice to be made by the individual, not by the state; protect people's choice to follow their cultural practices as protected under Hawai'i State Constitution.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Gabriel*

**HB-1194-SD-1**

Submitted on: 3/29/2025 8:17:41 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
helen salvani	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Chair Rhoads, and Committee members,

My name is Helen Salvani I am a mother, grand mother and Native Hawaiian birth Honolulu, O‘ahu. I respectfully URGE you to make the changes recommended by ACLU, Hawai‘i Home Birth Collective, and Ea Hānau Cultural Council.

Crucial changes need to be made to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in the pregnancy, birth, and after birth, and without criminalizing any choices to give to those they invite into their journey. Mahalo for standing with wāhine.

Māhalo,

helen

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name Kilihea Inaba, a kupa (offspring) of Kaloko, Kona, Hawai'i.. I am submitting comments on **HB1194, Relating to Midwifery**.

As someone who has birthed at home with the care of a midwife who applied traditional birthing practices during my prenatal, labor and postpartum periods, I understand the importance of amending this bill.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
- **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs as I have myself. Others view

*pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

***We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*Kilihea Inaba*

**HB-1194-SD-1**

Submitted on: 3/29/2025 9:12:47 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sovereign Duarte	Individual	Comments	Written Testimony Only

Comments:

My name is Sovereign Duarte. I am fifteen years old and have been testifying for my generation on the right to CHOOSE since I was 6 years old. I am so glad this draft allows my generation the right to invite ANYONE I choose to attend my birth. Mahalo for these amendments.

I do believe I should be able to give anything I want to those I choose to attend my birth (whether it is a gift or a donation). I should also have the right to invite anyone to participate in my pregnancy (not just attend my birth).

Please support these choices for the next generation. Mahalo!

**HB-1194-SD-1**

Submitted on: 3/29/2025 9:25:47 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ghia Borges	Individual	Comments	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Chair Rhoads, and Committee members,

My name is Ghia Borges, I am a homebirth mother of 2 from Ko'olauloa district.

I respectfully urge you to make the changes recommended by ACLU, Hawai'i Home Birth Collection, and Ea Hānau Cultural Council. Without these changes, there are still major gaps in protection for Hawaiian and other cultural practitioners, and protection of reproductive rights.

As a mother who has chosen traditional midwives to support me with the birth of my two children, it is important to me and many many Hawai'i families to have the right to choose who attends our births and to ensure that our birth attendants can participate in our pregnancy and postpartum care.

Additionally, we have the right to provide whatever support we believe appropriate for those individuals who are part of our birth experience. This includes offering cultural gifts, compensation, or any form of gratitude that reflects the value we place on their care and involvement during such an important and intimate time in our lives.

Also, the title "midwife" belongs to the community, with cultural protocols for its use. Midwives have been around since the beginning of time, carrying with them and passing down invaluable wisdom, knowledge, and expertise that cannot be replaced. It is not acceptable to make "midwife" a proprietary term.

I am deeply appreciative of the recent improvements made to this bill which offer stronger protection for Hawaiian cultural practices and reproductive rights, as well as the inclusion of PEP. However, it is **crucial** that further changes are made to ensure that this bill fully addresses the needs of the community and families of Hawai'i.

Mahalo for your time and consideration,

Ghia Borges



**HB-1194-SD-1**

Submitted on: 3/29/2025 9:50:01 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Karese Miguel-Hamakua	Individual	Comments	Written Testimony Only

Comments:

This is your opportunity to demonstrate your commitment to women's reproductive rights. I urge you to make the following critical changes to this bill:

1. **Strengthen the exemption** to fully protect Native Hawaiian traditional and cultural practices related to pregnancy, birth, and infant care.
2. **Reinstate the birth attendant exemption** that existed before 2023. This exemption provides consumer protection and ensures that birth workers practicing traditional midwifery care without a midwifery license are not criminalized. It is essential that people have the right to give birth according to their cultural practices, regardless of their background.

These simple yet crucial changes will safeguard women's rights to make their own choices about who, where, and how they give birth. Please take action to uphold these fundamental freedoms.

**HB-1194-SD-1**

Submitted on: 3/29/2025 10:30:52 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Heather Quintana	Individual	Comments	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Chair Rhoads, and committee members,

My name is Heather Quintana, and I am writing to urge you to amend this bill. Hawaii ACLU, Hawaii Homebirth Collective and Ea Hānau Cultural Council have made very clear what changes need to be made to this bill in order for it to adequately protect our birthing people's reproductive rights, and those of our cultural practitioners.

We sincerely appreciate the work done thus far on improving this bill but there is still more work to be done.

Mahalo nui for taking the time to address this.

HQ

**HB-1194-SD-1**

Submitted on: 3/29/2025 10:33:45 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Olivia Manayan	Individual	Comments	Written Testimony Only

## Comments:

Dear Chairs Keohokalole and Rhoads, and honorable members of the CCP and Judiciary committees,

My name is Dr. Olivia Manayan; I am an OB/GYN practicing in Honolulu. I am writing to you today because I strongly oppose the amendments that were most recently added in the HHS Senate hearing for this bill. As I have previously stated, I support HB1194 HD2 as it stands, prior to amendments regarding exemptions for traditional birth attendants and support of the PEP pathway.

Opponents of previous versions of this bill have stated that exemptions should be made for traditional birth attendants, so as to ensure that every birthing person has the right to decide how she would like to give birth, as well as who is present at the delivery. As a physician, patient autonomy is one of my guiding values and I am in full support of laboring patients having control over their care in pregnancy. Part of true autonomy is being able to make informed decisions, knowing all the benefits and risks of the care that is received. If a patient opts to have a midwife care for her during labor and delivery, she should be able to trust that her midwife has been trained to the standard of care that this profession demands, one that allows for a safe, caring environment for both mom and baby.

Regarding the PEP pathway, the main issue at hand with this exemption is patient safety. This route has no formal curriculum and therefore fails to establish an objective standard of care. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete; as the saying goes, "You don't know what you don't know." Labor and delivery is healthcare. There is not any other provider of healthcare I am familiar with who does not have to undergo formal training according to a standard curriculum.

Though we still have room to improve when it comes to improving maternal morbidity and mortality, there are far less deaths that occur in the modern day compared to when every birth took place outside a hospital setting. While home birth may be a safe option for the right candidate, there should always be plans made in the event that an emergency takes place during the birthing process. Part of midwifery training is knowing when to put that plan to action. In my last 5 years as an OBGYN, I have taken care of a number of patients who have sought care at a hospital after a home birth attempt. In many of these instances, there have been negative outcomes that may have been preventable if they had been recognized by a trained provider. Recently, I saw a patient who presented to our OB emergency room who had been pushing at

home for six hours and came for pain management. On vaginal exam, she was found not to be completely dilated, which is a requirement prior to starting to push. She was accompanied by her birth attendant, who used coercive language when the topic of delivery via C-section was discussed. I was called to a room to perform an ultrasound, at which time I saw that the baby's heart was not beating. The patient was rushed to the operating room where I performed an emergent cesarean section. While, thankfully, the baby ultimately lived, he required resuscitation and admission to the neonatal ICU.

Just like medicine, podiatry, and EMT services are professions which require licensure through the DCCA, so too is midwifery. Ultimately, this bill is not meant to penalize other birthing attendants or traditional birth practices, but rather **it is meant to uphold the profession of midwifery.**

I thank you for your time. Please feel free to contact me with any questions you may have.

Best,

Olivia Manayan, MD MPH  
University of Hawai'i OB/GYN

**HB-1194-SD-1**

Submitted on: 3/29/2025 10:51:09 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jasmine Mano'i	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS -

My name is Jasmine and I am a mother of an 8 year old daughter and am currently pregnant with my second child. Please consider these crucial changes mentioned below to continue to allow myself and many others to have the freedom to choose.

Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wāhine.

With Love &amp; Aloha,

Jasmine

**HB-1194-SD-1**

Submitted on: 3/29/2025 11:22:32 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shannon Matson	Individual	Comments	Written Testimony Only

## Comments:

Aloha Chairs, Vice Chairs, and Committee Members,

I am writing to you with my comments on the current draft of HB 1194 HD2 SD1. I am currently 21 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 HB 1194 without additional exemptions that have been added. 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 without amendments.

As a person who will be again very soon bringing new life into this world, I am pleading with you to continue to work to strengthen the protections in this legislation for birthing rights and allowing those who are pregnant the support and autonomy to choose who they want in attendance at their births. Legislating additional restrictions upon birth workers 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. 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 including 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. Thank you to the prior Senate Committee and Senator Joy San Buenaventura for making sure that was included in this bill.

Please include the additional 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.

Hawai'i Resident

# SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION AND JUDICIARY

Tuesday, April 1, at 9:30 AM

## HB 1194 HD2 SD1 - RELATING TO MIDWIVES

### POSITION: OPPOSE

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

Mahalo to Senator San Buenaventura and the Health and Human Services Committee for addressing some of the community's longstanding concerns. However, HB 1194 HD2 SD1 remains restrictive of reproductive rights and fails to provide a licensure pathway inclusive of the entire midwifery profession.

I respectfully request the following amendments:

- **Protection for Birth Attendants from Criminalization:** Reinstate the birth attendant exemption from the previous midwifery law, which expired in 2023, to ensure those providing non-clinical maternal support are not subject to criminal penalties. This should include clear statutory language with consumer protections.
- **Full Protection of Native Hawaiian Traditional and Customary Practices:** Replace the current exemption language under HRS 457J-6 with:  
*"This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution."*

As a survivor of sexual assault, I stress the importance of birth and midwifery laws that are inclusive, trauma-informed, and empower families to make informed, culturally relevant decisions. As a strong advocate for abortion rights and bodily autonomy, I urge this committee and the Senate to uphold reproductive choice in all aspects, including birth. The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including the right to choose where and with whom to experience pregnancy and birth care.

In rural and outer island communities, where access to healthcare—especially maternal care—is limited, expanding birthing options is a necessity. Many families face geographic and financial barriers to hospital-based care, making home births and midwifery services essential for safe, accessible maternity support. Please ensure all families, regardless of location, have access to the care they need while safeguarding reproductive rights and protecting all traditional and customary practices.

Thank you for your time and consideration.

With deep conviction,  
Laura & Lynold Acasio





**HB-1194-SD-1**

Submitted on: 3/30/2025 2:01:56 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
krystle ilar	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and  
Committee Members,

My name is krystle ilar , and I am a resident of Kaneohe. I am submitting comments on  
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. Please  
add the following amendments to HB1194 to strengthen protections for reproductive  
freedom and Native Hawaiian traditional and customary practices relating to pregnancy,  
birth, and infant care, and end the criminalization of maternal support and care without a  
midwifery license:• Amendment to protect birth attendants from criminalization by adding a  
clear

statutory exemption with consumer protections in place. Reinstate the birth  
attendant exemption that existed under the current midwifery law that expired in  
2023, AND

• Amendment to fully protect Native Hawaiian traditional and customary  
practices. Replace the current exemption language under HRS 457J-6 with the  
following language: This chapter shall not apply to a person who is: (4)  
Practicing Native Hawaiian traditional and customary practices, including but

not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Krystle

**HB-1194-SD-1**

Submitted on: 3/30/2025 2:58:15 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rebekah Botello	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS -

My name is Rebekah Stewart Botello. I represent myself, my family, and 10,000+ members of the Birth Believers Family of birthing people.

I have been testifying in support of BIRTH CHOICE FREEDOMS for over 15 years. It seems almost unfathomable that the Hawaii State Legislature has tried to meddle in the private affairs of birthing families and limit their access to birth choices.

HB1194 was NOT the choice of the people. It's continued passage through committee and House and Senate Floor votes is proof that the will of the people has been largely ignored in favor of BIG BUSINESS in the form of Medical Doctors and Medical Associations.

These groups have NO RIGHT to speak for WE, THE PEOPLE. So it is my sincere hope - along with the others who will voice similar opinion in likely hundreds if not thousands of other pages of testimony - that you would do what is PONO. Leave birth choices to the community. NO ONE is asking for government intrusion on the sacred and private act of birth.

Should you insist on passing HB1194 forward - know that CRUCIAL CHANGEA MUST be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for every birthing family to choose who participates in EVERY ASPECT of their pregnancy, birth, and after birth period. You MUST PASS AMENDMENTS that de-criminalizing families choices to give any kind of gift or compensation to those they invite into their journey.

You have pledged to STAND WITH THE WAHINE in matters of bodily autonomy. Mahalo for keeping to that pledge and PROPERLY REPRESENTING THE WILL OF THE PEOPLE and not the dictates of the Medical Machine.

Respectfully -

Mrs. Rebekah Stewart Botello

Pastor - The Ark Christian Church Kaneohe

God ordained doula and student religious midwife

Senior Instructor for Birth Believers

**HB-1194-SD-1**

Submitted on: 3/30/2025 7:01:33 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Piilani Schneider	Individual	Comments	Written Testimony Only

Comments:

Thank you for the changes you have made on this bill to protect and provide reproductive rights and birth care for Hawaii's community.

please consider....

--Add the birth attendant exemption which includes consumer protection requirements.

Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.

--Add clarifying language to fully protect traditional and customary Native Hawaiian practices under the Hawai'i Constitution, including practices relating to pregnancy, birthing, and infancy, and postpartum recovery well women's care.

thank you

**HB-1194-SD-1**

Submitted on: 3/30/2025 7:02:49 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Ching, MD, MPH, FAAP	Individual	Comments	Written Testimony Only

## Comments:

I am a pediatrician in Hawai‘i writing to express my concerns regarding HB1194 HD2 SD1. This bill is crucial for regulating midwifery in Hawai‘i and maintaining high standards of care for pregnant individuals and their families.

Unfortunately, I cannot support HB1194 in its current form. The recent amendments fail to ensure that birthing parents have informed choice regarding their care team’s education and qualifications. They also do not guarantee that birth attendants are adequately trained to recognize and respond to emergencies. The PEP apprenticeship pathway lacks a universal standard of education, putting patients at risk. Additionally, the exemption allowing anyone to act as a traditional birth attendant, provided they are unpaid, creates the potential for significant harm to both parent and child.

I strongly support the passage of midwifery licensure this year, as properly regulated midwifery practice reduces the risk of irreversible birth injuries and improves safety for birthing parents. However, I respectfully request the removal of the most recent amendments.

Thank you for your time and efforts on this important issue.

**HB-1194-SD-1**

Submitted on: 3/30/2025 7:03:33 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
M Stanwood	Individual	Comments	Written Testimony Only

Comments:

Dear Senators,

Please perfect this bill by ensuring that women retain the right to choose with whom and where they have their babies without limits, Same with probirth and postpartem care, without fear of prosecution or criminilization.

Thank you,

Martha Stanwood



3/30/2025

Dear Chair Keohokalole, Chair Rhodes, and committee members,

Thank you for the opportunity to provide comments on HB1194-SD1. I would like to propose the following amendments to more robust consumer and practitioner protection,

1. In the current draft of this legislation, a birthing person may invite anyone they want to their birth, but are legally not allowed to reciprocate for that person's time and energy. This is troubling since it allows for the criminalization of the birthing person should they feel compelled to gift their birth team with items of their choosing. Or is it the volunteer birth team that is at risk for criminalization? Regardless, this statement in the current draft is confusing and seemingly impossible to regulate, so the part about compensation should simply be removed.
2. The current statute HRS457-j regulated the birth attendant through June 30, 2023. This was a form of regulation that the DCCA stated there were no complaints about in the time of its use and were capable of maintaining this exemption as part of the licensure law. If the state is allowing the birthing person to invite anyone they choose to their birth, why not allow for birth attendants to be recognized and accounted for within the boundaries of licensing and regulation? By recognizing the birth attendant, "consumers" can access structured informed consent when choosing a traditional practitioner. In addition it allows the birth attendant to have open communication with medical providers, should the need for collaborative care or transfer of care arise. Transparency is the pinnacle of consumer safety and protection.
3. The community is so appreciative that the Senate has included the Portfolio Evaluation Process (PEP) and Bridge Certificate as a vehicle to obtaining licensure!!! THANK YOU! Because of this, we need to ensure PEP students are acknowledged in the definition of "student midwife".

Thank you for your kind consideration in these matters.

Sincerely,

Jaymie Lewis

Home birth mother of three

**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 want to thank you for listening to the women and families of your constituencies and making the amendments to this bill. I write today in support of HB1194 but in support of native hawaiian and other traditional birth practices, am requesting additional amendments to be considered. I stand on the points in my previous testimony re: access to care, choice and the medical evidence that a woman's sense of safety during birth is one of the leading contributors to positive birth outcomes.

We are morally obligated to protect and honor the practices of indigenous peoples of this land. I will leave the details of how this is best done to those who belong to the culture and practice but am writing in support of reinstating the exemption for birth attendants that expired in 2023. Now that the bill includes the PEP pathway and apprenticeship models for licensure (which is wonderful!), the language around what attending a birth means needs to be cleaned up in the exemption - women should be able to be supported by whom she chooses to get "advice, information or care" from during pregnancy - I am certain there is a path forward with this bill to be inclusive while upholding the need for licensed midwifery.

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 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". Thank you for your time and consideration.

Sincerely,  
Sarah Racsa, MD

**HB-1194-SD-1**

Submitted on: 3/30/2025 8:30:57 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sara Kahele	Individual	Oppose	Written Testimony Only

## Comments:

Aloha, my name is Sara Kahele and I oppose the current state of this bill. This bill is ALMOST a good bill. The 2 things it needs is

1. To give families whatever they want to those they invite to be at their birth. Not allowing this disrupts cultural practices because it is custom to bless or give a makana to those that have invested time and energy into your life.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after birth. Birth is not just about the delivery. It's a process that starts before conception and goes on into years after birth. Support is vital during this time.

Mahalo for your time and consideration,

Sara Kahele

## Priority Amendments:

### PEP Amendment #1

Definition of Qualified Midwife Preceptor is in HRS 457J-2 from the 2019 law; it needs to be amended to include PEP students and all MEAC school approved instructors

Page 26 Line 12-13

2. By amending the definitions of "certified midwife" and "certified professional midwife" and "qualified midwife preceptor" to read:

"Qualified midwife preceptor" means a licensed and experienced midwife, or other maternal health professional licensed in the State, or midwifery education accredited council school approved instructor who participates in the clinical education of individuals pursuing their certification through the North American Registry of Midwives or is 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.

### PEP Amendment #2

Protection of pep students

Page 29 Lines 13-17

(3) A student who is currently enrolled in ~~a~~an accredited midwifery educational program 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;

### CPM Amendment #3

Remove international standards; Instead replace with National standards

Page 9 Line 13-21

(2) Complying with the Essential Competencies for Midwifery Practice, Standards of Practice or successor document, as defined by the International Confederation of National Association of Certified professional Midwives, or the North American Registry of Midwives, or successor organization; provided that the International Confederation of 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.

### CPM Amendment #4

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

Page 10 Lines 12-21

(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

**CPM Amendment #5**

**Add in definition**

Page 24 Line 5-6

1. By adding in ~~five~~six new definitions to be appropriately inserted and to read:  
"National Association of Certified Professional Midwives" means the internationally recognized professional organization for Certified Professional Midwives.

**Reproductive Rights Protection Amendment #6**

**Remove expiration date**

Page 30 Line 1- Page 31 Line 18

(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.

### **Reproductive Rights Protection Amendment #7**

**Allow birthing persons the right to choose who participates in their time of pregnancy and after birth**

Page 32 Lines 14-17

(7 ) Invited by a patient to participate in the pregnancy, attend a birth and after birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received.

**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 2-4 Maintain previous postpartum definition in HRS 45j**  
"Postpartum" means the period of time immediately after and up to eight weeks following birth."
- **Contraception access Page 41 line 20**  
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. 12 lines 3-10 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 Lines 4-10**  
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~~

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 16- Page 13 line 2**

(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. 13 lines 3- 10**

(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 20- Page 15 Line 7**

(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 11- Page 41 Line 9**

(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 16**

(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. 23 lines 1-3**

~~(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 12-15 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 14-19 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:**

- **Amend HRS 457j-5(a)**  
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-SD-1**

Submitted on: 3/30/2025 8:42:45 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Marie Kaleihomaimakealoha Bareng	Individual	Comments	Written Testimony Only

Comments:

**Aloha mai kākou,**

**Mahalo nui for taking the time to hear our voices and make valuable ammendments. We appreciate it with all our hearts. We have one more ask to protect those who are not birth workers but who are integral in our birth journeys. Please allow our mothers full freedom to choose who is supporting them before, during, and after their birth journey. People like our husbands, aunty, daughters, best friend, etc. Please allow them to support us without fear of criminalization.**



**Mahalo for standing with our women, daughters, and granddaughters.**

**E ola ka wahine mana!**

**Me ka ha'aha'a a me ka mahalo,**

**Donna Marie Kaleihomaimakealoha Bareng**

**HB-1194-SD-1**

Submitted on: 3/30/2025 8:58:38 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Leilani Johnson	Individual	Comments	Written Testimony Only

Comments:

Aloha mai kākou,

HB1194 must be perfected to protect freedom for nā wāhine to choose who participates in our pregnancies, birth, and after birth; without criminalization and per our individual, cultural, and religious practices.

Our birth is our right! We have entrusted you to protect our sacred freedoms.

In honor of the State Monument, Kūkaniloko Birthstones, one of our most important ancient cultural sites and birthplace of ali'i, please "anchor the cry from within" and amend this bill to honor our ancestors and live by the law of the land: Ua Mau ke Ea o ka 'Āina i ka Pono.

Malama Pono,

Leilani Johnson

Mother, home birther, birth worker, and resident of Waimānalo

**HB-1194-SD-1**

Submitted on: 3/30/2025 9:00:57 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Natalie Kong, MD	Individual	Comments	Written Testimony Only

## Comments:

I am a Family Physician in Hawaii who has done deliveries and worked with certified nurse midwives and I am writing regarding HB1194 HD2 SD1. This bill is important to ensure the regulation of midwifery in Hawaii and uphold high standards of care for pregnant people and their families. I unfortunately cannot support HB1194 with the current amendments which failed to provide birthing parents with informed choice about their care teams education and qualifications or to ensure that birth attendants are adequately trained to recognize and respond to emergencies. The exemption allows anyone who attends birth to practice midwifery as long as they are not paid also presents the potential for significant harm to the pregnant person and their child. As a physician practicing in the resource poor areas of Hawai'i Island, I would like to see an increase in qualified and caring individuals to provide birth services. However, I respectfully request that the amendments added in the bill's most recent version be removed. I appreciate your time and effort on this matter.

**HB-1194-SD-1**

Submitted on: 3/30/2025 9:12:53 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
valerie delahaye-ippolito	Individual	Comments	Written Testimony Only

Comments:

As a resident of Hawaii,

I firmly believe that we need more choices when it comes to accessing care during pregnancy. Whether at home, birth centers or hospitals. Please these amendments to the HB1194 to safeguard reproductive autonomy, protect native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo Valerie Delahaye-Ippolito



**HB-1194-SD-1**

Submitted on: 3/30/2025 9:19:48 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Teagan Weeks	Individual	Oppose	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Teagan, and I am a resident of Kailua. I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive

freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawai‘i State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses. We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Teagan Weeks

**HB-1194-SD-1**

Submitted on: 3/30/2025 9:27:25 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Paul Izak	Individual	Comments	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Paul Izak, and I am a resident of Waimanalo. I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without amidwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
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We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Paul Izak

**HB-1194-SD-1**

Submitted on: 3/30/2025 9:28:29 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kelly Stern	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and  
Committee Members,

My name is Kelly, and I am a resident of Waimanalo. I am submitting comments on  
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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected

under article XII, section 7 of the Hawaii State Constitution;

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to

physicians and nurses. We need more choices, not less, when it comes to accessing care during pregnancy and

birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Kelly

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 7:35:19 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Llasmin Chaine	Testifying for Hawaii State Commission on the Status of Women	Support	Written Testimony Only

Comments:

I support the intent of HB1194 HD2 SD1, as this draft offers a path forwards and takes into consideration the viewpoints and recommendations of the multitude of stakeholders. This measure will expand and strengthen the maternal and child health care system statewide, to the benefit of the women of Hawaii. I respectfully urge this Committee to pass it.



**COMMENTS ON HB1194\_HD2\_SD1  
RELATING TO MIDWIVES**

Senate Committee on Commerce and Consumer Protection  
Senate Committee on Judiciary  
Hawai'i State Capitol

April 1, 2025 9:30 a.m. Room 016

Dear Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Members of the Senate Committees on Commerce and Consumer Protection and Judiciary:

Aloha and mahalo for the opportunity to submit **COMMENTS** on HB1194\_HD2\_SD1.

**The Office of Hawaiian Affairs (OHA) supports access to culturally competent birthing assistance for mothers and babies in Hawai'i and the protection of traditional and cultural practices.** Traditionally, Po (The Great Night) having given birth to the light is the first practitioner of Hanau (birth) in Native Hawaiian genealogy, and Hanau (birth) should be considered our oldest cultural practice and tradition. For generations, as part of this genealogical connection, Native Hawaiian midwives and birth attendants, have, provided essential care rooted in 'ike kūpuna (ancestral knowledge). However, state licensing laws have threatened these practices by regulating midwives in a way that risks criminalizing traditional birth care practices.

**To ensure that this bill does not continue to suppress the exercise of traditional and customary birthing practices, OHA supports the amendments proposed by the Native Hawaiian Legal Corporation and others to:**

1. Make explicit the legislature's intent not to regulate traditional and cultural practices under the proposed chapter by adding language to the preamble to this effect;
2. Amend the traditional and cultural practices exemption (page 32 line 7) to read that the proposed chapter will not apply to persons:

"Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawai'i State Constitution;" and

3. To remove duplicative language from the definition of the practice of midwifery, as the above amendments make clear the intent not to regulate traditional and customary practices.

Mahalo for the opportunity to provide this testimony.



**LATE**

Testimony

**Comments on HB 1194, HD2, SD1**

Committee on Commerce and Consumer Protection

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Committee on Judiciary

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Aloha e Chair Keohokalole, Chair Rhoads, Vice Chair Fukunaga, Vice Chair Gabbard, and Senate Members,

I offer **comments** as an evaluation specialist for 17 years in health program evaluation and population health research. 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 was born and raised in Kalihi, Oahu, graduated from Kamehameha Schools and the University of California, and moved back to Hawaii recently after working abroad in several countries. 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.

In my role working as an evaluator, I became familiar with the evidence around midwifery. The evidence from many countries is very good in support of midwifery as a *safe practice*, even in places where practicing midwives do not have formally approved Western education. In general, the more midwives, the fewer maternal and neonatal mortalities.

Our State has a severe shortage of doctors, nurses, and healthcare workers. We have the opportunity here to increase provision of health care with midwives. It's important for the medical establishment to pay attention to issues of limited capacities within the State and be driven by the evidence of the effectiveness of midwifery and incorporate midwives into the system of care. Remember there was a time when doctors were opposed to Nurse Practitioners and Physician's Assistants, saying, "Nurses can't see patients alone! They can't diagnose and prescribe medication." But now, NPs and PAs are accepted and fill capacity needs in the medical/health sector.

Some clarifications may be needed in the bill relating to the bridging certification (aka, the PEP pathway) to ensure that training and education can happen fully within the State. For example, on p. 29, lines 13-17, it's not clear that a "student currently enrolled in a midwifery educational program and under the direct supervision of a qualified midwife preceptor" includes students in the PEP pathway provided through NARM (not part of MEAC) and that preceptors can mentor both NARM and MEAC students. The PEP pathway allows students to qualify for the bridging certification. The PEP pathway allows for residents of Hawaii to remain in State to receive training, education, and seek certification – in that regard it's a more viable avenue to increase our workforce. It also would be beneficial for practitioners of traditional Hawaiian practices, as they, too, may want to supplement their professional standing with certification and licensure. Please allow for the PEP pathway within our State, given workforce shortages and barriers for a wide swath of residents to otherwise get trained and certified (such as socio-economic and cultural barriers to traditional educational/university routes).

"Midwifery," although usually practiced in the home setting, is not synonymous with "home birth." In listening to discussions, people often conflate "home birth" with "midwifery" which is a disciplined practice. It's not clear when testifiers speak about a horrible home birth whether a midwife was present. For example, a couple of doctors in testifying in support of HB1194 and against the other midwives licensure bill, HB1328 (that was deferred, despite tremendous support) spoke disapprovingly of women who tried to give birth at home but encountered complications and got dropped off at the hospital, leaving these doctors with a complicated mess. Ironically, what the doctors described is exactly how the system ideally should work: complications and high-risk births should go to the hospital and receive care from highly trained doctors with technical resources readily available, while low-risk births can happen outside of a hospital setting.

Please consider that the evidence on safety and outcomes for women and their infants has been good regarding both the PEP pathway as well as the broader scope of practice for CPMs and CMs, so limiting their scope of practice beyond what the national certifying bodies for midwifery recommend would not be advantageous.

If I may suggest minor changes, they include:

p. 32, line 17 -- change "charge" to "charged"

p. 37, line 16 – Does the US still have a US Department of Education?

Mahalo for this opportunity to testify and your consideration!

April Nakaima

Senior Evaluator, The Evaluation Centre for Complex Health Interventions



# Native Hawaiian LEGAL CORPORATION

1164 Bishop Street, Suite 1205 • Honolulu, Hawai'i 96813  
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**LATE**



## Testimony to the SENATE COMMITTEES ON COMMERCE AND CONSUMER PROTECTION AND ON JUDICIARY

### Relating to House Bill 1194, HD2 SD1

Relating to Midwives. Makes laws regulating midwives and the practice of midwifery permanent. Clarifies the scope of practice of midwifery. Establishes licensure requirements for certified midwives and certified professional midwives. Establishes continuing education requirements. Grants global signature authority to midwives. 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. Affirms that the practice of midwifery does not include traditional Hawaiian healers performing traditional Hawaiian healing practices. 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. Effective 6/29/2025. (SD1)

April 1, 2025

9:30 a.m.

State Capitol, Conference Room 016

Aloha e Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and members of the Senate Committees on Commerce and Consumer Protection and on Judiciary,

The Native Hawaiian Legal Corporation ("NHLC") offers three comments regarding HB1194 HD2 SD1 below.

1. An amendment should be added to the preamble that clarifies the intent of the legislature to avoid infringing on Native Hawaiian traditional and customary practice rights and that such practices are not subject to regulation under the bill. The following language could achieve this:

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, and are not subject to regulation under this chapter.

2. Under Section 457J-6, NHLC understands that there is a request to amend the language of the traditional and customary practices exemption as follows:

This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy as protected under article XII, section 7 of the Hawai‘i State Constitution.

While this language slightly differs from the language that NHLC proposed in prior testimony, NHLC reaffirms its support for the inclusion of an explicit exemption in HB1194 HD2 SD1 to protect Native Hawaiian cultural practitioners.

3. NHLC suggests that the following sentence be removed from the definition of the “Practice of midwifery”:

“Practice of midwifery” does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution.

HB1194 HD2 SD1 regulates the practice of midwifery, and the proposed amendments to the preamble discussed *supra* make it clear that Native Hawaiian traditional and customary practices are not subject to regulation under the chapter.

Mahalo for the opportunity to provide written testimony.

Me ka ha‘aha‘a,



Kirsha K.M. Durante  
Litigation Director

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**Hawaii Legislative  
Council Members**

Joell Edwards  
Wainiha Country Market  
Hanalei

Russell Ruderman  
Island Naturals  
Hilo/Kona

Dr. Andrew Johnson  
Niko Niko  
Family Dentistry  
Honolulu

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Hawaii Taro Farm  
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Maile Meyer  
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**Sen. Jarrett Keohokalole, Chair**  
**Sen. Carol Fukunaga, Vice Chair**

Committee on Commerce and Consumer Protection

**Sen. Karl Rhoads, Chair**  
**Sen. Mike Gabbard, Vice Chair**  
Committee on Judiciary

Tuesday, April 1, 2025  
9:30 aM Conference Room 016

**RE: HB 1194 HD2 SD1 – Reproductive Rights – Oppose**

Dear Chair Keohokalole, Chair Rhoads and Members of the Committee on Commerce and Consumer Protection and of the Committee on Judiciary,

The Chamber of Sustainable Commerce represents over 460 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 ask Committee members to oppose HB1194, a bill that "makes laws regulating midwives and the practice of midwifery permanent... and clarifies the scope of practice of midwifery." Even with its amendments (thank you), as currently written, the bill still threatens to undermine the fundamental reproductive rights of women in Hawaii.

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

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 circumstances around the birthing ritual should be made by 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 as currently written would roll back the progress we've made, creating barriers to care that disproportionately affect low-income women, women of

color, and those in rural areas. These populations already face significant obstacles to accessing healthcare, and this bill would only exacerbate the disparities. HB1194 requires additions to ensure consumer protections. Specifically, the CSC supports two additional amendments:

1. Strengthen the exemption to fully protect Native Hawaiian traditional and customary practices related to pregnancy, birthing and infancy care and
2. Reinstate the birth attendant exemption that previously existed under the current midwifery law that is expired in 2023, an exemption that includes consumer protections and ensures that people providing traditional forms of maternal care and support without a midwifery license will not be subject to criminalization.

We must not allow birthing rights, which are included in the scope of reproductive rights, to be treated as secondary to political agendas of the Western medical industrial complex. We have included a PDF copy of the Stand with Our Wahine Pledge, dated June 3, 2022, and signed by 18 senators and 27 legislators, which states “Traditional birth practices ... perpetuated a sacred respect for women.”

With many who signed the pledge less than three years ago, it makes one wonder, is HB1194 more about pathways to and protections of midwifery, or is it founded in the business and capitalization of childbirth? Prioritizing the business of childbirth and only viewing childbirth through a medical, pathological lens is the epitome of colonization and perpetuates the erasure of traditional practices and our families’ human rites of passage. In addition, further silencing indigenous voices and wisdom greatly limits our personal and collective growth, and human potential.

We ask that Committee members consider the long-term consequences of passing HB1194 as currently written without the above recommended amendments. Thank you for your time and consideration.

## Stand with Our Wahine Pledge

State Elected Officials for the Right to Abortion in Hawai‘i

June 3, 2022

In Hawai‘i, a woman’s right to control her body was protected before *Roe vs. Wade* and will be protected after *Roe. vs. Wade*.

Hawai‘i was the first state to legalize abortion. This historic first did not occur in a vacuum but was part of a holistic effort to create a fair and supportive society for women. In the same effort and era, Hawai‘i became the first state to create a government agency for women’s rights—the Hawai‘i State Commission on the Status of Women—and, Hawai‘i’s own Patsy Takemoto Mink, the first Asian-American woman in Congress, opened the door to education for women by passing Title IX.

These policy landmarks are rooted in our cultures. Traditional birth practices, like those of kānaka ‘ōiwi, perpetuated a sacred respect for women. ‘Ōmilomilo (abortion) was practiced by ‘ōiwi practitioners prior to colonization. Women had the choice to “exercise control over decisions on when to have a child, how many children to have and how far apart they should be.”<sup>1</sup>

The safety, bodily autonomy, and happiness of women and birthing people should not be controversial. It is not incompatible with religious practice. Women’s rights and māhū rights are part of who we are here in Hawai‘i.

Accordingly, I pledge to carry on the legacy of women’s rights forged by our ancestors, by Patsy Mink, and countless women leaders.

I pledge to protect and strengthen a woman’s right to her body.

Signed,

Governor David Ige  
Lieutenant Governor Josh Green

Senate Vice President Michelle Kidani  
Senate Majority Leader Dru Mamo Kanuha  
Senate Majority Policy Leader Les Ihara Jr.  
Senate Majority Floor Leader Lynn DeCoite  
Senate Majority Whip Lorraine R. Inouye  
Senate Assistant Majority Whip Clarence K. Nishihara  
Senate Assistant Majority Whip Brian T. Taniguchi  
Senator Laura Acasio

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<sup>1</sup>

## **Stand with Our Wahine Pledge**

State Elected Officials for the Right to Abortion in Hawai‘i

June 3, 2022

Senator Rosalyn H. Baker  
Senator Stanley Chang  
Senator Donovan M. Dela Cruz  
Senator Chris Lee  
Senator Bennette E. Misalucha  
Senator Sharon Y. Moriwaki  
Senator Karl Rhoads  
Senator Joy A. San Buenaventura  
Senator Maile S.L. Shimabukuro  
Senator Glenn Wakai

House Speaker Scott Saiki  
House Majority Leader Della Au Belatti  
House Majority Floor Leader Dee Morikawa  
Representative Patrick Pihana Branco  
Representative Linda Clark  
Representative Luella Costales  
Representative Sonny Ganaden  
Representative Daniel Holt  
Representative Linda Ichiyama  
Representative Greggor Ilagan  
Representative Jeanne Kapela  
Representative Nicole E. Lowen  
Representative Sylvia Luke  
Representative Lisa Marten  
Representative Angus L.K. McKelvey  
Representative Nadine K. Nakamura  
Representative Mark M. Nakashima  
Representative Scott Y. Nishimoto  
Representative Takashi Ohno  
Representative Amy A. Perruso  
Representative Jackson D. Sayama  
Representative Gregg Takayama  
Representative Roy M. Takumi  
Representative Adrian K. Tam  
Representative David A. Tarnas  
Representative Chris Todd  
Representative Tina Wildberger



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**HB-1194-SD-1**

Submitted on: 3/31/2025 9:10:04 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kim Cordery	Testifying for Aloha Freedom Coalition	Oppose	Written Testimony Only

Comments:

I strongly appose HB1194!

This bill undermines the rights and choices of women choosing who and where they have their babies!

This bill is another attempt to remove the rights of "We the people!" This must STOP! A'ole!

Women who desire to have their babies naturally and safely should have their choice, not forced to go through the medical system or choose their own midwife.

Please vote No for the people!

**LATE**



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

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**Senate Committee on Commerce and  
Consumer Affairs**

Senator Jarett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

**Senate Committee on Judiciary**

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Tuesday, April 1, 2025, 9:30 a.m.

**Re: HB1194 HD2 SD1 – 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 SD1**, 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 [e] the person's spouse, domestic partner, parent, sibling, or child; ~~[-or]~~

(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received ~~[-]~~; or

**(8) 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 SD1. If you have any further questions, please contact our Director of Policy & Strategy, Ke'ōpū Reelitz at [kreelitz@papaolalokahi.org](mailto:kreelitz@papaolalokahi.org).

*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.*

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March 30, 2025

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and members of the Senate Committees on Commerce and Consumer Protection and on the Judiciary:

My name is Pilar Herrero, and I am a Senior Staff Attorney at the Center for Reproductive Rights. **I am submitting the following comments on H.B. 1194, HD2, SD 1**, relating to midwifery.

The Center for Reproductive Rights is the only global legal advocacy organization dedicated to advancing reproductive rights. We use the power of law to advance reproductive rights as fundamental rights around the world. Today, the Center stands with the people of Hawai‘i in calling for stronger legal protections for reproductive autonomy, Indigenous rights, and maternal health equity.

**The Center for Reproductive Rights urges lawmakers to:**

- Ensure that **pregnant people are the ultimate decision-makers** when it comes to where, how, and with whom they experience pregnancy and birth
- Ensure that **Native Hawaiian traditional and customary practices are not restricted** by this Act
- Ensure that **residents of Hawai‘i have a reasonable path to midwifery licensure** and the opportunity to train in Hawai‘i
- Maintain and expand—rather than restrict—**access to skilled maternal health providers that communities trust**

Like many other states, Hawai‘i faces significant maternal health challenges, both in terms of providing adequate access to care and ensuring that such care respects pregnant people’s decisions and culture. When people living in rural areas must travel great distances, or even off their home island to reach obstetric providers and hospitals, and women of color routinely experience discriminatory and coercive treatment in the health care system, the state must do more to promote reproductive rights—including one’s right to choose where, how, and with whom they experience pregnancy and childbirth.

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Hawai‘i has an obligation to ensure that pregnant people in the state have meaningful birth options and access to a skilled, diverse, and robust health care workforce that includes midwives. Building and supporting such a workforce will require time, resource investments, and greater trust and communication between government, communities, and the health care system. HRS § 457J was an unconstitutional step in the wrong direction, which is why the Center for Reproductive Rights, the Native Hawaiian Legal Corporation, and Perkins Coie brought a lawsuit challenging it.

**The Hawai‘i state legislature now has the opportunity to create a midwifery law that is better tailored to address Hawai‘i’s maternal health needs.**

As introduced, H.B. 1194 threatened to perpetuate infringements on an individual’s right to make deeply personal decisions about pregnancy and birth and access skilled maternal health practitioners. **Recent amendments to H.B. 1194 made by the Senate Committee on HHS have greatly improved the legislation.**

### **H.B. 1194, H.D. 2, S.D.1:**

- Affirms that pregnant people decide who will attend their birth and that those they invite need not fear criminalization (Section 8. Exemptions. (a)(7))
- Makes all Certified Professional Midwives (CPMs) eligible to apply for licensure, elevating competencies over arbitrary deadlines (Section 9. Application for license as a midwife. (c)(2)(B))
- Provides opportunities for residents of Hawai‘i to become licensed maternal health practitioners after completing midwifery training that is more reasonably accessible to them (Section 9. Application for license as a midwife. (c)(2)(B))
- Restores some access to skilled maternal health providers that communities already know and trust (Section 8. Exemptions. (a)(7); Section 9. Application for license as a midwife. (c)(2)(B))

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## **Several concerns remain:**

### **Additional conforming amendments are needed to fully implement the changes made by the Senate Committee on HHS:**

- To fully enable resident midwifery students a pathway to licensure through the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) + a Bridge certificate, the exemption for midwifery students should make it clear that PEP students (as well as those enrolled in a school accredited by Midwifery Education Accreditation Council (MEAC)) are exempt. (Section 8. Exemptions (a)(3))
- For Certified Professional Midwives, the scope of practice for midwifery should reference standards set by U.S. organizations that credential and represent Certified Professional Midwives. The language in Section 2. Scope of practice of midwifery (c)(2) should be amended to replace current references to the “International Confederation of Midwives” with references to “NARM” and “the National Association of Certified Professional Midwives (NACPM)”
  - NARM sets the standard for the Certified Professional Midwife (CPM) credential
  - The CPM is an accredited credential that is awarded based on demonstrated competencies
  - There are multiple ways to develop the required competencies, including training in a small number of schools accredited by the Midwifery Education Accreditation Council (MEAC) and through the Portfolio Evaluation Process
  - Regardless of pathway, all CPMs earn the same credential, develop the same competencies, pass the same exam, and produce equivalent clinical outcomes
  - NACPM has established standards of practice for NACPM members
  - Both NARM and NACPM support continuation of the PEP + Bridge certificate as a route to obtain the CPM credential, and ultimately, state licensure

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## **The Center for Reproductive Rights supports and echoes the comments submitted by the Native Hawaiian Legal Corporation:**

- The preamble should clearly indicate the legislature's intent to avoid infringing on Native Hawaiian traditional and customary practice rights. The following language is suggested: *"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, and are not subject to regulation under this chapter."*
- The bill should include an explicit exemption to protect Native Hawaiian cultural practitioners. The following language is suggested: *"This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy as protected under article XII, section 7 of the Hawai'i State Constitution."*
- The following sentence should be removed from the definition of the "Practice of midwifery": *"Practice of midwifery" does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution."*

## **The Center for Reproductive Rights remains concerned about the inclusion of poorly defined data collection requirements at a time when reproductive health data is increasingly weaponized:**

- The data submission requirements compel a midwife to submit data for every gestational parent and newborn under their care to an organization approved by the department
- The bill offers no detail about the type of data that must be turned over, which organization will receive it, or what they will do with it
- If a gestational parent declines to participate in the collection of data, the midwife is required to follow an unidentified "protocol," to be established by the department

## **As is, Section 12. (5) discriminates against people with disabilities:**

- Grounds for denying a license should be clearly related to a person's ability to competently practice midwifery—not based on their identity or status as a person with a disability. The following language could



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address this: *“Practicing as a midwife while impaired by alcohol, drugs, or a physical or mental condition that renders the licensee incapable of safely engaging in the practice of midwifery”*

- The current language allows the state to deny or revoke a midwife’s license because they are practicing while impaired by a “non-accommodated physical disability, or mental instability”
- This language fails to recognize that a person with a disability can have a physical impairment that substantially limits one or major life activities, but does not adversely impact the performance of their duties as a midwife
- “mental instability” is not defined
- Accommodations are not always within the control of the person with a disability—they are often modifications made by employers or others who have some authority/responsibility to adjust the way they usually do things and make environments that typically center able-bodied people more accessible to those with disabilities

Midwifery legislation should create an enabling environment for the realization of human rights. It should be developed in partnership with those that will be most affected by it. It should refuse efforts to further inject fear, stigma, coercion, and criminalization into reproductive health. And it should protect reproductive health choices and resources rather than taking them away. We appreciate the Senate Committee on HHS’s serious consideration of reproductive equity and autonomy issues and urge the Senate Committees on Commerce and Consumer Protection and on the Judiciary to do the same.

Mahalo for your consideration,

Pilar Herrero, JD, LLM  
Senior Staff Attorney  
Center for Reproductive Rights



**LATE**

**Laulani Teale, MPH**  
**Ho'opae Pono Peace Project**  
**Ea Hānau Cultural Council**



**COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

**COMMITTEE ON JUDICIARY**

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair  
April 1, 2025

**Testimony in Opposition to HB 1194 HD2 SD1**

Aloha e Chair Keohokalole, Chair Rhoads, Vice Chairs and Committee Members,

We testify today in **opposition** to HB 1194. While we sincerely appreciate the efforts made thusfar to improve this measure, it is still incongruent and legally dangerous for both the State and practitioners, due largely to the haphazard structure of the original bill, and fundamental problems in the 2019 statute it modifies. While it is theoretically possible to repair the numerous problems and inconsistencies in the language, this Committee should be aware that potentially serious problems are likely to arise if it is passed without a major workover.

We cannot recommend the passage of this measure at all at this time, due to the serious legal, cultural and physical safety risks involved, as well as the strong potential for amplifying dissonance between important community elements that should be working together. Our recommendation is to start over next year with a structurally sound collaborative measure that builds a simplified licensure program upon which workable elements can be added as needed. This is unfortunate, as we value our clinical partners for whom licensure would be beneficial. We cannot, however, recommend the passage of a measure as messy and problematic as this one.

If, however, this measure is passed, it needs significant work. While all of the holes and entanglements in this bill are too numerous to list in detail here, our recommendations are, at minimum:

1. Adopt the changes to Hawaiian rights language recommended by Native Hawaiian Legal Corporation, ACLU and Hawai'i Homebirth Collaborative, for stronger protection with fewer legal gray areas:
  - a. **Preamble:** "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, and are not subject to regulation under this chapter."
  - b. **Section 457J-6:** "This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy as protected under article XII, section 7 of the Hawai'i State Constitution."
  - c. **Section 7:** Strike this portion from the "Practice of midwifery," to improve accuracy and avoid linguistic, or possibly Constitutional conflicts: ~~"Practice of midwifery" does not include Native Hawaiian traditional and customary practices as protected under article XII, section 7 of the Hawaii State Constitution.~~
2. **Section 457J-5 - License required** is problematic; without modification, the common community usage of the term "midwife" (which is not a proprietary term, notwithstanding some specific trade interpretations of international standards of its use) could create inadvertent ramifications and potential legal conflicts. Also, "Practice of midwifery" is still overly broad and could still potentially entrap community members who are not in fact practicing as midwives at all. We recommend that a section be added to address this, striking problematic language as follows: "**(a)** 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.
3. HRS 457J-6(5): We recommend striking the expiration date ("A person acting as a birth attendant ~~on or before July 1, 2023, who~~") here for three reasons: one, since HB1194 HD2 SD1 (correctly) grants an exemption from licensure to anyone who is invited to a birth by a "patient" (note: we also strongly recommend changing this language to "birthing person"), striking the expiration date of

this section grants community access to important tools such as informed consent disclosure forms, transfer protocol forms, etc; two, it at least partially accommodates many cultures wherein some form of reciprocal exchange is an important part of their cultural traditions; and three, it avoids a potential resource-wasting legal battle over the messy wording “on or before July 1, 2023,” which has already been interpreted by some (but not all) attorneys to mean that anyone who was already practicing prior to 2023 is automatically exempt. It should be noted that this latter view of the law is also held by some midwives, who strongly believe they are already exempted by it; their holding to this could potentially lead to a very messy (and very avoidable, by striking the date) enforcement situation.

4. While as a culture-based organization this is not our specific area of focus, the language related to CM and CPM parameters needs a lot of work. Some of it, such as the mandate for midwives to “continually urge” hospital transports, is outright dangerous. Other areas, such as the parameters for Certified Midwife (CM), should adhere to the recommendations of the Hawai‘i Affiliate of the American College of Nurse Midwives (HAA), who are the clear experts in this subject area (see their extensive testimony at every previous hearing). We strongly recommend adopting these recommendations.
5. There are numerous places where unnecessarily aggressive language, such as the requirement to retain records “for the purpose of tort claims”, could backfire, creating potential legal muck. This measure needs to be combed carefully for those, and they need to be removed.

We need to be frank that our biggest concern of all is the potential for disaster in Conference. Despite the best efforts of everyone seeking to protect cultural and reproductive rights, the hard-line leveraging, railroading and honestly, bullying by specific midwifery trade representatives, medical organizations, and legislators they are aligned with has been extreme, creating extensive confusion despite a very clear, honest message from a great public body of birthing people themselves about what they need and want. We are very concerned about the potential for regression or abuse if this measure moves forward.

Let’s remember what the International Confederation of Midwives (ICM)’s Principles for Midwifery Legislation actually are:

### Principles of Good Regulation

The ICM identifies the following principles of good regulation<sup>7</sup> and intends that these principles 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?

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<sup>7</sup> Based on 'Regulating Better', a government White paper, Department of Taoiseach, Government of Ireland, 2004.

For all of these reasons, we stand in opposition to this measure, with a firm commitment to work on good future legislation that works for everyone, without creating unnecessarily dangerous, legally disastrous pitfalls or incursions into the reproductive and cultural rights of birthing people themselves.

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

Me ka 'oia'ī'o,



Laulani Teale, MPH

Coordinator, Ho'opae Pono Peace Project

Convenor, Ea Hānau Cultural Council

<https://www.eapono.org>

**HB-1194-SD-1**

Submitted on: 3/30/2025 11:44:15 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Taylor Hamil	Testifying for Banyan Birth LLC	Comments	Written Testimony Only

Comments:

I am respectfully asking all of you to consider making the following amendments to HB1194 HD2 SD1 in order for it to become a clean bill as HB1194 HD2 SD2 that the community can strongly support. This will keep moms and keiki safe in Hawai'i and align HB1194 HD2 SD2 with the State's licensing reform policy ([26-H](#)).

- 1. AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway**

Page 29 lines 10-15:

A student [midwife who is] 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;

- 1. REMOVE Exemption for attendance at a birth**

Page 32 lines 14-17:

(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received."

- 1. AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway**

Page 37 lines 18-20:

(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."

Mahalo for taking these recommended amendments into consideration.

With respect,

Taylor Hamil MSM, LM, CPM

Banyan Birth, LLC

Holualoa, HI

**LATE****LATE****HB-1194-SD-1**

Submitted on: 3/31/2025 10:15:00 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Advocacy Committee, American Academy of Pediatrics, Hawai'i Chapter	Testifying for Hawaii Chapter of the American Academy of Pediatrics	Comments	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

The Hawai'i Chapter of the American Academy of Pediatrics has strongly supported midwifery licensure throughout the discussions about HB1194, and we believe it is extremely important to ensure the regulation of midwifery in Hawai'i as a way to ensure that pregnant people and their families are fully informed about the care they are choosing for their pregnancies and birthing experiences. Unfortunately, recently added amendments fail to provide birthing parents with informed choice about their care team's education and qualifications or to ensure that birth attendants are adequately trained to recognize and respond to emergencies, which can have lifelong consequences. The PEP apprenticeship pathway does not ensure a universal standard of education, which ultimately puts birthing parents and their babies at risk.

We are concerned that the exemption in Section 8 (7), as currently written, does not provide adequate protections for patients, as the language appears to create a loophole allowing anyone who attends births to practice midwifery, as long as they are not paid. We would suggest clarification of this language to ensure that anyone practicing midwifery, whether paid or unpaid, is distinguished from family or community members who are invited to attend a birth in a non-professional capacity.

We hope that midwifery licensure will pass this year, because safe and appropriately regulated midwifery practice ensures that fewer babies will suffer irreversible brain damage from unrecognized birth emergencies and that birthing parents will be safer. We are grateful for your consideration of our concerns about the amendments in the current version of the bill and appreciate your time and efforts on this matter.

**HB-1194-SD-1**

Submitted on: 3/30/2025 10:02:56 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
lisa	Individual	Oppose	Written Testimony Only

**Comments:**

As a society, we often overlook the profound impact midwives have on the lives of women and families during one of the most significant events: childbirth. Yet, when we talk about women's rights, we must also recognize the essential role that midwives play in ensuring that those rights are protected and respected.

Midwives are not only skilled healthcare professionals; they are advocates for women's autonomy, dignity, and choices. Every woman deserves the right to make informed decisions about her own body, and midwives are key in supporting and empowering women in making those choices throughout pregnancy and childbirth.

Unfortunately, many midwives, especially in underserved areas, face discrimination and challenges in practicing their profession to the fullest extent. Too often, they are denied the right to provide quality care or are limited by legal and institutional barriers, despite their training and expertise. This undermines women's rights to have access to respectful and personalized care during pregnancy and childbirth.

Midwives must have the right to practice freely and to be recognized for their contributions to maternal health. They must be allowed the opportunity to educate women, support their health, and advocate for their needs during pregnancy, birth, and postpartum care. Denying midwives the freedom to exercise their rights also means denying women the opportunity to experience childbirth with the compassion and respect they deserve.

In the fight for women's rights, it is essential that we also recognize and protect the rights of midwives. By doing so, we empower not just the healthcare professionals, but most importantly, the women they serve. Women's rights and midwives' rights are inseparable in creating a healthier, more just world for all.



**HB-1194-SD-1**

Submitted on: 3/30/2025 10:58:57 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
U'i Kahue	Individual	Comments	Written Testimony Only

Comments:

*My name is U'i Kahue, and I am a resident of Ho'olehua, Molokai. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

***We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.***

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

*U'i Kahue*

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 11:27:28 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
hayley clark	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

I am Hayley Clark, a resident of Punaluu. I am submitting comments on HB1194, relating to Midwifery. I ask that you please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, infant care, and end the criminalization of maternal support and care without a midwifery license:

1. Please add an amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023.
2. Please add an amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care.

For many, pregnancy and birth are seen as a natural and sacred process. They choose to be supported by midwives and traditional practitioners who understand and honor their social, emotional, spiritual, and cultural needs.

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 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.

Others may view pregnancy and birth through a medical lens, preferring to give birth in a hospital with the support of physicians and nurses. What's most important is that we have the freedom to choose the type of care that feels right for us. Whether it's at home, in birthing centers, or in hospitals, we need more options, not fewer, when it comes to how we bring new life into the world, and who we want to support us in the process.

Equally important is the preservation of Native Hawaiian cultural birth practices, which have been passed down through generations. These traditions are not only an integral part of our cultural identity, but they also embody the deep spiritual connection to the land, the ancestors, and the next generation. It is crucial that we protect and pass down these practices, ensuring that future generations can experience birth in a way that honors the heritage and values of the Hawaiian people.

It is also essential that we end the criminalization of those who provide care and support during pregnancy and birth without a formal midwifery license. Birth attendants and traditional practitioners play a vital role in our communities, offering care that is rooted in cultural understanding and respect. Criminalizing their work only serves to limit access to important, culturally relevant care. We must ensure that those who choose to support families in this way are not punished, but instead are protected and supported as part of a broader, more inclusive approach to reproductive health.

By adding these amendments to HB1194, we can safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care that serves the unique needs of our communities.

Thank you for your time and consideration!

Warm regards,

Hayley Clark

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 12:02:41 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Charlene Calio	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to HB1194 to PERFECT THE BILL by PROTECTING FREEDOM for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wahine. - Charlene Calio

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 12:54:53 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kekapala Dye	Individual	Oppose	Written Testimony Only

Comments:

Please OPPOSE HB 1194 or make these much needed amendments:

Please protect wāhine by allowing Hawaii families the choice:

1. To give whatever they want to those they invite to be at their birth. Money included.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth. This is womens choice. Please choose women and protect their choice.

Mahalo,

Kekapala Dye

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 12:55:40 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Beckley Dye	Individual	Oppose	Written Testimony Only

Comments:

Please OPPOSE HB 1194 or make these much needed amendments:

Please protect wāhine by allowing Hawaii families the choice:

1. To give whatever they want to those they invite to be at their birth. Money included.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth. This is womens choice. Please choose women and protect their choice.

Beckley Dye

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 12:58:39 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Anne Dericks	Individual	Oppose	Written Testimony Only

Comments:

Please OPPOSE HB 1194 or make these much needed amendments:

Please protect wāhine by allowing Hawaii families the choice:

1. To give whatever they want to those they invite to be at their birth. Money included.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth. This is womens choice. Please choose women and protect their choice.

By amending this bill or opposing it, you are protecting womens rights. This is at the most basic level, the ability to choose without fear of government punishment.

Dr. Anne Dericks



**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 1:05:57 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Robert Dye	Individual	Oppose	Written Testimony Only

Comments:

My sister was born at home with a traditional midwife - who can no longer use that word "midwife". My mother choose her for her presence and the love she brought. She specifically choose her.

Please protect my mothers ability to find and choose whomever she desires to have at her births. Please protect all routes of compensation for ones time, inlcuding \$\$.

Protect women, by protecting THEIR right to choose. Rather than the government or medical provider deciding what choices women should have.

Please OPPOSE HB1194 or amendent it to allow Families:

1. To give whatever they want to those they invite to be at their birth.
2. For anyone they invite to their birth to be able to participate in their pregnancy and after their birth.

Robert Dye

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 1:12:54 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Noelani Ahia	Individual	Comments	Written Testimony Only

Comments:

*Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,*

*My name is Noelani Ahia, and I am a resident of Wailuku, Maui. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:*

- - ***Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND***
  - ***Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;***

*Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.*

*We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.*

*Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.*

*Mahalo,*

Noelani Ahia

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 3:02:00 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Ebert	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and

Committee Members,

My name is Rachel and I am a resident of Waipahu. I am submitting comments on

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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in

2023, AND

- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Rachel Ebert

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 4:36:17 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Barbara Perry	Individual	Oppose	Written Testimony Only

Comments:

No need for more regulation. Moses was born in the reeds

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 5:54:05 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chassidy Reis-Moniz	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Chassidy Reis-Moniz, and I am a resident of Waimanalo, I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Chassidy Reis-Moniz



**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 6:49:43 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessika Laufenberg	Individual	Comments	Written Testimony Only

Comments:

Women and families should be able to choose to have whoever they want attend their births. Traditional midwives are extremely valuable in our communities and deserve a place in births, if families to choose that route of birthing at home. We are lacking birth and women's healthcare providers on these islands and to not allow the wisdom of native and lay midwives to practice would be a great disservice to our communities.

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 9:43:19 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ramona Hussey	Individual	Comments	Written Testimony Only

Comments:

**Aloha Committee Chairs Keohokalole and Rhoads, and Vice Chairs Fukunaga and Gabbard, and Committee Members:**

**My name is Ramona Hussey, and I am a resident of Volcano, Hawai'i. I am submitting comments on HB1194 Relating to Midwifery.**

**I support our right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. This is not only a basic human right but is enshrined in our State Constitution.**

**I urge you to add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and to end the criminalization of maternal support and care without a midwifery license.**

- 1. Protect birth attendants from criminalization by adding a clear statutory exemption, with clear statutory protections in place.**
- 2. Fully protect Native Hawaiian traditional and customary practices, by replacing the exemption language with clear protective language.**

**Pregnant women should be able to make their own choices about where, how and with whom they will birth their babies. Many women - as I did - choose to give birth with**

**traditional midwives and birthing attendants. It's a matter of bodily autonomy and fundamental reproductive rights.**

**Please add these amendments to HB1164.**

COMMENTS FOR HB1194 HD2 SD1, RELATING TO MIDWIVES

To: Senate Committees on Commerce and Consumer Protection, and Judiciary

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Hawaii State Capitol

415 South Berentania Street

Honolulu, HI 96813

**LATE**

From: Leah Hatcher, Licensed Midwife on Kauai

Dear Chair Keohokalole, Chair Rhoads, Vice Chair Fukunaga, Vice Chair Gabbard and committee members:

I am in agreement with Midwives Alliance of Hawai'i (MAH) COMMENTS for HB1194 HD2 SD1.

I supported HB1194, HB1194 HD1 and HB1194 HD2 as these measures supported the regulation of midwifery through full licensure to ensure protections are in place for consumers. I support the overarching intent of HB1194 HD2 SD1 as it maintains the majority of the language within HB1194 HD2, and I strongly recommend the removal of the two amendments from HB1194 HD2 SD1 in order to restore mandatory midwifery licensure and accredited midwifery education.

Thank you for this opportunity to provide COMMENTS for HB1194 HD2 SD1. I encourage the Senate committees to accept MAHs proposed amendments to restore the current standards of midwifery education and licensure in Hawai'i and ensure the safety and wellness of our mothers and keiki in Hawai'i.

Mahalo.

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 10:44:23 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
christy Kalama	Individual	Comments	Written Testimony Only

Comments:

ALOHA and blessings SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by PROTECTING FREEDOM

for wahine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey. Mahalo for Standing With Wahine. Christy Kalama

**LATE**

**HB-1194-SD-1**

Submitted on: 3/30/2025 10:56:55 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alana Siaris	Individual	Comments	Written Testimony Only

Comments:

**Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,**

**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. My kāne was able to catch our daughter as she joined us earthside and he says it was the best day of his life. He also says wholeheartedly that every parent should be able to have the experience that we shared.**

**The ancient knowledge and strength that mothers need to birth their keiki are in our bones. This is something that we have been built for, and have been doing for as long as humans have existed. It needs to be the birthing person's choice where and with whom to give birth.**

**Birth shouldn‘t be a business, it should be a sacred and spiritual experience.**

**I am submitting comments on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:**

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND**

- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

**Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social,**

**psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.**

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.**

**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 discriminates against Native Hawaiian traditional and customary practices. This is a form of erasure; an attempt to remove Native peoples from their ancestral practices.**

**Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.**

**Mahalo,**

**Alana Siaris**

**HB-1194-SD-1**

Submitted on: 3/30/2025 11:13:49 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Shields	Individual	Comments	Written Testimony Only

Comments:

Dear Chairperson and Committee Members,

My name is Ryan Yoshimura Shields, and I am a board-certified obstetrician-gynecologist practicing in Kamuela. **I am again submitting this testimony in support of HB1194, but do not support the amendments allowing for non-accredited PEP indefinitely nor allowing provision of midwifery services without compensation.** The PEP pathway does not allow for the appropriate clinical oversight necessary to ensure safe care.

I love working alongside midwives, they are incredible teammates in providing safe and holistic maternity care. I continue to learn from their deep knowledge and experience. To have this collaborative model continue, midwives need to be trained through accredited programs (just as any other healthcare provider is).

**Passing HB1194 with amendments to require midwifery students to attend accredited midwifery education and removing the exemption for people to practice midwifery without a license will help support a collaborative, safe labor and delivery at our hospital.**

Thank you for your attention to this important matter.

Sincerely,

Ryan Shields, MD

Department Chief, Obstetrics and Gynecology

Queen's North Hawai'i Community Hospital



**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 12:24:05 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
jeanne wheeler	Individual	Comments	Written Testimony Only

Comments:

Aloha: I'd like to see that there are amendments added to this bill... 1) reinstate the birth attendant exemption that existed under the current midwifery law which expired in 2023, & 2) replace the current exemption language under HRSJ-6 with: 'This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawai'i State Constitution;'. Mahalo in advance, JW

**HB-1194-SD-1**

Submitted on: 3/31/2025 2:43:02 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shane N Presswood	Individual	Comments	Written Testimony Only

Comments:

**WRITTEN TESTIMONY IN STRONG SUPPORT OF MODIFICATIONS TO HB1194 HD2 SD1****Relating to Health – Protection and Preservation of Midwifery Practices in Hawai‘i****Dear Chair, Vice Chair, and Honorable Members of the Committee,**

**My name is Shane N. Presswood, a Hawai‘i resident, and I am writing in strong support of modifying HB1194 HD2 SD1 to include clear protections from prosecution for all midwifery practitioners and to explicitly preserve the right for midwifery apprenticeships to continue unhindered as a culturally relevant and protected practice in Hawai‘i.**

**Midwifery has deep ancestral and community roots in our islands. Long before the imposition of Western medical frameworks, traditional midwives provided care rooted in ‘ike kūpuna (ancestral knowledge), relationship, and trust. These practices are not only medically sound but are sacred, familial, and part of the living cultural heritage of our communities.**

**I respectfully urge that this bill be amended to:**

- 1. Provide full protection from prosecution for all individuals practicing midwifery, regardless of licensure.**
- 2. Protect and uphold traditional apprenticeship pathways as legitimate and culturally protected forms of education and care.**
- 3. Affirm the right of Native Hawaiian and other culturally-rooted communities to practice and perpetuate traditional midwifery without fear, stigma, or legal retaliation.**

**The people of Hawai‘i deserve the right to choose their birth experience in a way that reflects their cultural values, spiritual beliefs, and trusted relationships. This includes access to midwives who may not fall within a Western licensing framework but who carry generations of knowledge, skill, and community trust.**

**Criminalizing or restricting these practices not only harms midwives, but it fractures communities and undermines our collective ability to care for one another in meaningful, place-based ways.**

**Please amend HB1194 HD2 SD1 to protect all midwives and their apprentices and to honor the deep, living tradition of midwifery.**

**Mahalo nui loa for your time and consideration.**

**With great respect,**

**Shane N. Presswood**

**Hawai'i Resident**

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 6:13:05 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Mertlich	Individual	Oppose	Written Testimony Only

Comments:

I care deeply for the families in our community & want to make sure we do all we can to have laws that create a safe environment for the mothers bringing babies into our world. Without setting a high bar that contains guidelines that require accredited continuing education & licensure we are putting mothers and their babies at a higher risk of complications or worse. Being compensated (or not) should not change this requirement. Please protect our community by voting in favor of our future mothers and their family's health & safety. Thank you so much for your time.

**HB-1194-SD-1**

Submitted on: 3/31/2025 4:44:01 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tara Rojas	Individual	Oppose	Written Testimony Only

## Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

Aloha, I am submitting comments in Opposition on 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. Please add the following amendments to HB1194 to strengthen protections for reproductive Freedom and Native Hawaiian/Kānaka Maoli off traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND
- Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected

under article XII, section 7 of the Hawaii State Constitution; Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Tara Rojas

**HB-1194-SD-1**

Submitted on: 3/31/2025 7:36:39 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Kelsey Amos	Individual	Comments	Written Testimony Only

Comments:

I am so appreciative of the amendments made by the last committee.

Please keep, do not reverse, and if possible clarify that PEP is an allowable educational pathway for licensure in Hawaii.

Please also strengthen protections for Native Hawaiian birthing practices and reinstate the birth attendant protection, as recommended by the Hawaii ACLU.

mahalo,

Kelsey

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 7:44:15 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alohi Aea	Individual	Comments	Written Testimony Only

Comments:

Mahalo nui to the prior committees who heard the community and have made changes to this bill. As a homebirthing mother whose consumer choices and options have been greatly impacted by midwifery licensure regulation, I offer these comments:

1. I agree strongly with comments and requests offered by Hawaii Home Birth Collective and the ACLU.
2. I request that the bill be amended to reinstate the birth attendant exemption offered in previous legislation that expired in 2023.
3. I request that language be strengthened to protect Native Hawaiian traditional and customary practices.

Mahalo nui for your hard work and for hearing and responding to our community!



**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 7:46:16 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lily Regan	Individual	Comments	Written Testimony Only

Comments:

I oppose the ammendments : 1) non-accredited portfolio evaluation (PEP) acceptable for midwifery education indefinitely, rather than a legacy pathway ending January 1, 2020 for any newly certified professional midwife, 2) allows for anyone to provide midwifery services without a license as long as they are not compensated. I oppose these because they do not align with consumer protectionse..

I support the recommendation of the following amendments to HB1194 H2 SD1: adding January 1, 2020 back into the end date for non-accredited portfolio evaluation, requiring midwife students to attend accredited midwifery education, and removing the exemption for people to practice midwifery without a license for no compensation. I am asking that Senators pass HB1194 HD2 SD1 with the amendments that MAH recommend, which will restore mandatory licensure and accredited midwifery education. This is important for the safety of patients and families of Hawai'i.

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 8:55:39 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Ye Nguyen	Individual	Oppose	Written Testimony Only

Comments:

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 SD 1 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. Full Scope of Practice for CMs and CPMs must be recognized and allowed.
4. The term “Midwife” belongs to the community, especially in cultural use. It is not a proprietary term and should not be treated as such.
5. A person who helps another woman deliver her baby at home should be able to be compensated however the birthing woman sees fit

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,

Ye Nguyen, N.D.



**HB-1194-SD-1**

Submitted on: 3/31/2025 9:15:11 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

**LATE**

Submitted By	Organization	Testifier Position	Testify
Nina Millar	Individual	Comments	Written Testimony Only

Comments:

3/31/2025    Comments on HB1194 HD2 SD1

To Senate Committees: Commerce and Consumer Protection and Judiciary,

I am currently a licensed midwife practicing on the Big Island. I support continued licensure of midwives with accredited education and oppose exemption of people practicing midwifery without a license for no compensation.

The purpose of regulation of midwifery is the safety of women and children. Establishing the qualifications for licensure assures the public the midwife meets a national standard of education and certification.

In the 40 years of my practice in Hawaii, only the last 5 years have been legal. I feel it would serve our birthing families best to continue licensing midwives. I encourage the Senators to pass HB 1194 HD2 SD1 with amendments keeping safety forefront.

Thank you,

Nina Millar, LM

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 9:22:23 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Kratzer	Individual	Comments	Written Testimony Only

Comments:

I am submitting my testimony to say that I am NOT in support of recent ammendments made to this bill. Instead I recommend that January 1, 2020 be added back as the end date for non-accredited portfolio evaluation. I am also recommending removing the exemption of people to practice midwifery without a license for no compensation. Please pass HB1194 HD2SD1 with the above recommended ammendments and **restore mandatory licensure and accredited midwifery education.**

Sincerely,

Jennifer Kratzer

Certified Nurse Midwife Hawai'i Island

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 9:24:38 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
benjamin simpson	Individual	Comments	Written Testimony Only

Comments:

To whom it may concern,

My name is Benjamin Simpson, and I am a concerned constituent of Hawai'i County.

Please consider making the following amendments to HB1194 HD2 SD1 in order for it to become a clean bill as HB1194 HD2 SD2 that the community can strongly support. This will keep moms and keiki safe in Hawai'i and align HB1194 HD2 SD2 with the State's licensing reform policy (26-H).

>Please AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway

>Please REMOVE Exemption for attendance at a birth

>Please AMEND Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway

Mahalo & Thank You for understanding the importance of medically trained & licensed Midwives here in Hawai'i.

-Uncle Ben

## **Written Testimony for Urgent and Crucial Amendments to the Midwifery Bill HB1194**

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Kristel Whippy, and I am a resident of Palolo Valley. I am submitting comments on **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.

I also implore you to consider the various other destabilizing issues people deal with on a daily/ongoing basis. Housing and food insecurity are something that I personally experience and to add to that the stress of not being allowed affordable healthcare or midwifery access to already stressed households is simply unconscionable. People are not dealing with these issues in isolation. They compound and further deteriorate already destabilized family foundations.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- - **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
  - **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.



**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.** 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 **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities. Please be part of the solution to creating greater stability for families in Hawai‘i.

Mahalo Nui,

Kristel Whippy

E: [kris25@hawaii.edu](mailto:kris25@hawaii.edu)

96816, Palolo Valley

2025 LLM Candidate at William S. Richardson School of Law

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 11:36:37 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rexie Adlawan Ah Chong	Individual	Comments	Written Testimony Only

Comments:

Aloha,

I respectfully ask to ammend the language of this bill to the following consideration: reinstate the birth attendant exemption that expired in 2023, ensuring traditional care without midwifery licensure is not subject to criminalization.

In 2023 and 2024, I gave birth to two healthy babies at an Oahu hospital. The first experience was as good as I could imagine it to be. The 2nd experience wasn't horrible, but several parts of the process could have been harmful to my health. I asked for epidural, but it was not administered to me until 3 hours later when I was already 9in dilated - I now know this is a practice that probably should not have happened. We were then highly encouraged by nurses to ask my doctor to release us from the hospital after 24 hours. The encouragement felt more like pressure after multiple nurses suggested it. Then after nurses and doctors gave us a one minute speech on postpartum and newborn care, we were literally back home within 26 hours.

I couldn't tell you the names of our nurses or the doctor on call because it happened so quickly & as you can imagine, I was exhausted. As a college educated, 35 year old mom of two infants and working professional with a village of support, I was confident I could care for my babies. This is why I just went with their strong suggestions to be released early. I feel for other mothers who are rushed out of the system as quickly with no knowledge or support. Midwives do NOT handle the sacredness of birth the same way.

We, as mothers of all different ethnicities, levels of education, upbringing, should still be allowed to choose who we want to include in the experience. It should not be a crime for an uncle on Molokai who has attended & delivered dozens of his family's babies or a woman whose body does not allow her to deliver her own children but her hands have provided this gift to mothers trusting her in sharing their experience to continue this practice that is gifted from powers beyond a diploma.

It seems more of a crime to rush an exhausted mother and newborn out of a medical facility to make room for another one to be rushed out a few days later than it does for a midwife to be with a family through hapai, hanau, and even as the child grows up.

Please consider decriminalizing midwifery, as there are problems in the system that should be considered illegal but most likely never will be - the care midwives provide should not.

Malama pono,  
Rexie Adlawan Ah Chong

**HB-1194-SD-1**

Submitted on: 3/31/2025 11:43:13 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Brandi Timmer	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by

PROTECTING FREEDOM for wāhine to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their journey.

Mahalo for Standing With Wahine.

Brandi Timmer

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 11:51:07 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Terrie Armbruster	Individual	Comments	Written Testimony Only

Comments:

Some important amendments to HB1194 are still needed: Protect Wahine Total Freedom to Choose birthing experience, and legal Rights to Choose birth support team during pregnancy, and during & after birth---Protect Freedom during one of the most intimate and sacred journeys in life!!

Please continue to Stand With Wahine and Protect Wahine Rights and Freedoms NOW and for Future generations!!!

Mahalo

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 12:19:01 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Teianna Shiota	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Teianna-Lei Collins Shiota, and I am a resident of Haiku. I am submitting comments on **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. **Please add the following amendments to HB1194** to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license:

- - **Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place.** Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, **AND**
  - **Amendment to fully protect Native Hawaiian traditional and customary practices.** Replace the current exemption language under HRS 457J-6 with the following language: **This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution;**

Pregnant persons should be able to make informed decisions about their own bodies and reproductive health care. Some persons view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.**

During my pregnancy last year, I was forced to sign a contract with my doctor's office that gave me the option of either having a hospital birth and receiving their prenatal care, or having a home birth and not receiving care from them. There was also fine print where if I decided to have a home birth and broke the contract, I was no longer eligible to receive any future prenatal care from them. That may seem just cautionary, but on Maui there are only two options for prenatal care: Kaiser if you have Kaiser insurance, or Malama I Ke Ola if you have anything else. I had the "anything else" insurance and that left me with no other option but to sign the contract. I didn't have the time or means to fly to another island twice a week to receive care- care that could have been provided through a midwife or native hawaiian birthing practitioner if those options had been more readily available and accessible to not only me but other pregnant people. In fact, I was one of the last patients that Malama I Ke Ola accepted as a new pregnant patient before they started making everyone fly to Oahu for care. The shortage of OB/GYNs on Maui is staggering, and we are left with no other option here since Maui Lani Physicians stopped their OB care in 2023, and Maui Medical Group only has a gynecologist that works one day a week. Adding these amendments and passing the bill with these amendments would alleviate those issues and provide the care that all pregnant people deserve, as well as simply giving pregnant people a choice in their healthcare and how they choose to give birth. This will also protect our Hawaiian traditional and cultural practices. I cannot help but associate the current policing of Hawaiian birth practices with the criminalization our ancestors faced in the 1800s for hula and 'Ōlelo Hawai'i.

Please **add these amendments to HB1194** to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Teianna-Lei Collins Shirota

**HB-1194-SD-1**

Submitted on: 3/31/2025 12:31:02 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Justice Fernandez	Individual	Comments	Written Testimony Only

Comments:

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and Committee Members,

My name is Justice Fernandez, and I am a resident of Waikapu, Maui. I am a proud mother of two small keiki, I am submitting comments on HB1194, relating to Midwifery. Midwives play a crucial role in providing personalized and holistic care that respects the cultural traditions and preferences of birthing individuals. Their presence can significantly improve maternal and neonatal outcomes, as they offer continuous support and education during pregnancy, labor, and postpartum. By recognizing and legitimizing the full scope of midwifery practices, we can ensure that all families have access to safe and respectful birth options that align with their values and needs.

The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. We, as Hawaiian people, have been deprived of many of our religious and cultural practices. These changes to our fundamental needs are paramount. Please add the following amendments to HB1194 to strengthen protections for reproductive freedom and Native Hawaiian traditional and customary practices relating to pregnancy, birth, and infant care, and end the criminalization of maternal support and care without a midwifery license. This bill should be passed with these amendments included:

- *Amendment to protect birth attendants from criminalization by adding a clear statutory exemption with consumer protections in place. Reinstate the birth attendant exemption that existed under the current midwifery law that expired in 2023, AND*
- *Amendment to fully protect Native Hawaiian traditional and customary practices. Replace the current exemption language under HRS 457J-6 with the following language: This chapter shall not apply to a person who is: (4) Practicing Native Hawaiian traditional and customary practices, including but not limited to practices related to pregnancy, birth, or infancy, as protected under article XII, section 7 of the Hawaii State Constitution.*

During a pregnancy last year, my friend was forced to sign a contract with the doctor's office that gave her the option of either having a hospital birth and receiving their prenatal care or having a home birth and not receiving care from them. There was also fine print where if she decided to have a home birth and broke the contract, she was no longer eligible to receive any



future prenatal care from them. That may seem just cautionary, but on Maui there are only two options for prenatal care: Kaiser if you have Kaiser insurance, or Malama I Ke Ola if you have anything else. She had the "anything else" insurance and that left her with no other option but to sign the contract. She didn't have the time or means to fly to another island twice a week to receive care- care that could have been provided through a midwife or Native Hawaiian birthing practitioner if those options had been more readily available and accessible to not only her but other pregnant women. In fact, she was one of the last patients that Malama I Ke Ola accepted as a new pregnant patient before they started making everyone fly to Oahu for care. The shortage of OB/GYNs on Maui is staggering, and we are left with no other option here since Maui Lani Physicians stopped their OB care in 2023, and Maui Medical Group only has a gynecologist that works one day a week. Adding these amendments and passing the bill with these amendments would alleviate those issues and provide the care that all pregnant people deserve, as well as simply giving pregnant people a choice in their healthcare and how they choose to give birth. This will also protect our Hawaiian traditional and cultural practices

Any pregnant person(s) should be able to make informed decisions about their own bodies and reproductive health care. Some people view pregnancy and birth as a natural process and choose midwives and traditional practitioners to provide support for their social, psychological, physical, emotional, spiritual, and cultural needs. Others view pregnancy and birth as primarily a medical event and choose to give birth in a hospital with access to physicians and nurses.

**We need more choices, not less, when it comes to accessing care during pregnancy and birth—whether at home, at birthing centers, or in hospitals.**

Please add these amendments to HB1194 to safeguard reproductive autonomy, fully protect Native Hawaiian traditional and customary practices, and expand access to midwifery care in our communities.

Mahalo,

Justice Fernandez

**HB-1194-SD-1**

Submitted on: 3/31/2025 12:31:01 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rocio Bueno	Individual	Comments	Written Testimony Only

Comments:

Please make a couple more amendments:

- Please strengthen the exemption to fully protect the Native Hawaiian traditional and customary practices relating to pregnancy, birthing and infancy care.
- Please reinstate the birth attendant exemption, that previously existed, in the current midwifery law that expired in 2023. It included consumer protections and ensured that people providing traditional form of maternal care and support, without a midwifery license, will not be subject to criminalization.

**HB-1194-SD-1**

Submitted on: 3/26/2025 11:24:51 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Richard Chong	Individual	Comments	Written Testimony Only

Comments:

I support licensure, but not with the recent amendments. Please restore the bill to HB 1194 HD 2 so I can fully support it.

**HB-1194-SD-1**

Submitted on: 3/26/2025 11:30:35 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa W. Chong	Individual	Comments	Written Testimony Only

Comments:

I offer comments on HB1194 HD2 SD1.

I support full licensure and have been in alignment with draft suggestions in HB1194 HD2. I cannot support the SD1 amendments as they undermine the point and purpose of licensure. I agree with MAHs proposed amendments to realign this bill with the state auditors report, keep alignment with ICM global standards, and protect the consumer. Please consider these amendments.

**HB-1194-SD-1**

Submitted on: 3/30/2025 11:41:22 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Taylor Hamil	Individual	Comments	Written Testimony Only

## Comments:

I am writing to to request you **review two amendments** made in the Senate HHS committee to [HB1194 HD2](#), which was a clean bill. As a licensed midwife on the Big Island this bill is very important to the protection of my community; I have profound concerns about two of the added amendments which do not offer consumer protection nor do they adequately regulate the profession of midwifery.

The HHS committee responded to concerns from the ACLU by removing the current standard of MEAC education as a requirement for licensure. Currently, 4 of 8 MEAC schools are 100% online, allowing for completion of both the didactic education as well as the apprenticeship/preceptorship while remaining in Hawai'i. There are no physical schools for certified nurse-midwives, dentists, etc in Hawaii and we still require accredited education for all autonomous healthcare professionals. The PEP pathway is an insufficient educational requirement for midwifery practice. It leaves new midwives lacking in the didactic knowledge that is imperative for assessing health and wellbeing of gestational parents in their care and identifying higher risk conditions that they may not have seen in their apprenticeship. The PEP pathway only instills the knowledge base of the midwife or two they are learning from without having any accountability or examinations along the way to ensure the student is adequately prepared/ educated.

- **ACCREDITED EDUCATION IS ABSOLUTELY ATTAINABLE IN HAWAI'I,**  
and is our **CURRENT STANDARD.**

The HHS committee also “(4) Insert[ed] language to establish that state law governing midwives does not apply to a person who is invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received;”

- **This exemption is a contradiction to the definition of “scope of practice of midwifery”** which states “(a) The scope of practice of midwifery means the full practice of midwifery, regardless of compensation or personal profit,” (HB1194 HD2 SD1 page 4). Compensation is not what we base regulation of a profession around, nor how we define what a professional is. Any professional can choose to provide pro bono services.
- This amendment is a direct contradiction to the State Auditor’s Sunset Evaluation recommendation for “full licensure” as it nullifies the requirement for people to be licensed as a midwife while practicing midwifery.
- **This exemption creates risks to the consumer** and must be removed.

The HHS committee also acted by “(5) Deleting language that would have required the midwifery bridge certificate issued by the North American Registry of Midwives used as evidence of one of the qualifications for licensure as a certified professional midwife have been obtained before January 1, 2020; and”

- Non-accredited education (PEP or PEP plus bridge) makes it very difficult for the State to investigate a consumer complaint about a midwife’s negligence and make a determination as there is no curriculum for the State to reference what a midwife should know. **This means consumers may not have resolution of their complaints when harmed.**
- The State Auditor’s Sunset Evaluation did not find accredited education to be an unnecessary barrier.
- 50 hours of continuing education is not equal to the three years accredited education requirement. The bridge content focuses on emergency skills and will not equip these providers to offer full scope midwifery care (diagnostics, risk assessment, management, treatment and referral).
- **Allowing non-accredited education is a DOWNGRADE from the accredited education that we currently require.**
- When we lessen our standards, we increase risks to the health and safety of consumers, as we’d allow people to be licensed midwives who are less knowledgeable and skilled in diagnosis and risk assessment.

I am respectfully asking all of you to consider making the following amendments to HB1194 HD2 SD1 in order for it to become a clean bill as HB1194 HD2 SD2 that the community can strongly support. This will keep moms and keiki safe in Hawai‘i and align HB1194 HD2 SD2 with the State’s licensing reform policy ([26-H](#)).

1. **AMEND** Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway

Page 29 lines 10-15:

A student [midwife who is] 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;

1. **REMOVE** Exemption for attendance at a birth

Page 32 lines 14-17:

(7) Invited by a patient to attend a birth occurring at a location other than at a birth facility where no compensation for the attendance or service is contemplated, charge, or received."

1. **AMEND** Midwifery Bridge Certificate/ PEP (Apprenticeship only pathway) to be a legacy educational pathway

Page 37 lines 18-20:

(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."

Mahalo for taking these recommended amendments into consideration.

With respect,

Taylor Hamil MSM, LM, CPM

Kailua Kona, HI

**HB-1194-SD-1**

Submitted on: 3/30/2025 6:40:15 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Angel M. Willey, MD	Individual	Comments	Written Testimony Only

Comments:

Aloha,

As an OBGYN, I cannot support HB1194 SD 1 - specifically two of the amendments that were added in by the last committee are highly problematic because those amendments make midwife licensure practically meaningless. The PEP pathway is an apprenticeship-only pathway where a student learns only what their preceptor knows. There is no standardized curriculum, and therefore does not ensure a universal standard of education or minimal competency. The exemption for anyone attending a birth as long as "no compensation for the attendance or service is contemplated, charged or received" seems like that would be impossible to enforce as most of these births are in private homes. In addition, with absolutely zero standards for who is an attendant this not only presents the potential for significant harm to the pregnant person and their child, but there will be no recourse for someone harmed and therefore no accountability to the public. Both of these amendments compromise public safety, and therefore even though I support the licensure of midwives, I cannot support this bill as it is now and **urge that the next committees remove these 2 amendments.**

Mahalo, Dr. Angel Willey



**HB-1194-SD-1**

Submitted on: 3/26/2025 10:38:08 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Catherine Rault	Individual	Oppose	Written Testimony Only

Comments:

My name is Dr. Lule Rault, and I am a board-certified obstetrician-gynecologist practicing in Honolulu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose **HB1194 HD2 SD1** due to two dangerous amendments:

1. **The inclusion of the unaccredited PEP pathway** undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.
2. **The exemption for “unpaid invited attendants”** creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, **I urge the legislature to remove these two amendments and return to the original House version of the bill**, which aligns with national best practices and [US MERA guidelines](#).

**HB-1194-SD-1**

Submitted on: 3/30/2025 7:05:33 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ricardo Molero Bravo	Individual	Comments	Written Testimony Only

Comments:

My name is Dr. Molero Bravo, and I am a board-certified obstetrician-gynecologist practicing in Oahu. I am writing regarding HB1194 HD2 SD1.

Midwives are a vital part of our maternal healthcare system. However, like physicians and nurses, they must meet clear, accredited educational standards to ensure public safety and quality care.

While I supported HB1194 HD2, I must provide comments to oppose HB1194 HD2 SD1 due to two dangerous amendments:

The inclusion of the unaccredited PEP pathway undermines public safety. This route has no formal curriculum. A midwife trained this way only learns what their individual preceptor teaches — which may be outdated or incomplete. Without a consistent education framework, we cannot assess malpractice or harm.

The exemption for “unpaid invited attendants” creates a loophole allowing anyone — regardless of training — to attend births. It's not only impossible to monitor or enforce, but it also removes accountability entirely.

As someone deeply committed to maternal health, I urge the legislature to remove these two amendments and return to the original House version of the bill, which aligns with national best practices and US MERA guidelines.

Mahalo for your consideration.

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 12:59:34 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tonya Wills	Individual	Comments	Written Testimony Only

Comments:

ALOHA SENATORS - Crucial changes need to be made to

HB1194 to PERFECT THE BILL by

PROTECTING FREEDOM for women to choose who participates in their pregnancy, birth, and after birth and without criminalizing any choices to give to those they invite into their birthing journey. Please stand with us.

Mahalo,

Tonya Wills

**LATE**

**HB-1194-SD-1**

Submitted on: 3/31/2025 1:26:22 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Misty Cluett	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair, Vice Chair, and Honorable Members of the Committee,

I am writing to express my strong opposition to House Bill 1194, which seeks to impose heavy regulations on midwifery in Hawaii. HB 1194 would severely limit access to qualified midwives and restrict traditional birthing options for families. While some changes may have been made to protect traditional Hawaii practices, what about the rights of non-Hawaiian descendants to the same level of traditional practices?

HB 1194's requirements for licensing and certification fail to recognize the cultural and historical significance of midwifery in Hawaii – for all peoples. Traditional midwives and culturally competent birth attendants have safely served communities for generations, offering personalized, holistic care that is often unavailable in hospital settings. By imposing restrictive credentialing processes that align more with medicalized birth rather than community-based midwifery, this bill would effectively push many skilled and experienced midwives out of practice, leaving families with fewer choices and forcing them into a hospital system that may not align with their birthing preferences.

As mothers and fathers, we have a right to determine the best course for our families – which includes the birth of our children. Additionally, there is insufficient evidence to suggest that the proposed regulations will result in improved maternal or infant outcomes. In fact, states with overly restrictive midwifery laws often see increased rates of unassisted births or unnecessary medical interventions, which can lead to worse outcomes rather than better ones.

I urge the committee to reject HB 1194 in its current form and instead work collaboratively with midwives, birthing families, and community stakeholders to create a framework that supports midwifery as a vital and legitimate component of Hawaii's maternal healthcare system.

Thank you for your time and consideration.

Sincerely,  
Misty Cluett

**HB-1194-SD-1**

Submitted on: 3/31/2025 8:14:13 PM

Testimony for CPN on 4/1/2025 9:30:00 AM

**LATE**

**LATE**

Submitted By	Organization	Testifier Position	Testify
Catherine Carlevato	Individual	Comments	Written Testimony Only

Comments:

RE: HB1194 HD2 SD1 – COMMENTS ONLY

Aloha Chairs, Vice Chairs, and Committee Members,

I am writing as a community member and parent who cares deeply about the safety and quality of midwifery care in Hawai‘i. I am submitting COMMENTS ONLY on HB1194 HD2 SD1.

I respectfully urge the Senate Committees to amend HB1194 HD2 SD1 to align with essential consumer protections by:

1. Reinstating January 1, 2020 as the end date for allowing non-accredited portfolio evaluation (PEP) pathways for newly certified professional midwives.
2. Requiring midwifery students to attend accredited midwifery education programs, ensuring safe, standardized, and accountable training.
3. Removing the exemption that allows individuals to practice midwifery without a license as long as they are not compensated, which undermines public health and safety.

These changes are vital to ensure all birthing people in Hawai‘i receive care from trained, licensed professionals. Upholding standards for midwifery education and licensure protects families, supports ethical practice, and strengthens the midwifery profession overall.

Mahalo for considering my testimony and for supporting safe, evidence-based midwifery care in our state.

With gratitude,

Kate Carlevato

Kailua Kona, Hawaii

**LATE****LATE****HB-1194-SD-1**

Submitted on: 4/1/2025 7:07:56 AM

Testimony for CPN on 4/1/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Marissa Leatherman	Individual	Oppose	Written Testimony Only

## Comments:

Requiring unlicensed midwifery birthworkers practicing home births, including doulas, indigenous and/or cultural birthworkers (Hilots, Lolas, Sanbas), except Native Hawaiian cultural practitioners/birthworkers, to become licensed midwives to practice midwifery/be birth attendants, will lead to higher infant death and a loss of cultural birth tradition being passed down through these professions. This is an equity issue more specifically for indigenous birth workers (Lola, Hilots, Sanbas) in Hawai'i because all midwife programs are out of state and cost money. There are also 0 licensed Kanaka Maoli midwives in the state of Hawai'i and very few licensed Hawai'i midwives born and raised in Hawai'i. This has the potential to criminalize indigenous unlicensed birth attendants. In 1999, when I was born, if this had been in place, I would not have been born under the care of an unlicensed midwife myself. My neighbors, my community, in Kahalu'u, we also currently rely on indigenous birth workers for the birth of our little ones right now. This bill will criminalize a cultural tradition tied to one of the most sacred events in the life of a person - the very start of it, and in turn endanger those who are set to receive care by preventing their community practitioners from helping them give birth in their time of need. Licensed midwives cannot replace cultural birth workers, as these individuals do not have the same trust, understanding, and connection with community. Additionally, those who are indigenous birth workers already, and rely on this livelihood, likely do not have access to school on the mainland, and would lose the right to practice under the current form of this legislation. I ask that this bill be modified to exclude the requirement of indigenous birth workers from all backgrounds to be registered, or the bill be sent back in full for revision/rejection.



Committee of Midwife Advocates  
for the Certified Midwife (CM)



**LATE**

**LATE**

## Support for Amendments to HB1194 to Ensure Parity for Certified Midwives

On behalf of the Committee of Midwife Advocates for the Certified Midwife (CMAC) of the American College of Nurse-Midwives (ACNM), We are writing to express strong support for the proposed amendments from the Hawaii ACNM affiliate to HB1194. Hawaii faces critical shortages of maternal health care providers, and the Certified Midwife (CM) credential offers a vital, parallel pathway to expanding the midwifery workforce. These amendments ensure that Certified Midwives (CMs) are able to be integrated into Hawaii's maternal health care landscape and can practice to the full extent of their education and training. Certified Midwives undergo rigorous, minimum of graduate-level accredited education identical to Certified Nurse-Midwives, including pharmacology and clinical experience.<sup>1</sup> To be nationally board certified they must complete the same competencies and sit for the same board exam as Certified Nurse-Midwives. The current restrictions on practice do not reflect modern advanced practice midwifery education and practice.<sup>2</sup>

Specifically, we urge your support for the following key provisions:

### 1. Clarification of Scope of Practice

- Ensuring that CMs have a clearly defined scope of practice that reflects their rigorous education and clinical training and aligns with the American College of Nurse-Midwives Definition and scope of practice<sup>3</sup>
- Aligning CM practice authority with that of Certified Nurse-Midwives (CNMs), ensuring consistency in midwifery care across the state.

### 2. Authority to Delegate Tasks

- Granting CMs the ability to delegate appropriate tasks to other qualified healthcare professionals, as is standard practice for other advanced practice providers.
- Ensuring that regulatory language does not unnecessarily limit CMs' ability to provide efficient, high-quality care.

### 3. Full Prescriptive Authority

- Recognizing the need for CMs to have full prescriptive authority, including the ability to prescribe medications and treatments within their scope of practice without additional supervisory requirements.

<sup>1</sup> <https://midwife.org/wp-content/uploads/2024/09/Midwives-of-ACNM-Infographic-2018.pdf>

<sup>2</sup> <https://midwife.org/wp-content/uploads/2024/09/CM-Talking-Points-03.2021.pdf>

<sup>3</sup> [https://midwife.org/wp-content/uploads/2024/09/Definition-Midwifery-Scope-of-Practice\\_2021.pdf](https://midwife.org/wp-content/uploads/2024/09/Definition-Midwifery-Scope-of-Practice_2021.pdf)



- Aligning prescriptive authority with CNMs and other advanced practice providers to ensure timely and comprehensive patient care.
- 4. Application for Licensure Independent of Eligibility Criteria**
  - Ensuring that the application process for CMs is based on their qualifications and training, independent of other eligibility requirements.
  - Preventing unnecessary administrative barriers that could delay the ability of
  - CMs to enter the workforce.
- 5. Parity in Insurance Credentialing and Reimbursement**
  - Guaranteeing that CMs have the same ability as CNMs to apply for insurance credentialing, enabling them to provide services to a broader patient population.
  - Ensuring that CMs receive equitable reimbursement for services, supporting workforce sustainability and access to midwifery care.

By adopting these amendments, HB1194 will strengthen the midwifery workforce, improve access to high-quality maternal health care, and promote equity for Certified Midwives. We urge policymakers to support these critical updates and ensure that midwifery remains a vital and accessible option for families across the state.

When pregnant and birthing people are placed in an appropriate level of care with the appropriate provider, maternal mortality and morbidity rates decrease. Numerous studies show that better integration of CNMs/CMs practicing to the full extent of their education, clinical training, and certification within a team-based care model with the patient at the center can help prevent maternal deaths, reduce racial disparities, improve maternal and neonatal outcomes and improve access to healthcare for individuals and families.<sup>4</sup>

Despite the large body of evidence in support of midwifery, this model of care remains regrettably underutilized in the US health system. There are several reasons for this, including restrictive supervisory and collaborative practice requirements, like those currently in place in Hawai'i, inequity in third-party reimbursement structures, restrictions on hospital credentialing and admitting privileges, inappropriate restrictions on the scope of practice for which CNMs and CMs are trained, and limited recognition of the Certified Midwife credential.

There is wide support for reducing unnecessary scope of practice restrictions and barriers to accessing care provided by midwives and other advanced practice providers. The National Governors Association, the National Academy of Science and Medicine, the Federal Trade Commission, the Medicaid and CHIP Advisory Commission, the American Nurses Association, the National Rural Health Association, AARP, the American Hospital Association, the American College of Obstetricians and Gynecologists, the March of Dimes and countless other provider and consumer groups and think tanks support or have recommended increased access to midwives and midwifery-led care models and/or that CNMs and CMs be able to practice to

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<sup>4</sup> Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. 2018; 13(2):e0192523. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523>

the top of their competency-based education, clinical training and national certification.<sup>5,6,7,8,9,10</sup> Increasing the number of states with autonomous, patient-centered, regulatory frameworks for midwifery practice provided by CNMs and CMs is integral to expanding access to care for pregnant and birthing people in the United States.

We appreciate your leadership on this issue and look forward to continued collaboration to advance maternal health policy. Please feel free to reach out with any questions or to discuss further at [ACMidwives@gmail.com](mailto:ACMidwives@gmail.com)

Sincerely,



Marian Seliquini, MS, CM  
Chair, CMAC  
American College of Nurse-Midwives



Karen Kelly, MS, CM, FACNM  
Vice Chair, CMAC  
American College of Nurse-Midwives

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<sup>5</sup> National Academies of Sciences, Engineering, and Medicine; Susan C. Scrimshaw and Emily P. Backes, Editors. 2020. *Birth Settings in America: Outcomes, Quality, Access and Choice*. [Birth Settings in America: Outcomes, Quality, Access, and Choice | The National Academies Press](#)

<sup>6</sup> American College of Nurse-Midwives, American College of Obstetricians and Gynecologists. Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse Midwives/Certified Midwives. American College of Nurse-Midwives Website. [http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000224/ACNM College-Policy-Statement-\(June-2018\).pdf](http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000224/ACNM%20College-Policy-Statement-(June-2018).pdf).

<sup>7</sup> American Hospital Association. *2019 Advocacy Agenda*. [https://www.aha.org/system/files/media/file/2019/04/am-advocacy-agenda-2019\\_4219\\_final.pdf](https://www.aha.org/system/files/media/file/2019/04/am-advocacy-agenda-2019_4219_final.pdf)

<sup>8</sup> March of Dimes. Position Statement Midwifery Care and Birth Outcomes in the United States. <https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%202019.pdf>. Published August 29, 2019.

<sup>9</sup> Federal Trade Commission. Policy Perspectives: Competition And the Regulation of Advanced Practice Nurses.

<sup>10</sup> AARP. *Advanced Practice Nurses Play an Essential Role in Health Care*. <https://www.aarp.org/health/health-insurance/info-2018/advanced-practice-nurses-healthcare.html>