**JOSH GREEN, M.D.**
GOVERNOR | KE KIA'ĀINA

**SYLVIA LUKE**
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

**STATE OF HAWAII | KA MOKUʻĀINA ʻO HAWAIʻI**
**OFFICE OF THE DIRECTOR**
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**
**KA ʻOIHANA PILI KĀLEPA**
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## Testimony of the Department of Commerce and Consumer Affairs

**Before the**
**House Committee on Finance**
**Friday, February 21, 2025**
**3:00 p.m.**
**Conference Room 308 and Videoconference**

**On the following measure:**
**H.B. 1194, HD1, RELATING TO MIDWIVES**

Chair Yamashita and Members of the Committee:

My name is Alexander Pang, and I am the Executive Officer of the Department of Commerce and Consumer Affairs' Midwives Program. The Department supports this bill's intent to make midwifery regulatory laws permanent in the interest of public protection and clarify the scope of practice of midwifery 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; (4) establish continuing education requirements; (5) grant global signature authority to midwives; (6) grant prescriptive authority to licensed midwives practicing as certified midwives and amend the list of approved legend drugs that may be administered; (7) establish peer review and data submission requirements; (8) affirm that the practice of midwifery does not include traditional Hawaiian healers performing traditional Hawaiian healing practices; (9) clarify exemptions from licensure and grounds for refusal to renew, reinstate, or

restore licenses; and (10) clarify medical record availability and retention requirements for the purposes of medical torts.

The proposed Hawaii Revised Statute (HRS) section 457J-H requires licensed midwives to submit data for every gestational parent and newborn under the midwife's care to a national or state research organization approved by the Department. Licensed midwives must meet this requirement by June 30, 2029 to renew their license. The Department has not identified a national or state research organization that is guaranteed to accept data from Hawaii midwives. The Department is aware that the Community Birth Data Registry is a pilot program that currently collects data from midwives in roughly three other states. However, the Community Birth Data Registry anticipates going live in full capacity in 2026, and currently has another state on its waitlist. If this third-party data registry fails, postpones its launch, ceases to exist in the future, or is otherwise unable to accept data from Hawaii midwives, licensed midwives may not be able to comply with the data submission requirement and renew their licenses. Additionally, licensed midwives may find themselves unable to meet the proposed data submission requirements due to factors outside of their control, such as if they are unable to secure permission from their patients to disclose health information, or if they are working in a facility that prohibits disclosure of confidential health information.

For these reasons, the Department recommends deleting the proposed HRS section 457J-H on data submission in its entirety, from page 18, line 14 through page 19, line 11; and the data submission requirement for licensure renewal on page 38, lines 5 and 6.

Regarding the peer review requirement in the proposed HRS section 457J-G, the Department notes that this requirement may be unnecessary for certified professional midwives (CPMs) and unduly burdensome for certified midwives (CMs). To maintain national certification from the North American Registry of Midwives (NARM), which is the national certifying organization for CPMs, CPMs are already required to undergo 5 contact hours of peer review every three years in addition to meeting other continuing competency requirements. Creating overlapping state peer review requirements that are more stringent than the requirements of the CPM national certifying organization appears

unnecessary. Additionally, because national certification by NARM and licensure renewal by the Department occur on two different timetables, licensed midwives may fall into situations where their peer review is acceptable for recertification but not acceptable for licensure renewal. Because Hawaii law already requires certification from a national certifying body to obtain a midwife license, the Department recommends relying on those same national certifying bodies to set the standard for peer review rather than creating overlapping state standards.

Regarding the impact of the proposed peer review requirement on the CM, CMs often work in healthcare facilities that already have peer review policies in place. In these facilities, CMs primarily undergo peer review with other non-midwife healthcare professionals. Because the proposed HRS section 457J-G requires that peer review be completed with at least two midwives licensed in the State, and CPMs generally work in home birth settings, the proposed bill essentially requires that a CM find and perform peer review with two midwives outside of the healthcare facility for five clinical cases every three years, which would likely contravene a healthcare facility's policy against disclosure of confidential information to outside parties. As such, the proposed peer review requirement may be impracticable for CMs and could affect their ability to be hired by healthcare facilities due to the burden of meeting this peer review requirement.

The Department emphasizes that it lacks any structure to facilitate peer review for midwives. Additionally, peer review is generally meant to ensure that providers can receive protected, confidential feedback from their peers regarding their cases. Because the Department is also charged with investigating and taking disciplinary action against licensees, there may be a conflict of interest for the Department organizing peer review for midwives.

For the foregoing reasons, the Department recommends deleting the proposed HRS section 457J-G on peer review in its entirety, from page 18, line 14 through page 19, line 11; and the peer review requirement for license renewal on page 38, lines 3 and 4.

Lastly, the Department notes that the proposed amendments under HRS 457J-8 require that a midwife applicant maintain cardiopulmonary resuscitation (CPR) and

neonatal resuscitation program (NRP) certifications, which "shall be current at the time of application and remain valid throughout the license period." The Department also notes that CPR and NRP certifications generally are valid for two years, while the licensing period for midwives is three years. As such, it may not always be possible for midwives to present CPR and NRP certifications that "remain valid throughout the license period." For example, under the proposed language, it would be impossible for a midwife to obtain a license in the first year of the licensing period because their CPR and NRP certifications would always expire before the end of the three-year licensing period.

Thus, the Department recommends replacing "provided that the certification shall be current at the time of application and remain valid throughout the license period" with "provided that the certification shall be current at the time of licensure and the licensee shall be responsible for maintaining current certification throughout the license period" on:

- page 32, lines 15 to 17;
- page 32, line 21 through page 33, line 2;
- page 37, lines 14 to 16; and
- page 37, line 20 through page 38, line 2; and

adding the following acts to section 457J-12, Grounds for refusal to grant, renew, reinstate, or restore licenses and for revocation, suspension, denial, or condition of licenses which starts on page 41:

- "Failing to maintain current and valid certification in cardiopulmonary resuscitation of the adult and infant/child by the American Heart Association, Red Cross, or American Safety and Health Institute Basic Life Support that includes a hands-on skill component;" and
- "Failing to maintain current and valid certification in a neonatal resuscitation program of the American Academy of Pediatrics that includes a hands-on skills component."

Thank you for the opportunity to testify on this bill.

HAWAI'I STATE CENTER FOR NURSING
Connecting Nurses. Transforming Healthcare.

**Written Testimony Presented Before the**
**House Committee on Finance**
**Friday, February 21, 2025 at 3:00 P.M.**
**Conference Room 308 and videoconference**
**By**
**Laura Reichhardt, APRN, AGPCNP-BC**
**Director, Hawai'i State Center for Nursing**
**University of Hawai'i at Mānoa**

**Testimony with Comments on H.B. 1194, H.D. 1**

Chair Yamashita, Vice Chair Takenouchi, and members of the committee: this measure addresses licensure for licensed certified midwives and licensed certified professional midwives and other functions related to education, training, and practice for the profession. The Hawai'i State Center for Nursing (HSCN) takes no position on the substance of this measure and wishes to comment on only as it pertains exemptions for Certified Nurse Midwives.

In the current version of this bill, H.B. 1194, H.D. 1, Section 8, amends 457J-6 Exemptions proposes to include licensed certified nurse midwives who are licensed under Chapter 457 (Nurse Practice Act) within the exemptions. **HSCN supports this language.**

Certified Nurse Midwives are licensed pursuant to chapter 457, the Nurse Practice Act, as one of the for qualifying roles for Advanced Practice Registered Nurse licensure. Due to the duplicity in the term "midwife" for both APRNs under Chapter 457 and the professionals that this measure addresses, it is prudent to clarify that the use of the title "midwife" is acceptable for licensees under both chapters. Further, for nurses who have advanced education, training, and certification as midwives, their scope of practice is established in the Nurse Practice Act (Chapter 457).

Thank you for your attention to this matter. While HSCN takes no position on the substance of this measure, HSCN appreciates the opportunity to comment on the content pertaining to nurses.

**OFFICE OF THE COUNTY CLERK**

Jade K. Fountain-Tanigawa, County Clerk
Lyndon M. Yoshioka, Deputy County Clerk

Telephone: (808) 241-4188
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**Council Services Division**
4396 Rice Street, Suite 209
Līhuʻe, Kauaʻi, Hawaiʻi 96766

February 20, 2025

TESTIMONY OF FELICIA COWDEN
COUNCILMEMBER, KAUAʻI COUNTY COUNCIL
ON
HB 1194, HD 1, RELATING TO MIDWIVES
House Committee on Finance
Friday, February 21, 2025
3:00 p.m.
Conference Room 308
Via Videoconference

Dear Chair Yamashita and Members of the Committee:

Thank you for this opportunity to provide testimony in OPPOSITION of HB 1194, HD 1, Relating to Midwives. My testimony is submitted in my individual capacity as a member of the Kauaʻi County Council and the Public Safety & Human Services Committee Chair of the Kauaʻi County Council.

The Hawaiʻi State Constitution guarantees the fundamental right to reproductive autonomy including where and with whom to experience pregnancy and birth care.

The practice of midwifery in a natural setting has existed as long as humankind. Criminalization of any chosen attendant is not acceptable.

Respect and support for these essential practices of our culturally diverse community of *kanaka*, islanders, and immigrants, as well as our general population needs to allow the choice of both Certified Midwives and Certified Professional Midwives to be able to practice their full scope of practices. This is especially important for safety and economic access in our remote rural areas with poor hospital access or insurance coverage.

Thank you again for this opportunity to provide testimony in opposition of HB 1194, HD 1, unless amended to protect cultural and religious birth practices as well as expanding access pathways to licensure for our communities. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188 or via email to cokcouncil@kauai.gov.

Sincerely,

Felicia Cowden

FELICIA COWDEN
Councilmember, Kauaʻi County Council

AAO:mn

***Jennifer Kagiwada***
*Council Member District 2 South Hilo*

*Office:(808) 961-8272*
*jennifer.kagiwada@hawaiicounty.gov*

# HAWAIʻI COUNTY COUNCIL - DISTRICT 2

25 Aupuni Street • Hilo, Hawaiʻi 96720

DATE: February 20, 2025
TO: House Committee on Finance
FROM: Jennifer Kagiwada, Council Member
Council District 2
SUBJECT: HB 1194 HD1

Aloha Chair Yamashita, Vice Chair Takenouchi, and members of the Committee,

I am writing to you with comments on HB 1194 HD1. Two areas in which this bill needs improvement are regarding establishing licensure requirements for certified midwives and clarifying exemptions from licensure.

While this bill is attempting to make permanent most of the provisions of Act 32 that are set to sunset at the end of June of this year, two items require further examination before proceeding with this legislation. Based on the large amount of opposition testimony to this bill by those who are currently serving our primarily rural communities in the birth work category and those who receive care from licensed and unlicensed birth workers, it is imperative that your committee consider adopting the following amendments regarding licensure equity and additional exemptions before advancing this measure. Please consider adopting the following amendments:

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

- **Page 36 Lines 5-9 Application for license as a midwife**

(B) A midwifery bridge certificate issued by the North American Registry of Midwives, or successor organization.[~~, for certified professional midwife applicants who obtained certification before January 1, 2020.~~]

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

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

(7) A person acting as a birth attendant who:
(A) Does not use legend drugs or devices, the use of which requires a license under the laws of the State;

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

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

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

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

(iii) The person's education and training;

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

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

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

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

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

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

Thank you for the opportunity to offer my comments on HB 1194 HD1.

Mahalo,

Jenn Kagiwada

**February 21, 2025 at 3:00 pm**
**Conference Room 308**

**House Committee on Finance**

To: Chair Kyle T. Yamashita
Vice Chair Jenna Takenouchi

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

**Re: Support**
**HB 1194 HD 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 in support of **HB 1194 HD 1**, which would make permanent a licensure pathway for individuals practicing as midwives in Hawaii. We believe that these licensure standards have and will continue to ensure that women and families receive high-quality care in Hawaii and ensures that any individual choosing midwifery services is aware of the qualifications and education their provider has obtained.

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

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

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

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

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

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

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

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

**Before the House Committee on Finance**
**2/21/25 3:00 p.m.**
**State Capitol ROOM #308 HB 1194 HD 1, Relating to Midwives**

Aloha Chair Yamashita and Members of the Finance Committee,

My name is Kristie Duarte and I had the honor of serving as the Chair of the Hawai‘i Home Birth Task Force created by Act 32 (2019). I am also the current Board President of the Hawai‘i Home Birth Collective. The Hawai‘i Home Birth Collective is the largest midwife and birth worker organization in Hawai’i representing the largest membership of midwives licensed under HRS 457J as well as other licensed birth practitioners across the State. We **strongly oppose HB 1194 HD1**.

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

The legislature’s intent in passing HRS 457J in 2019 was to incorporate all birth practitioners over a three year period and not criminalize them as HB 1194 HD 1 continues to do. We have the opportunity to pass a law that will support reproductive rights and bodily autonomy to give back a pregnant person‘s right to have broad access to licensed midwifery, traditional birthing practices and maternal healthcare.

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

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

In addition, HB 1194 HD 1 currently exempts "(6) Administering care to the person's spouse, domestic partner, parent, sibling, or child."

- There should be clear protection for grandparents, extended family and hanai family.

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

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

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

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

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

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

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

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

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

(iii) The person's education and training;

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

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

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

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

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

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

# Certified Professional Midwife Amendments for HB 1194 HD1: Amendments needed for Finance Hearing

| | HB 1194 HD 1 | Amendments Needed for Finance Committee Hearing |
|---|---|---|
| Cultural Practices | **HB 1194 HD 1 Restricts cultural birth practices and displaces Indigenous and traditional practices.**<br>• Affects licensed midwives by knowing that the restriction of cultural birthing practices in this bill is displacing other people‘s cultures.<br>• Restriction & displacement of Indigenous practitioners of this land is especially harmful.<br>• This bill will make it illegal for ALL PEP student midwives, Native Hawaiian student practitioners, and other cultural/religious midwife students who are not currently enrolled in a MEAC accredited education program to learn midwifery from any qualified midwife preceptor. | **Amendment needed to protect cultural birth practices**<br>• Allows all students to be trained by a qualified midwife preceptor<br>• Allows collaboration with cultural practitioners. Licensed midwives will benefit in their practice knowing the legality of other cultural birthing practices are not being restricted and displaced |
| Expanding access pathways to licensure for local community | **HB 1194 HD 1 Allows only CPMS from the Continent with the Bridge Certificate prior to January 1, 2020 to move to Hawaii and apply** | **Amendment needed to allow people from Hawaii who have obtained a Midwifery Bridge Certificate** |

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| | **for a license**<br>● Does not allow for people from Hawaii who obtained the PEP/BRIDGE certificate after January 1, 2020 to apply for a license; | **after January 1, 2020 to be able to apply for a license** |
| License Renewal Requirements | **HB 1194 HD 1 Adds additional requirements:**<br>● Hawaii-based peer review committee<br>● Mandatory data collection (even for those who decline), and extra documentation; this data collection requirement may have conflicts with institutions that hire you<br>● Continuing education is to be submitted to the DCCA, including six hours of continuing education for the treatment of shock/intravenous therapy and suturing | **Amendment needed to remove HB 1194 HD 1 license renewal requirements relating to peer review, continuing education and CPR/NRP certification as they are already required by NARM in the recertification process for the CPM every three years**<br>● Peer review is a requirement of NARM for renewal of certification every three years<br>● Continuing education is a requirement of NARM for renewal of certification every three years<br>● Adult CPR and NRP are required for renewal of certification every three years |

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| Supervision, Delegations and Assistants | **HB 1194 HD 1 Does not provide protections for CPMs utilizing unlicensed assistants and threatens license revocation; the only assistants you can have are licensed providers or student midwives enrolled in a MEAC program**<br>• Does not provide statutory ability for the CPM to utilize unlicensed assistants<br>• Does not provide clear protections for licensed midwife when supervising or delegating tasks to unlicensed assistants and threatens loss of license<br>• Restricts delegation of tasks to administrative and technical clinical tasks; threatens revocation or suspension of license if a licensed midwife employs, aids or utilizes anyone to do anything that requires a license for midwifery | **Amendment needed to provide clear protections to delegate, supervise and have unlicensed assistants**<br>• Provide clear statutory protection for CPMS to supervise unlicensed personnel and delegate tasks<br>• Hawaii Nursing law allows for "Unlicensed assistive personnel" means an individual who is not licensed to practice nursing, but who provides tasks of nursing care in the State of Hawaii pursuant to chapter 457, HRS. Midwives should have the same ability as Hawaii Nurses. |
| Health equity | **HB 1194 HD 1 Restricts access to medications, forcing clients to pay for necessary treatments out-of-pocket which CPMS are able to obtain and administer or receive training in.** | **Amendment needed to expand CPM formulary so clients don't pay out-of-pocket for essential medications like contraception, yeast infection treatments, and Rhogam.**<br>• Expansion is in alignment with |

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| | • Clients will continue to be forced to pay for necessary medications (like Rhogam) out of pocket, only allowing the CPM to obtain and administer a narrow list of medications from a very limited formulary.<br>• Continues to force clients to pay out of pocket for over the counter medications , rather than utilizing their insurance coverage to cover them.<br>• It restricts CPMs to a limited formulary that is not equivalent to their level of training, education and certification.<br>• CPMs will no longer be allowed to access non-hormonal contraceptives for clients. | education, certification and training received<br>• Allows CPMS to have the option to apply for limited prescriptive authority based on precedent of Washington State<br>• Benefits clients to not pay out of pocket for these necessary medications that are covered by their health insurance.<br>• Expands formulary to also include: Iron/ vitamins magnesium sulphate; calcium gluconate;, oral hormonal contraception, antifungals; antivirals specific to midwifery and contraceptive devices |
| Affects the ability to give postpartum and infant/newborn care | **HB 1194 HD 1 Reduces care:**<br>• Restricting postpartum care to 6 weeks<br>• Not allowing CPMs to provide care to infants, only newborns (up to 6 weeks). | **Amendment needed to expand care to:**<br>• allow CPMs to provide care to newborns and infants up to 12 weeks;<br>• Allow CPMs to provide postpartum care from 8 weeks to 12 weeks. |

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| Standard of Care | **HB 1194 HD 1Standards are not aligned with the Certified Professional midwife Practice:**<br>● The CPM scope of practice follows International Confederation of Midwives (ICM) standards rather than NARM<br>● It holds CPMs to ACNM standards for planned home birth locations. CPMs are not CNMs. | **Amendment needed to remove holding CPMs to ICM and ACNM standards.** |

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

- **Page 36 Lines 5-9 Application for license as a midwife**
  (B) A midwifery bridge certificate issued by the North American Registry of Midwives, or successor organization, ~~for certified professional midwife applicants who obtained certification before January 1, 2020.~~

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

- **Pg. 9 line 8-15- Align with National Standards please amend:**
  The ~~Essential Competencies~~ Standards of ~~for Midwifery~~ Practice, or successor document, as defined by the ~~International Confederation~~ National Association of Certified Professional Midwives, or the North American Registry of Midwives, or successor organization; provided that the ~~International Confederation~~ National Association of certified professional Midwives and the North American Registry of Midwives shall have no legal authority over the director and shall have no legal authority or powers of oversight of the director in the exercise of the director's powers and duties authorized by law.

- **Pg. 10 line 5-14- Align with National Standards please amend:**
  (a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

- **Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**
  (1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and
  (2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives, ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

- **Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**
  (b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall participate in the review of five cases of another midwife practicing in the State.~~

- **Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

- **Delete Pg. 26 lines 11-15: Remove International Standards; replace with national Organization who certifies the Certified Professional Midwife please remove**
  Delete definition of “International Confederation of Midwives”.

- **Delete Duplicate Requirements for certification and application(pg 7) for a license Page 32 lines 10-Page 33 Lines 2 please remove**
  Delete sections (3) and (4) as Cardiopulmonary resuscitation and neonatal resuscitation is already required within the National Certifying Body’s requirements to obtain a certificate which is then provided to obtain a license with the State

- **Delete Delete Duplicate Requirements for certification and application for renewal of a license Page 37 line 6- Page 38 please remove**

  Delete sections (3), (4) and (5) as it is already required within the National Certifying Body’s (NARM) as requirements for recertification every three years which is used to renew your license

**FULL SCOPE OF PRACTICE- to allow the Certified Professional Midwife to practice to their fullest scope of training and education to benefit all families who deserve access to this care:**

**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. Please amend:**

- **Pg. 12 line 8- 15 -**
  (b) Each licensee practicing as a certified midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from accredited colleges or universities or approved by an organization recognized by the Continuing Education Policy, or successor document, of the American Midwifery Certification Board, or successor organization; provided that a minimum of eight hours of continuing education shall be in pharmacology for eligibility for renewal of prescriptive privileges.

- **Pg. 12 line 16- Page 13 line 2**
  (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 13-21**
  (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 38 Beginning on Lines 17**

(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 10**

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

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

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

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

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

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

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

(j) Each certified professional midwife granted limited prescriptive authority by the department shall be assigned a specific identifier, which shall be made available to the Hawaii medical board and the state board of pharmacy. The

department shall establish a mechanism to ensure that the limited prescriptive authority of a certified professional midwife may be readily verified using this specific identifier.

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

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

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

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

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

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

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

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

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

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

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

(a) Limited prescriptive authority eligibility requirements.

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

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

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

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

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

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

- **Pg. 22 lines 12-14**
  (3) A licensed midwife practicing ~~as a certified midwife~~ with prescriptive authority under chapter 457J and duly licensed in the State; or

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

- **Pg. 26 lines 17-19 Longer care is better care for our families**
  "Postpartum" means the period of time immediately after and up to ~~six~~ twelve weeks following birth."

- **Pg. 28 lines 4-9 Expand access to training more students**
  A student who is currently enrolled in an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

- **Page 40 line 5**
  Add in: (8) Contraceptive devices

- **Pg. 42 Lines 9-10 Give the same authority to midwives as a nurse in Hawaii (page 6) to delegate tasks please remove:**
  Delete: ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

- **Pg. 43 Lines 12-15 457J-12(15)**
  Having a criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of a licensed midwife;

- **Add Section- Delegation of tasks. Without this, our midwives are only allowed to delegate tasks for other licensed providers, exacerbating the shortage or**

**maternity health providers. (Nurses in Hawaii have the authority (page 6) to delegate to unlicensed assistants)**

(a) A licensed midwife may delegate to any licensed, certified, registered, or unlicensed assistive person, any tasks within the licensed midwife's scope of practice; provided that the authority to select medications shall not be delegated unless the delegate is independently authorized by law to select medications.
(b) No delegated task shall require the delegate to exercise the judgment required of a licensed midwife.
(c) Before delegating any task, the licensed midwife shall make a determination that, in the licensed midwife's professional judgement, the delegated task can be safely and properly performed by the delegate and that the delegation is in accordance with the patient's safety and welfare.
(d) The delegating licensed midwife shall be solely responsible for determining the degree of supervision the delegate requires, with consideration given to:

(1) The stability of the patient's condition;

(2) The delegate's training and abilities; and

(3) The nature of the task being delegated.

(e) The employer of a licensed midwife may establish policies, procedures, protocols, or standards of care that limit or prohibit the delegation of certain tasks by the licensed midwife, or the delegation of tasks in certain circumstances.
(f) The department shall adopt rules pursuant to chapter 91 as necessary to implement this section, including:

(1) Standards for assessing the proficiency of a delegate to perform certain tasks; and

(2) Accountability standards for a licensed midwife who delegates tasks.

- **Add Definition:**
"Unlicensed assistive person" means a person who is not licensed to practice certified midwifery or certified professional midwifery but who can competently perform tasks delegated by a licensed midwife.

- **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.

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

- **Add in HRS 457j-5(a) for amendment**:
  Beginning July 1, 2020, except as provided in this chapter, no person shall engage in the practice of midwifery, or use the title "~~midwife~~", "licensed midwife", or the abbreviation "L.M.", or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife without a valid license issued pursuant to this chapter

**Additional Amendments:**

- **Pg. 6 line 20-21**
  Admitting and discharging clients for inpatient care at facilities ~~licensed~~ recognized in the State as birth centers;

- **Pg. 11 line 16-21 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. 16 line 11-21**
  Every midwife licensed pursuant to this chapter ~~who does not possess professional liability insurance~~ shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

- **Pg. 23 lines 19- page 24 line 2**
  Delete definition of "Accredited birth facility"

- **Pg. 41 lines 21- pg. 42 Line 2 Align with nursing law**
  Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature; ~~illicit substances, or abusing controlled substances, or both;~~

- **Pg. 18 Line 17- Page 19 Line 2**
  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

**HB-1194-HD-1**
Submitted on: 2/19/2025 4:11:35 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| mieko aoki | Aoki Birthing Care | Oppose | Written Testimony Only |

Comments:

In opposition of this terribly and poorly written bill hb1194 that does not advocate for practicing healthy maternity care. Licensed midwives will benefit in their practice knowing the legality of other cultural birthing practices are not being restricted and displaced. Expanding access to care only benefits the families. Peer review, continuing education and CPR/NRP certification are already required by NARM in the recertification process for the CPM every three years.

The following amendments must be made to support midwifery practices, students and cultural practitioners and to carry-on the best care for the community:

• Allow all students to be trained by a qualified midwife preceptor.

• Allow collaboration with cultural practitioners.

• Peer review is a requirement of NARM for renewal of certification every three years.

• Continuing education is a requirement of NARM for renewal of certification every three years.

• Adult CPR and NRP are required for renewal of certification every three years.

• Allow the CPM to provide care to newborns and infants up to 12 weeks.

• Allow the CPM to provide postpartum care from 8 weeks to 12 weeks.

Amendment needed to provide clear protections to delegate, supervise and have unlicensed assistants:

• Provide clear statutory protection for the CPM to supervise unlicensed personnel and delegate tasks.

Hawaii Nursing law allows for "Unlicensed assistive personnel" means an individual who is not licensed to practice nursing, but who provides tasks of nursing care in the State of Hawaii pursuant to chapter 457, HRS. Midwives should have the same ability as Hawaii Nurses.

Amendment needed to expand the CPM formulary so clients don't pay out-of-pocket for essential medications like contraception, yeast infection treatments, and Rhogam.

•Expansion is in alignment with education, certification and training received.

•Allows the CPM to have the option to apply for limited prescriptive authority based on precedent of Washington State.

• Benefits clients to not pay out-of-pocket for these necessary medications that are covered by their health insurance.

Expands formulary to also include: Iron/ vitamins, magnesium sulphate, calcium gluconate, oral hormonal contraception, antifungals, antivirals specific to midwifery and contraceptive devices.

Date: February 21, 2025

To: Representative Kyle T. Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair
Members of the House Committee on Finance

From: Early Childhood Action Strategy

Re: House Bill 1194 HD1, 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 strongly supports House Bill 1194 HD1, which would make permanent the current statutes pertaining to the regulation of midwifery.**

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

With this in mind, our organization would like to reinforce the fact that the current statute that applies to midwifery requires licensure and accredited education. At its core, HB1194 HD1 would make permanent these requirements which were first enacted to improve and regulate the standard of care offered by midwives. Failing to pass this measure would result in the sunset of the current statute and the removal of all regulation of the practice of midwifery.

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

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

**As such, Early Childhood Action Strategy remains in <u>strong support</u> of HB1194 HD1.**

Mahalo for the opportunity to provide this testimony.

**HB-1194-HD-1**
Submitted on: 2/19/2025 8:47:56 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Whitney Herrelson | Maui Midwifery | Oppose | Written Testimony Only |

Comments:

Aloha Chair, Vice Chair, and members of the finance committee,

Myself and my colleuges at Maui Midwifery oppose HB1194. It does not support locally trained midwives and decreases licensure equity. In addition, we believe it is derogotory for the state to make "midwife" proprietary title, restricting it from the cultures who use it and have used it for centuries.

Thank you.

Whitney Herrelson CPM LM

Maui Midwifery LLC

# TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAI'I

**HOUSE JOINT COMMITTEE ON Finance**

**FRIDAY, FEBRUARY 21, 2025 AT 3:00PM**

## HB 1194 HD1 - RELATING TO MIDWIVES

**POSITION: OPPOSE**

Aloha ChairYamashita, Vice Chair Takenouchi, and Members of the Committee,

The Democratic Party of Hawai'i (DPH) **opposes** HB 1194 HD1, which makes midwife regulatory laws permanent. Clarifies the scope of practice of midwifery. Establishes licensure requirements for certified midwives and certified professional midwives. Grants global signature authority to licensed midwives. Establishes continuing education requirements. Grants prescriptive authority to licensed midwives practicing as certified midwives and amends the list of approved legend drugs that may be administered. Establishes peer review and data submission requirements. Clarifies exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses. Clarifies medical record availability and retention requirements for the purposes of medical torts.

The DPH opposes HB 1194 HD1, a bill that unjustly limits birthing rights and midwifery access in Hawai'i, in direct conflict with the Democratic Party of Hawai'i's platform values of Health and Wellbeing, Human and Civil Rights, and Native Hawaiian and Hawaiian Culture.

**Reproductive Freedom and Healthcare Access**

HB 1194 HD1 severely restricts the ability of birthing people to choose their preferred birth setting and care provider, thereby violating the fundamental principle of reproductive rights. Hawai'i has historically been a leader in protecting bodily autonomy and reproductive rights, including being the first state to legalize abortion. This bill contradicts those values by criminalizing traditional

and Indigenous midwifery practices, limiting licensure pathways, and restricting access to culturally competent care.

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

**Disproportionate Harm to Native Hawaiian and Other Indigenous Communities**

HB 1194 HD1 imposes confusing and unclear language on a person acting as a traditional Hawaiian healer. The bill fails to provide a clear exemption for traditional birth practitioners or Native Hawaiian birth practitioners, which is essential under Article 12, Section 7 of the Hawai‘i State Constitution.

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

**Impact on Maternal and Infant Health Outcomes**

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

HB 1194 HD1, by limiting the pathways to midwifery licensure and restricting access to care providers, exacerbates the barriers faced by communities and worsens maternal health disparities. Instead, Hawai‘i should be expanding access to midwifery and Indigenous birth practices, which align with best practices in trauma-informed care and child abuse prevention.

**Criminalization of Birth Workers and Families**

Under HB 1194 HD1 and the current HRS 457(j), birth attendants, cultural, religious, traditional birth practitioners, and even family members could face criminal penalties for attending, supervising, and assisting a birthing person outside the state’s narrowly defined licensure parameters. This contradicts the

Democratic Party of Hawai‘i’s commitment to human and civil rights, which includes opposing laws that disproportionately harm marginalized communities.

**In Summary**

For these reasons, **we respectfully urge you to OPPOSE HB 1194 HD1 and instead support policies that expand, rather than restrict, access to midwifery care.** We must uphold Hawai‘i’s legacy of reproductive rights, protect Native Hawaiian and Indigenous cultural practices, and ensure that birthing people retain the right to choose where and with whom they give birth.

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

**Bronson Silva**
*Chair, Legislative Committee*
bronsonksilva@gmail.com

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

**Sarah Simmons**
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**Osa Tui**
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American Society of Radiologic Technologists

Chair Gregg Takayama
Chair, House Committee on Health
House District 34
Hawai'i State Capitol, Room 404
Phone: 808-586-6340
reptakayama@capitol.hawaii.gov

Chair Scot Matayoshi
Chair, House Committee on Consumer Protection & Commerce
House District 49
Hawai'i State Capitol, Room 422
Phone: 808-586-8470
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February 10, 2025

Dear Chair Takayama and Chair Matayoshi,

The American Society of Radiologic Technologists represents nearly 157,000 medical imaging technologists and radiation therapists across the nation, including 560 medical imaging professionals in Hawaii. Our main mission as an organization is to advocate for patient safety by ensuring that only technologists who are educationally prepared and clinically competent are performing diagnostic procedures involving ionizing and nonionizing radiation. With that mission in mind, ASRT provides the following recommendation for HB 1194.

**Recommendation:** For **§457J-A Scope of practice of midwifery** to read as the following:

(d) (3) Ordering, interpreting, and performing diagnostic, screening and therapeutic examinations, tests and procedures, **excluding the performance, supervision, and interpretation of procedures utilizing ionizing radiation;**

**Reasoning:** This amendment to the current legislative text will maintain the defined scope of certified midwives without allowing certified midwives to perform, supervise, or interpret diagnostic, screening and therapeutic procedures that utilize ionizing radiation they are not adequately educated and clinically competent to perform, supervise, or interpret. To prevent potential scope creep in the future for, it is critical that the procedures utilizing ionizing radiation are explicitly excluded from the scope of practice of midwifery.

Medical imaging and radiation therapy professionals devote significant time and money to maintain education and professional standards in medical imaging procedures. Midwives, while they may have preliminary education in imaging, do not have the necessary education and clinical competencies to utilize ionizing radiation.

ASRT appreciates your commitment to providing patients with access to health care services provided by educationally prepared and clinically competent professionals; and looks forward to working with you in the future to achieve this goal. Please feel free to contact me at mcheck@asrt.org or 800-444-2778; Ext 1314 if you have any questions.

Sincerely,

Meredith A. Check, MPP
Director of Government Relations and Public Policy
American Society of Radiologic Technologists

Mahina Midwives
Echo Yarberry, CPM
(808) 640-5770
mahinamidwives@gmail.com

February 20th, 2025

To whom this matter concerns,

My name is Echo Yarberry and I am a Licensed Midwife and CPM (Certified Professional Midwife), serving the Eastside of the Big Island of Hawaii. I humbly urge you to consider these amendments to the language of HB1194. This protection for the people of Hawaii will maintain the standards of safe midwifery care and allow CPMs to carry life-saving medications within their scope and training. These revisions clarify and regulate a pathway for students to train under licensed midwives as preceptors and provides a framework for birth assistants to continue to support midwives at community births.

As a Licensed Midwife attending home births in our community, it is imperative that we are legally allowed to carry life saving drugs, like those given to prevent hemorrhage and to resuscitate babies who don't immediately breathe (our two most common and treatable birth emergencies). The revised language in HB 1194 creates a legal pathway for both CMs and CPMs to obtain these legend drugs and maintain their training to provide safe care.

We are currently experiencing a shortage of licensed medical providers in this state - from OBs to CNMs, to CMs and CPMs, we simply do not have enough licensed providers to serve our birthing community. The revised language for HB1194 also maintains a pathway for trained birth assistants and students to continue assisting licensed midwives at birth. This is a very important aspect of safe home birth, as our birth assistants and students are often our second set of hands, and are trained to assist in true obstetric emergencies as well as set up equipment and aid in providing excellent care to our birthing families.

The revisions also give students a pathway to licensure (this PEP pathway is already recognized by the national certification organization NARM) and will give Hawaii based learners a chance to study under licensed midwives and gives the potential benefit of increasing access to trained and licensed providers in our communities moving forward.

I deeply appreciate your consideration as you read through the testimony, and trust that your judgement will support the best interest of our community.

Sincerely,

Echo Yarberry LM, CPM

**Amendments to HB 1194 HD 1 are noted in the striking through of language or underlining of addition of new language. The following pages below show the actual amendments to HB 1194 HD1 that are needed to implement the chart points mentioned above. The headings explain the section that needs amendment and why it needs an amendment.**

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

- **Page 36 Lines 5-9 Application for license as a midwife**

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

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

- **Pg. 9 line 8-15- Align with National Standards please amend:**

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

- **Pg. 10 line 5-14- Align with National Standards please amend:**

(a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

- **Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**

(1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and

(2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives. ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

- **Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**

(b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall~~

~~participate in the review of five cases of another midwife practicing in the State.~~

- **Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

- **Delete Pg. 26 lines 11-15: Remove International Standards; replace with national Organization who certifies the Certified Professional Midwife please remove**

Delete definition of “International Confederation of Midwives”.

- **Delete Duplicate Requirements for certification and application(pg 7) for a license Page 32 lines 10-Page 33 Lines 2 please remove**

Delete sections (3) and (4) as Cardiopulmonary resuscitation and neonatal resuscitation is already required within the National Certifying Body’s requirements to obtain a certificate which is then provided to obtain a license with the State

- **Delete Delete Duplicate Requirements for certification and application for renewal of a license Page 37 line 6- Page 38 please remove**

Delete sections (3), (4) and (5) as it is already required within the National Certifying Body’s (NARM) as requirements for recertification every three years which is used to renew your license

**FULL SCOPE OF PRACTICE- to allow the Certified Professional Midwife to practice to their fullest scope of training and education to benefit all families who deserve access to this care:**

**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. Please amend:**

- **Pg. 12 line 8- 15 -**

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

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

(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 13-21**

(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 38 Beginning on Lines 17**

(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 10**

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

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

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

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

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

(h) A certified professional midwife to whom the department has granted limited prescriptive authority to prescribe legend

drugs and devices may advise the certified professional midwife's patients of the option to have the symptom or purpose for which a prescription is being issued included on the prescription order.

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

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

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

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

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

(n) A certified professional midwife candidate seeking limited prescriptive authority shall complete additional study and training requirements as prescribed by the department, in collaboration with the midwives licensing advisory

committee. The department shall adopt rules pursuant to chapter 91 providing requirements for:

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

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

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

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

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

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

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

(a) Limited prescriptive authority eligibility requirements.

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

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

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

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

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

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

- **Pg. 22 lines 12-14**

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

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

- **Pg. 26 lines 17-19 Longer care is better care for our families**

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

- **Pg. 28 lines 4-9 Expand access to training more students**

A student who is currently enrolled in an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

- **Page 40 line 5**

Add in: (8) Contraceptive devices

- **Pg. 42 Lines 9-10 Give the same authority to midwives as a nurse in Hawaii (page 6) to delegate tasks please remove:**

Delete: ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

- **Pg. 43 Lines 12-15 457J-12(15)**

Having a criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of a licensed midwife;

- **Add Section- Delegation of tasks. Without this, our midwives are only allowed to delegate tasks for other licensed providers, exacerbating the shortage or maternity health providers. (Nurses in Hawaii have the authority (page 6) to delegate to unlicensed assistants)**

(a) A licensed midwife may delegate to any licensed, certified, registered, or unlicensed assistive person, any tasks within the licensed midwife's scope of practice; provided that the authority to select medications shall not be delegated unless the delegate is independently authorized by law to select medications.

(b) No delegated task shall require the delegate to exercise the judgment required of a licensed midwife.

(c) Before delegating any task, the licensed midwife shall make a determination that, in the licensed midwife's professional judgement, the delegated task can be safely and properly performed by the delegate and that the delegation is in accordance with the patient's safety and welfare.

(d) The delegating licensed midwife shall be solely responsible for determining the degree of supervision the delegate requires, with consideration given to:

(1) The stability of the patient's condition;

(2) The delegate's training and abilities; and

(3) The nature of the task being delegated.

(e) The employer of a licensed midwife may establish policies, procedures, protocols, or standards of care that limit or prohibit the delegation of certain tasks by the licensed midwife, or the delegation of tasks in certain circumstances.

(f) The department shall adopt rules pursuant to chapter 91 as necessary to implement this section, including:

(1) Standards for assessing the proficiency of a delegate to perform certain tasks; and

(2) Accountability standards for a licensed midwife who delegates tasks.

- **Add Definition:**

"Unlicensed assistive person" means a person who is not licensed to practice certified midwifery or certified professional midwifery but who can competently perform tasks delegated by a licensed midwife.

- **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.

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

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

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

**Additional Amendments:**

- **Pg. 6 line 20-21**

Admitting and discharging clients for inpatient care at facilities ~~licensed~~ recognized in the State as birth centers;

- **Pg. 11 line 16-21 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. 16 line 11-21**

Every midwife licensed pursuant to this chapter ~~who does not possess professional liability insurance~~ shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

- **Pg. 23 lines 19- page 24 line 2**

Delete definition of “Accredited birth facility"

- **Pg. 41 lines 21- pg. 42 Line 2 Align with nursing law**

Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature; ~~illicit substances, or abusing controlled substances, or both;~~

- **Pg. 18 Line 17- Page 19 Line 2**

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

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:49:26 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Puanani Rogers | Hui Aloha Aina na Wahine o Waiale`ale Women's Patriotic League | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

For the record, my name is Puanani Rogers of Kealia ahupua`a, Kaua`i island.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely

Puanani Rogers

Pelekikena o Kauai Women's Patritotic League

Hui Aloha Aina na Wahine o Wai`ale`ale-Kauai Branch

Laulima Midwifery

UALA LENTA, LICENSED MIDWIFE

808-731-9930

BIG ISLAND, HAWAI'I

UALAMARIA@GMAIL.COM

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Aloha,
I am a Licenced Midwife working on the Big Island of Hawaii
I oppose HB1194 and the Midwife Alliance of Hawaii does not represent or speak for me,
But I can support this bill with amendments as suggested by HiHBC

**Amendments to HB 1194 HD 1 are noted in the striking through of language or underlining of addition of new language. The following pages below show the actual amendments to HB 1194 HD1 that are needed to implement the chart points mentioned above. The headings explain the section that needs amendment and why it needs an amendment.**

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

**Page 36 Lines 5-9 Application for license as a midwife**

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

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

**Pg. 9 line 8-15- Align with National Standards please amend:**

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

**Pg. 10 line 5-14- Align with National Standards please amend:**

(a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

**Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**

(1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and

(2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives, ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

**Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**

(b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall participate in the review of five cases of another midwife practicing in the State.~~

**Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

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**Amend Page 38 Beginning on Lines 17**

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(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.

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(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.

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(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.

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

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(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..

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**Pg. 22 lines 12-14**

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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.

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

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

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

**Additional Amendments:**

**Pg. 6 line 20-21**

Admitting and discharging clients for inpatient care at facilities ~~licensed~~ recognized in the State as birth centers;

**Pg. 11 line 16-21 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. 16 line 11-21**

Every midwife licensed pursuant to this chapter ~~who does not possess professional liability insurance~~ shall report in writing any settlement or arbitration award of a claim or action for damages for death or

personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

**Pg. 23 lines 19- page 24 line 2**

Delete definition of “Accredited birth facility"

**Pg. 41 lines 21- pg. 42 Line 2 Align with nursing law**

Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature; ~~illicit substances, or abusing controlled substances, or both;~~

**Pg. 18 Line 17- Page 19 Line 2**

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

Thank you for allowing me to testify in opposition of HB 1194.

Mahalo,
Uala Lenta

# K O ` O L A U P O K O  H A W A I I A N  C I V I C  C L U B

**Requesting amendments to HB 1194 Relating to Midwives**

February 20, 2025

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

On behalf of the Ko`olaupoko Hawaiian Civic Club I am writing to strongly recommend amendments to HB 1194 that increase access to reproductive care and end the criminalization of traditional, cultural, and religious birthing practices.

The Ko`olaupoko Hawaiian Civic Club, one of the largest Hawaiian Civic Clubs in the nation, is dedicated to the preservation and perpetration of the traditional and cultural practices of our people. H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and of extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.

Mahalo for your consideration of our mana'o. We respectfully urge you to make the amendments we have requested.

Me ke aloha pumehana,

Charles Na‘umu, Pelekikena (President)
Ko‘olaupoko Hawaiian Civic Club



P. O. Box 664 * Kaneohe, HI 96744
Email: koolaupokohcc@gmail.com * Website: www.koolaupoko-hcc.org

**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.[1] 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.[2]

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 [3]
    - 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.

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[1] https://midwife.org/wp-content/uploads/2024/09/Midwives-of-ACNM-Infographic-2018.pdf
[2] https://midwife.org/wp-content/uploads/2024/09/CM-Talking-Points-03.2021.pdf
[3] 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.[4]

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

[4] 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.[5,6,7,8,9,10] 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

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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[5] 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

[6] 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.

[7] American Hospital Association. *2019 Advocacy Agenda.* https://www.aha.org/system/files/media/file/2019/04/am-advocacy-agenda-2019_4219_final.pdf

[8] March of Dimes. Position Statement Midwifery Care and Birth Outcomes in the United States. https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%2029%202019.pdf. Published August 29, 2019.

[9] Federal Trade Commission. Policy Perspectives: Competition And the Regulation of Advanced Practice Nurses.

[10] 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

Papa Ola Lokahi
Nana I Ka Pono Na Ma

**Papa Ola Lokahi**
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**House Committee on Finance**
Representative Kyle Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair

Friday, February 21, 2025, 3:00 p.m.

**Re: HB1194 HD1 – Relating to Midwives**
**Position:** Comment

Aloha Chairs, Vice Chairs and members of the committees,
Papa Ola Lōkahi (POL) appreciates the opportunity to testify on **HB1194 HD1**, which would make midwife regulatory laws permanent, clarifies the scope of practice of midwifery and other related functions and provisions. POL respectfully provides **comments** 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 recognizes 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."

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 Hawaiian healers from the practice of midwifery (pg. 25) and exempts traditional Hawaiian healing practices from regulation of the chapter (pg. 30). **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 <u>support the continued inclusion of these provisions or similar broad and simplified exemptions</u>**.

Mahalo for the opportunity to provide testimony on HB1194 HD1. If you have any further questions, please contact our Director of Policy & Strategy, Keʻōpū Reelitz at kreelitz@papaolalokahi.org.

aloha@pacificbirthcollective.org
pacificbirthcollective.org

ʻAloha ʻĀina Center
810 Kokomo Road # 240 & #170
Haʻikū, Hawaiʻi 96708



February 20, 2025

**Testimony in Opposition to HB1194**
Pacific Birth Collective Board of Directors

To: Hawai'i State House of Representatives Committees on Finance.

Aloha Chair Yamashita, Vice Chair Takenouchi, and members of the Committee,

The Pacific Birth Collective Board of Directors submits this testimony in **strong opposition to HB1194**

We find that the legislature seeks to enact legislation over a minority of individuals but has not to include language that addresses their needs.

**HB1194 fails to address disparities with access to licensure** as demonstrated by the fact that only one of the 24 currently practicing licensed midwives under HRS457J is born and raised in Hawaii and none are Kanaka Maoli.

- May be Partially remedied by inclusion of the PEP process

**HB1194 fails to protect reproductive autonomy and justice** by blocking the cultural passing of knowledge from generation to generation, by appropriating the title Midwife, and by choosing to only acknowledge a western colonial practice of clinical midwifery while ignoring indigenous pathways of training that cannot be proven to cause harm. Especially to those who are currently being harmed through the mandated medical institutions who have acknowledged participation in institutionalized racism.

- May be partially remedied by the inclusion of the Birth attendant exemption.
- May be fully remedied by a full cultural and religious exemption that does not require a DCCA exemption form.

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**HB1194 fails to offer full scope practice privileges to CPM and CM** credentialed clinical midwives.

- May be remedied by including the recommendations from their representatives and certifying bodies.

**Lastly, HB1194 fails to expand access to maternity care in the state with the lowest rate of prenatal care in the nation** and a high rate of low risk cesarean birth, showing highly medicalized birth. All of the providers included above fill critical gaps. They are all a part of an inclusive solution to fix our current healthcare crisis.

We find that HB1194 fails to acknowledge that community midwives, which includes the lineal passing of knowledge around caring for one another during pregnancy and birth, has been the primary means of care for childbearing women for all of human history. To impose expensive restrictions requiring women to leave their communities inhibits the passing of this knowledge and further participates in cultural erasure and the oppression of women's reproductive rights and sovereignty over our own bodies.

**HB1194 fails to address the core principles at stake and at the same time not demonstrate data or proof as to why these imposed restrictions will improve safety.** We urge you to listen to the testimony of those who have been asking for your protection. We are asking for OUR Community's lineage practices to continue alongside the modern medical model.

If the legislature is unable to address these foundational issues with this legislation the Courts may need to continue their involvement and this would impose significant costs to the state. We urge this committee to vote no OR to pass amendments to address ALL of these issues.

**Mahalo for your time and consideration.**

**Pacific Birth Collective Board of Directors**

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:40:57 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Taylor Hamil | Banyan Birth LLC | Support | Remotely Via Zoom |

Comments:

I am submitting this testimony in **STRONG** support of HB1194 HD1, which upholds mandatory midwifery licensure and educational requirements for midwives in Hawai‘i.

I’m a MEAC educated licensed midwife practicing on the Big Island. I have been a attending births as a licensed midwife since 2011 (in HI since 2021) and a midwifery preceptor since 2013. As a preceptor I have witnessed the vast difference in didactic/ clinical foundations for students who attend MEAC schools vs students who were pursuing the PEP pathway. Formal curriculum provides the exposure and instruction as well as the testing to ensure comprehension of clinical findings that may not present during a student’s apprenticeship but are essential in being able to identify health conditions that may impact safety during pregnancy, labor, postpartum or newborn care. Being in a rural and lower resource healthcare setting, on the neighbor islands especially, it is imperative that midwives are held to a standard that requires they comprehend the health status of families in their care, are able to assess risk status, and are able to refer to other providers when clinically appropriate.

In order to facilitate a safe/collaborative model where midwives can consult and collaborate with higher level providers like OBs, neonatologists, perinatologists, etc midwives need to be trained through accredited programs (just as any other healthcare provider) and HB1194 HD1 would continue that requirement. The PEP pathway does not allow for the appropriate clinical/ didactic foundation necessary to ensure safe care.

**Passing HB1194 HD1 will help support a collaborative community effort for safe care during pregnancy, labor and birth for families in Hawai'i.**

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:14:03 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amanda Moore, CPM, LDM, LM | Prana Midwifery, LLC | Oppose | Written Testimony Only |

Comments:

Prana Midwifey, LLC
Amanda Moore, CPM, LDM, LM
111 Ahuwale Place
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P: 541-520-8394 F: 808-204-8672 E: midwife108@yahoo.com

Hawai‘i State Capitol: House of Representatives
415 South Beretania St Room 401
Honolulu, HI 96813 February 20, 2025. February 20, 2025

**Opposing Testimony Related to: HB 1194**

I am a certified and licensed midwife in active home birth practice for over 25 years. I have been certified since 2009 by the North American Registry of Midwives (NARM) as a Certified Professional Midwife (former PEP student) and am regulated by both NARM and the State Licensing Boards of Oregon and Hawaii.

I do not support HB 1194 as written. I do support midwifery licensure for public safety and accountability. However, there are some very serious amendments in the structure and language in this bill that need to be reconsidered and revised:
1) HB 1194 is written under the guidance of the American College of Nurse Midwives (ACNM) which is not regulatory over any aspect of the Certified Professional Midwife (CPM). ACNM certifies and regulates Certified Nurse Midwives (CNM), NOT CPM's. These certifications are VERY different routes of education, experience and practice. The ACNM should have no say in the CPM or licensing rule for the State of Hawaii in writing or influence. NARM has very specific regulatory guidelines that govern and oversee the CPM. The ACNM should not have any say in our rule or regulation, especially when crafting licensing laws. NARM regulates CPM, ACNM regulates CNM. *Please understand this difference.*
2) The PEP process should be accepted as a valid pathway to licensure in Hawaii. Midwifery Students and assistants should NOT be required to attend a MEAC educational pathway in

Hawaii. There are no MEAC accredited schools in our State, which is a barrier to midwifery education. The regulatory board, NARM, issues the CPM examination. NARM assess if certain requirements have been met by either a PEP or a MEAC student candidate prior to examination for the CPM title. Either educational pathway requires every student be educated in the basic foundations of midwifery and has met the requirements for CPM certification.
3) The current HB 1194 bill, regarding Hawaii certification requirements for Peer Review, CPR and NRP need to revised. A CPR/NRP issued card is valid for 2 years from the date of the course. Hawaii licensure is every 3 years. Peer Review and CPR/NRP compliance are regulated under the NARM/CPM certification protocol. A current CPM should be the requirement for licensure in Hawaii. It satisfies that the CPM is certified in both NRP and CPR and participates in Peer Review. This simplifies the Hawaii regulatory boards governance and compliance for licensure processes.
4) A midwifery assistant should not be regulated by the State. The only requirement for an assistant should be current certification in NRP and CPR. This requirement ensures trained additional support to the primary midwife in urgent situations. I also believe a traditional birth attendant should be required to carry valid CPR and NRP.
5) Traditional Midwifery (TM) should be honored in Hawaii. In the State of Oregon, there is a traditional midwifery clause. Hawaii could amend Bill HB 1194 to include a clause for traditional midwives. It is a public safety disclosure and agreement between the State, traditional midwife and with the client choosing a traditional midwife. This disclosure form is signed by the family choosing this care provider and would be kept as part of their midwifery chart. I believe a traditional midwife should be required to carry valid CPR & NRP training. I also believe they should participate in Community Peer Review. Certain safety restrictions are agreed upon between the State and the TM that differentiate a licensed midwife and traditional midwife, for example, legend drugs and devices.

I support midwifery licensure as it provides public safety standards and midwifery standards of care. Unfortunately, I do NOT support the current licensure bill HB 1194 as written. It needs to be amended and revised. We do not want the ACNM to have any say, in writing or influence, in a state regulatory licensing board for certified professional midwives.
I support the requirement of ALL birth attendants to be certified in NRP and CPR and participate in Peer Review. This is a valid and appropriate requirement that ensures basic emergency training for all midwives and assistants at community birth. Peer Review participation reflects community standards and provides educational opportunities to all practicing community midwives. Supporting a woman's right to bodily autonomy and the right to choose her medical care provider is at the core of health care. A medical doctor, a certified nurse midwife, a certified midwife, a certified professional midwife, a licensed provider or traditional midwife all offer a different level of care and service that are appropriate for individual community choice. Informed Consent and Disclosures defined
between the family and the provider are at the core of health care safety and autonomy for any provider, including, licensed and traditional midwives.

We are at a pinnacle moment to License Midwifery in Hawaii. Please consider these critical points to be amended and revised in the current proposed midwifery bill. Please take into account the necessity of licensure for public safety and accountabilty, but to not overstep traditional

practices. We, as a community, need to find a way to include safe practices which include traditional midwives into midwifery law and offer a reasonable and accessible pathway of education to support licensure, public safety and accountability for any practicing community midwife.

With Respect and Reverence for Midwifery,
Amanda Moore, CPM, LDM, LM

Hawai`i AFFILIATE OF AMERICAN COLLEGE of NURSE-MIDWIVES

February 20, 2025

Written Testimony presented before the Committee on Finance
From the Hawai'i Affiliate of the American College of Nurse-Midwives

**Re: HB 1194 HD 1 RELATING TO MIDWIVES**

To Chair Rep. Yamashita and Vice Chair Rep Takenouchi and the Committee on Finance,

**IN SUPPORT SUBJECT TO SUGGESTED AMENDMENTS TO HB 1194 HD 1**

We testify on behalf of our professional member organization of the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA), whose mission is "to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs)." As a part of our purposes, we aim to establish cooperation with other organizations in promoting the health and well-being of Hawai'i families and we advocate for appropriate professional licensure regulations and legislation related to midwifery and women's health issues.

**SUPPORT FOR CONTINUED REGULATION OF NON-NURSE MIDWIFERY SUBJECT TO SUGGESTED AMENDMENTS**

We support preservation of regulation of midwifery and the DCCA Midwives Licensing Program - BUT - we have many concerns we hope committee members will carefully consider from a fiscal perspective as this bill seeks to address harm reduction and public interest. It is a significant handicap to not have a current Auditor's Sunset Analysis Report (2025) to assess what is needed to move forward. Our suggested amendments are informed by consultation with ACNM National and aim to address inadequacies in Act 32/HRS457j and HB 1194 HD 1 in a comprehensive approach to regulation.

There has not been a Sunset Evaluation of the impact of the regulation of midwifery since 1989. All other audits have regarded 'what ifs.' Therefore, beyond ACNM national's advice, we have also engaged with the Committee of Midwife Advocates for the Certified Midwife (C-MAC) and pulled language directly from the Hawai'i Administrative Rules for NURSES (HAR 89-C) in our efforts to establish ACNM Standards and equivalence of the CM with the CNM. We have also referenced the March of Dimes 2024 Report Card for Hawai'i and all previous audits regarding midwifery.

**THE VALUE OF THE CERTIFIED MIDWIFE FOR HAWAI'I**

Why amending HB 1194 HD 1 is so important for the Certified Midwife is a future value. Currently, there is only one CM licensed in the State. A Certified Midwife is an advanced midwifery practice credential equivalent to the CNM in the provision of midwifery care. It is a pathway to a graduate level education in midwifery that does not require a BA in nursing which is entirely relevant for midwifery students in Hawai'i. There are no state-based midwifery programs for a CM, CNM, nor CPM in the State. Until there is a BA or MS in Midwifery program established in Hawai'i, all local students of midwifery must enroll in remote programs and seek out local clinical sites to complete their education, or travel to the continent. The CM allows a midwifery student seeking an advanced practice certification to to focus solely on the provision of full-scope midwifery care as defined by ACNM Standards and NOT take up a spot in a nursing program, NOR take up clinical nursing sites, Furthermore, NOR in the future to be required to maintain two credentials and two licenses for their entire career, despite their practice specialty being midwifery.

Currently in Hawai'i, approximately 50 Certified Nurse-Midwives (CNMs) work in a variety of hospital, clinical, and community settings. Half of these midwives, designated as APRN/CNM or CNMs provide full-scope care. Since 2020 when Act 32/HRS457j was enacted, a number of hospitals have hired and continue to post employment opportunities for CNMs, e.g. Kaiser on Hawai'i, Maui, and Oah'u, and Queens on Hawai'i and Molokai. Though a licensing pathway was established for the CM in 2019, as it did not establish equivalence with the CNM and administrative rules at DCCA for this credential were never established, CMs were not eligible to apply for any of these employment opportunities nor approach Medicaid for credentialing.

**A COMPREHENSIVE APPROACH TO REGULATION**

The suggested amendments intend to correct inadequacies in Act 32/HRS457j for the CM to fully join the healthcare system in Hawai'i. And, the amendments seek to correct statements about the history of regulation of midwifery, to reframe a purpose in light of harm reduction, public interest, protection of rights, and the value of midwifery care which HB 1194 HD 1 currently has yet to achieve.

In the 2024 March of Dimes Report Card for Hawai'i, Preterm Birth Rates by Counties reflects there is more work to be done throughout the State. [1] "The preterm birth rate among babies born to Pacific Islander birthing people is 1.2x higher than the rate among all other babies. Chronic health conditions make people more likely to have a preterm birth. The infant mortality rate increased in the last decade; In 2022, 90 babies died before their first birthday. Birthing people in Hawaii are most vulnerable to poor outcomes due to Reproductive healthcare and socioeconomic determinants." In 2024 in Hawai'i, low-risk primary cesarean birth for single baby, head-first babies 37 weeks pregnant was 23.7 percent. 25.9% of families had inadequate prenatal care.

Critical to improving and sustaining maternal and infant healthcare, the March of Dimes recommended these policy measure which require sufficient funding:

[1] https://www.marchofdimes.org/peristats/reports/hawaii/report-card

- Supportive midwifery policies
- Maintaining independent practice for midwives
- Amend pay structures for pay parity
- Adopt prescriptive authority
- Adopt licensure for Certified Midwives
- Extend Medicaid coverage for families to one year postpartum
- Expand Medicaid allowing birthing people greater access to preventative care during pregnancy.

These key points were lacking in the 2017 Sunrise Analysis [2] though they were addressed in the 1999 Sunrise Analysis[3] (pgs 5-6) where it describes legislative findings regarding harm reduction and public interest in light of the value of midwifery care identifying:

- A need for a multifaceted, cost-effective approach to a health crisis, including expanding access to licensed midwifery care for low-income families;
- The value of midwives;
- The need to preserve the choices in out-of-hospital settings; and
- The intent to remove obstacles to safe out-of-hospital deliveries by encouraging cooperation between licensed health care professionals, including consultation and transport when appropriate.

As a member organization which represents both CNMs and CMs, we advocate for these credentials to be fully established. With our fundamental commitment to prevention, we understand the value of midwifery care. We are also those licensed healthcare professionals who advocate for harm reduction and public interest by removing obstacles to integration of community-based care providers who meet the needs of families who seek out-of-hospital care, be it at a birth center or within their homes. We request the committee members of finance to carefully consider our suggested amendments and will have a board member present at the hearing to address any further questions.

Thank you for your time and efforts to address the health concerns of our Hawai'i families,

Sincerely,
The Hawai'i Affiliate of ACNM Board
Annette Manant, PhD, ARPN, CNM President
Connie Conover, CNM, MSN Vice President & Treasurer
Margaret Ragen, CM, LM, MS Secretary & Affiliate Legislative Contact
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**See attached suggested amendments below:**

[2] https://files.hawaii.gov/auditor/Reports/2017/17-01.pdf
[3] https://files.hawaii.gov/auditor/Reports/1999/99-14.pdf

**PREAMBLE- To address unresolved issues of fragmented regulation of midwives and the lack of an Auditor's Sunset Analysis (2025) and published data from the past five years,** the HAA Board suggests referencing the Auditor's Sunrise Analysis (1999) pg 23 on Act 279 and pg 10-11 on findings in the Auditor's Sunrise Analysis (2017) pg. 9 regarding findings and purpose regarding harm reduction through regulation.

- **Pg. 1 line 4-8. SECTION 1.** ~~However~~, In 1998, when the regulation of midwives was repealed ~~when, in 1998,~~ nurse-midwives were placed under the purview of the board of nursing. Act 279 authorized state recognition of nurse midwives as advanced practice nurses but did not require them to be licensed as nurse midwives. Though the APRN license requires a license as a registered nurse as well as completion of an accredited graduate-level education program preparing the nurse for one of four practice specialities, which include the CNM specialty, there was never established a specific midwifery licensing program and ~~Despite the lack of regulation,~~ many individuals continued to practice midwifery and many families in the community sought out midwife services.

- **Pg 1 line 15 - Pg 2 line 8.** -- ~~While t~~The sunrise analysis conducted in 1999 and reported in Auditor's Report No. 99-14 determined that it was premature to regulate midwives at that time, based on unresolved issues including fragmented regulation and the difficulty of establishing qualifications and practice standards for lay midwives. ~~That report and t~~he 2017 Auditor's Sunrise Analysis ~~Report~~ continued to recommend regulation but determined that regulation of only a relatively small segment of the midwifery profession unnecessarily benefits that group. "The nature of the maternity and prenatal services provided by midwives may endanger the health and safety of women and newborns under the midwife's care. Therefore,
"the nature of the maternity and prenatal services provided by a midwife may endanger the health and safety of women and newborns under the midwife's care ~~and,~~ Therefore,the criteria for licensure in the Hawai'i Regulatory Licensing Reform Act requires that the profession of midwifery be regulated and its practitioners be licensed" ~~the profession of midwifery should be subject to regulation. The Auditor's Report No. 17-01 in particular recommended the legislature consider establishing a mandatory licensing framework for all midwives.~~ What is required now is a comprehensive midwifery licensing bill.

- **Pg 2 lines 8-17.** Recognizing the potential for harm to public health and safety posed by the unregulated practice of midwifery, the legislature passed Act 32, Session Laws of Hawaii 2019 (Act 32), and established a regulatory framework for the practice of midwifery that was subsequently codified as chapter 457J, Hawaii Revised Statutes (chapter 457J) . For the first three years, licensing of certified midwives and certified midwives was mandatory, as well as mandatory disclosure by unlicensed birth attendants. Once the exemption based on mandatory disclosure expired, June 30, 2023 only mandatory licensing has remained. Since the passage of Act 32, ~~approximately~~ forty-one individuals have been licensed under chapter 457J, one certified midwife and forty certified professional midwives. There has yet to be published the Auditor's Sunset Analysis (2025) to inform an assessment of Act 32 and HRS 457j. There is no published data regarding non-nurse midwives, unlicensed birth attendants nor the impact on public safety. Furthermore, the department of commerce and consumer affairs did not establish administrative

rules for the Midwives Licensing Program. These regulations are set to sunset on June 30, 2025, unless the legislature takes action to continue the regulation of midwives.

- **Pg. 2 lines 18-19** The legislature further finds that, ~~as part of its sunset analysis, and reported~~ in the preliminary Auditor's Summary Report No. 25-03 (2025) the auditor found that the practice of midwifery posed a clear and significant potential harm to the health and safety of the public and that the State's policies regarding the regulation of certain types of professions support the continued regulation of the practice of midwifery in the form of full licensure.

- As it is premature to make a permanent law, given the Auditor's Sunset Analysis has not been published, the HAA Board proposes the purpose of HB 1194 HD 1 be amended to preserve licensure for *a set amount of time?* AND delete (5) regarding peer review & data collection as it is discriminatory for the CM and DCCA's testimony that it is a burden AND add insurance reimbursement eligibility

- **Pg. 3 lines 12- Pg. 4 line 1-9** (1) ~~Make regulatory laws for the practice of midwifery permanent~~;
    - (1) Provide for the continued licensure of certified midwives and certified professional midwives by the department of commerce and consumer affairs;
    - ( 2) Clarify the scope of practice of midwifery and establish licensure requirements for certified midwives and certified professional midwives, including continuing education requirements;
    - (3) Grants global signature authority to midwives;
    - (4) Grant prescriptive authority to certified midwives and amend the list of approved legend drugs that may be administered;
    - ~~(5) Establish peer review and data submission requirements for midwives;~~
    - (5) Clarify that licensed midwife credentials are eligible for insurance credentialing;
    - (6) Affirm that the practice of midwifery does not include traditional native Hawaiian healing practices performed by traditional Hawaiian healers;
    - (7) Clarify exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses; and
    - (8) Clarify medical record availability and retention requirements for the purposes of medical torts.

**HRS 457J-B CARE PROVIDED BY MIDWIVES-** The HAA Board supports the suggested amendment of Department of Health for:

- **Pg 10 line 15 - Pg. 11 line 3.** ; §457J-B (b) If the midwife determines that a condition of the midwife's client or clients is outside of the midwife's scope of practice, the midwife shall refer the client or clients to an appropriate health care provider ~~or health care facility, or both,~~ and/or facility equipped to address the client's healthcare needs; equipped to address the client's health care needs; provided that the midwife shall collaborate with the client or clients or the client's guardian to document what factors will necessitate a change in birth settings to an emergency setting in response to emerging conditions outside the scope of practice of the midwife.

**PRESCRIPTIVE AUTHORITY** - To differentiate from the CPM and to establish equivalence for the CM with the APRN/CNM regarding prescriptive authority, replace 457J-E language with language from HAR 89-C NURSES.

**Delete Pg 14. Line 13 - Pg. 16 Line 10 and replace with:**

- **HRS 457J-E- Prescriptive authority. Certified Midwife.** Only a certified midwife granted prescriptive authority by the the department of commerce and consumer affairs shall be able to practice as an CM with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an CM who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6.
  (a) **Prescriptive authority eligibility requirements.** The requirements for prescriptive authority are as follows:
  (1) A completed application for prescriptive authority provided by the department and submitted with all appropriate documents and required fees;
  (2) Proof of a current, unencumbered license as a certified midwife in this State and in all other states in which the certified midwife has a current and active license;
  (3) Proof of a current, unencumbered certification for specialized and advanced midwifery practice from the American Midwifery Certification Board or its successor organizations recognized by the department; and
  (4) Proof of successful completion of an accredited graduate-level midwifery program with a significant educational and practical concentration on the direct care of patients, recognized by the department, leading to a graduate-level midwifery degree;
  (b) Upon satisfying all requirements in chapter 457j, HRS, and this chapter, and payment of required fees, the department shall grant prescriptive authority to the certified midwife.
  (c) Nothing in this section shall preclude a certified midwife from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, APRN or podiatrist licensed in accordance with chapter 448, 453, 457 or 463E, HRS, or the orders of a licensed certified midwife granted prescriptive authority in accordance with this chapter.
  (d) Nothing in this chapter shall require a certified midwife to have prescriptive authority under this chapter in order to provide anesthesia care. [Eff 12/27/10; am and comp 3/28/13; am and comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6).

**CMs PRIMARILY WORK AS EMPLOYEES OF INSTITUTIONS**
As Certified Midwives primarily work as employees of institutions who possess the professional liability insurance not the midwife, we suggest this amendment:

**HRS 457J-F REPORTING REQUIREMENTS**

- **Pg 16. Line 13 §457J-F Reporting requirements.** (a) Every midwife licensed pursuant to this chapter who does not possess professional liability insurance or who is not covered under their employer's insurance policy shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has

been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

**AGAIN, MOST CMs ARE EMPLOYEES OF INSTITUTIONS -** The license renewal requirements do not reflect requirements for the APRN/CNM and would be discriminatory for a CM seeking employment in institutions which prohibit disclosure based on HIPPA requirements.
For oversight, peer review and quality management are already part of ACNM Standards for the Practice of Midwifery:

*"STANDARD VI. Midwifery Care is Evaluated According to an Established Process for Quality Management" The midwife:*
*1. Regularly participates in a process of quality management for the practice.*
*2. Performs systematic collection of practice data.*
*3. Uses data to document, analyze, and improve their midwifery practice.*
*4. Acts to address any findings, as appropriate."*

Furthermore, DCCA testified it does not have an administrative capacity to verify compliance of participation with a Hawai'i-based peer review committee. HB 1194 HD 1 amended it to require the licensed midwives to attests completion of peer review and data submission, but DCCA would not then regulate this requirement. Again, an employed Certified Midwife already will meet these requirements as a part of ACNM Standards of Practice but also would not be able to meet these requirements due to institutional HIPPA protection.

For the CM, this requirement is a handicap, therefore we suggest to delete:

**HRS 457-JG LICENSE RENEWAL (PEER REVIEW & DATA SUBMISSION)**.

- **DELETE Pg 17 Lines 1-21 - Pg 19 Lines 1-11 457J-G** ~~Peer review requirements; license renewal. (a) Beginning June 30, 2029, a licensed midwife shall, as a condition of license renewal:~~
  ~~1) Participate in a Hawaii based peer review committee during each triennium subject to the requirements of section 624-25.5; and~~
  ~~(2) Attest that the licensed midwife has completed a peer review for a minimum of five of the licensed midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process; and~~
  ~~(3) Attest that the licensed midwife has completed a peer review within ninety days of any case that includes conditions outside of the licensed midwife's scope of practice; urine rupture; or maternal or neonatal hospitalization for infection, blood transfusion, intensive care unit admission, emergent transfer of care, or mortality.~~
  ~~(b) If the licensed midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; provided that if the requirements of subsection (a)(2) are waived, the licensed midwife shall participate in the review of five cases of another licensed midwife practicing in the State.~~
  ~~(c) The licensed midwife shall receive written confirmation of participation in a peer review~~

~~process from the Hawaii based peer review committee and shall maintain copies of the licensed midwife's participation records.~~
~~(d) The department shall begin verifying compliance with this section beginning June 30, 2029.~~

- ~~457J-H Data submission requirements; license renewal. (a) Beginning June 30, 2029, a licensed midwife shall, as a condition of license renewal:~~
  ~~(1) 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 follow the protocol of the approved national or state research organization; and~~
  ~~(2) Attest that the licensed midwife has submitted data annually during the prior triennium. b) The data submission requirements may be waived if the licensed midwife attests that the midwife has not provided midwifery care to any clients during the prior triennium. c) The licensed midwife shall receive written confirmation of participation in data submission from the national or state research organization and shall maintain copies of the licensed midwife's participation records.(d) The department shall begin verifying compliance with this section beginning June 30, 2029.~~

**THIS IS A LICENSING BILL. CAN THE FINDINGS & PURPOSE REFLECT AN INTENT TO ESTABLISH TWO NEW CREDENTIALS IN THE HEALTHCARE SYSTEM?** Can we address public safety as it relates to access to care in HB 1194 HD 1? Midwives have been recognized by CMS and March of Dimes as part of the solution to address the maternal/infant health crisis.

CMS developed a funding program "Transforming Maternal Health" TMaH which directly supports integration of midwives. The HAA Board approached Hawai'i Med-Quest in hopes they would apply. They did not have the staffing and also hesitated as Act 32/47j was still not being implemented and the lack of legislative action to amend it to address reproductive, religious, and constitutional rights provoked a lawsuit.
https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model

In the 2024 March of Dimes Report Card for Hawai'i, recommended supportive policy measures to address maternal mortality, curbing low-risk c-sections, inadequate prenatal care: Policies that support the growth and sustainability of the midwifery workforce, independent practice, pay parity, prescriptive authority, licensure for CMs, Medicaid extension, Medicaid expansion, mental health postpartum screening (integral to midwifery care), doula reimbursement policy, paid family leave, and a commitment to prevention.
https://www.marchofdimes.org/peristats/reports/hawaii/report-card

**HRS 457J-1 FINDINGS AND PURPOSE**

- **Pg. 23 line 1** "~~[~~E~~]~~457J-1~~[:]~~**Findings and purpose.** The legislature finds that: (1) ~~Midwives offer 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)~~(1) the improper practice of midwifery poses a significant risk of harm to [~~the mother or~~

~~newborn.~~] any client receiving midwifery services and may result in death; and (~~3~~) (2) the regulation of the practice of midwifery is reasonably necessary to protect the health, safety, and welfare of ~~[mothers]~~ persons choosing midwifery services and their newborns, (3) the intent is not to infringe on privacy, religious, cultural, or constitutional rights, (4) continued regulation should support the growth and sustainability of the midwifery work force, independent practice, pay parity, prescriptive authority, mental health postpartum screening, and eligibility for insurance credentialing, contribute to improving the State's poor maternal and infant morbidity and mortality rates especially for the Native Hawaiian and Pacific Island populations, (5) The preservation of licensure of certified midwives and certified professional midwives and can contribute to a commitment to prevention.

**DEFINITIONS ARE THE BACKBONE OF A BILL & NOT AT THE DISCRETION OF DCCA**

As definitions are the backbone of a bill. We have had 5 years of the impact of a 'Vague Licensing Law' which AUDITOR'S SUNSET EVALUATION (1989) had already cautioned: Pg 11

*'Vague Licensing Law' "A comprehensive licensing law should define the scope of practice, the standards for licensure, prohibited practices, the grounds for disciplinary action, and the sanctions. The licensing laws for midwives do not do this. Instead, broad discretion is given to DOH to determine...(all of the above)...This is unlike the vast majority of occupational licensing programs where the basic requirements are specified by the statute.*"]

- We need a clear distinction drawn between licensed midwives.
- And, just as the CNM law on which this SUNSET EVALUATION was commenting, for the CM & CPM we should not assign power to DCCA which it does not have or does not have the capacity to fulfil

**HRS 457J-2- DEFINITIONS**

**DELETE Pg 23 lines 19-20** ~~"Accredited birth facility" means a hospital that has been accredited by The Joint Commission or a birth center that has been accredited by the Commission for the Accreditation of Birth Centers.~~

**DELETE PG. Pg 24 line 13**~~"Practice of midwifery" means the independent provision of care, including initial and ongoing comprehensive assessment, diagnosis, and treatment during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; family planning services, including preconception care; primary care for individuals from adolescence through the lifespan, healthy newborns, and adults 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 6 responsible to the client for the quality of midwifery care rendered. "Practice of midwifery" does not include traditional healing practices performed by: (1) A traditional Hawaiian healer under article XII, 10 section of the Hawaii state constitution; or (2) An individual who has been recognized as a traditional Hawaiian healer by any council of kupuna convened by Papa Ola Lokahi.~~

**ADD** "Collaborate" means a process in which a practitioner cooperates and communicates with healthcare professionals from different disciplines, based on the healthcare needs of the patient, each providing distinct and complementary expertise to improve care.

**All previous Auditor's Reports have addressed the definition of midwifery**. The HAA Board is concerned there is not a definition of midwifery on which they are regulated. The CNM is licensed as APRNs and regulated by the Board of Nursing which verifies their specialty as a CNM in the license application & renewal program. They have a clear definition of scope of practice for this specialty. Therefore, we suggest the addition of "Licensed midwife," and "Midwifery." And, to draw a distinction between the two credentials in the provision of midwifery care, we further suggest the addition of "Practice of certified midwifery."

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

**ADD** "Midwifery" means the independent provision of care consistent with a midwife's training, education, and experience.

**ADD** "Practice of certified midwifery" means midwifery as practiced by a certified midwife and encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period and care related to sexual and reproductive health, gynecology, family planning, and preconception. A certified midwife may also provide primary care for a person from adolescence throughout the person's lifespan, as well as for a healthy newborn or infant during the newborn or infant's first twenty-eight days of life.

**UNLICENSED ASSISTANTS HAVE BEEN RECOGNIZED BY BON FOR APRNS AND FOR CMs PRACTICING IN THE COMMUNITY, THEY ARE INTEGRAL TO SAFETY**
To establish equivalence with a CNM, the HAA Board also suggests the addition from HAR 89-C NURSES Pg. 11 line 10. Furthermore, any CM who works in home birth or a birth center relies on an unlicensed assistive person in the form of a midwife's assistant or birth assistant. They are credentialled in basic life support & neonatal resuscitation and regularly participate in drills. To make this illegal would be dangerous practice.

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

**DELETE Pg. 27 line 1-12** ~~By repealing the definition of "midwifery":["Midwifery" means the provision of one or 'more of the 2 following service: 3 - -4 -)- Assessment, monitoring, and care during pregnancy, labor, childbirth, postpartum and interconception period, and for newborn, including ordering and interpreting screening and diagnostic tests, and carrying out appropriate emergency measures when necessary; -(Supervising the conduct of labor and childbirth; and 10~~

~~(3.) Provision of advice and information regarding the 11 progress of childbirth and care for newborn and infant."]~~

Based on ACNM definitions found in ACNM POSITION STATEMENT USE OF TELEHEALTH IN MIDWIFERY (2022

**Pg. 25 line 14** ~~"Telehealth" means the use of telecommunications as that term is defined in section 269-1 including but not limited to real—time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit client health care information, including diagnostic-quality digital images and laboratory results for health care interpretation and diagnosis, for the purpose of delivering enhanced health care services and information to parties separated by distance.~~ "Telehealth" refers to any health care delivery enhanced by telecommunication. It is defined by the Telehealth Resource Center as "a collection of means or networks for enhancing the health care, public health, and health education delivery and support using telecommunications technologies." Standard telephone contacts, facsimile transmissions, or electronic mail texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this chapter."

**APPLICATION FOR PRESCRIPTIVE AUTHORITY SHOULD BE SEPARATE FROM LICENSE APPLICATION &/OR RENEWAL**. Replace requirements to reflect HAR 89-C NURSES. The prescriptive authority application should be made separate from a license application. For a CM seeking employment or private practice in Hawai'i, the requirement of 30 hrs CEU on pharmacology does not align with AMCB credential maintenance and may be a barrier to obtaining a license to practice in Hawai'i, thereby discriminating against a CM when they otherwise would qualify for a license.

**HRS 457J-8 APPLICATION FOR LICENSE**

**Pg. 34 Lines 1-21 - Pg 35 Lines 1 - 12** ~~3)~~ (b) To obtain prescriptive privileges for the certified midwife under this chapter, the applicant shall provide: (1) Proof of successful completion of at least thirty contact hours, as part of a master's degree program or higher from a college or university accredited by the Accreditation Commission for Midwifery Education, or successor organization, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within three years immediately preceding the date of application. (2) Payment of a non-refundable application fee. (3) If the applicant's advanced pharmacology education in a master's degree program was completed prior to the three-year time period immediately preceding the date of application, then one of the following shall be provided: ~~completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:~~

(A) Proof of current full prescriptive authority from another State;

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

~~(B)~~ (C) 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; and
(D) Payment of a non-refundable application fee.

**PEER REVIEW & DATA SUBMISSION REQUIREMENTS**
The HAA Board understands peer review and data requirements were determined to be discriminatory and that the DCCA declined administering this aspect.

- **DELETE Pg 38 Lines 3-6** ~~(6) By June 30, 2029, and every triennium thereafter, complete the peer review requirements of 457J-G; and~~
~~(7) By June 30, 2029, and every triennium thereafter, complete the data submission requirements of 457J-H."~~

**PROVIDE FOR A CM TO PRACTICE MIDWIFERY WITHOUT PRESCRIPTIVE AUTHORITY**
If a separate application is established for obtaining prescriptive authority AND a certified midwife may need to carry out prescribed orders from another provider while waiting to obtain prescriptive authority or in collaborative care, the HAA Board suggests:

**HRS 457J-11 LEGEND DRUGS**
- **Pg. 40 Lines 11** (e) Nothing in this section shall preclude a licensed midwife ~~practicing as a certified professional midwife~~ from carrying out the prescribed medical orders of a licensed physician or osteopathic physician licensed pursuant to chapter 453 or advanced practice registered nurse licensed pursuant to chapter 457; orders of a physician assistant licensed and practicing with physician supervision pursuant to chapter 453, and acting as the agent of the supervising physician; or orders of a recognized midwife practicing as a certified midwife in accordance with this chapter."

**HRS 457J-12 GROUNDS FOR REFUSAL-** Based on the need to allow for unlicensed assistant and the authority to delegate work to an unlicensed assistant must be established in HB 1194 HD1 for equivalence with the CNM and for public safety, this section should be removed:

- **REMOVE Pg. 42 Lines 9-10** ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

**IN ALIGNMENT WITH HAR 89-C SECTION ON DELEGATION OF TASKS** The HAA Board suggests inclusion of this section:

- **DELEGATION OF MIDWIFERY CARE TASKS TO UNLICENSED ASSISTIVE PERSONNEL**
(a) Only a licensed midwife has authority to practice professional midwifery; therefore, only the licensed midwife has authority to delegate midwifery.

(b) It is the intent of the department that the delegation of tasks of midwifery care to unlicensed assistive personnel be the exception rather than the rule unless the licensed midwife can justify the need for delegation.
(c) The department believes that unlicensed assistive personnel can be utilized to provide tasks of midwifery care under the specific delegation and supervision of a licensed midwife.
(d) A licensed midwife may delegate in any setting at any time; provided that when the licensed midwife is not regularly scheduled and not available to provide direct supervision, the licensed midwife shall provide indirect supervision.

Add new section:

- **457J -J Insurance eligibility. licensed midwives.**
  This bill establishes eligibility for a licensed midwife as a certified midwife or a certified professional midwife to be credentialed by an insurance carrier based on their credential. 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.

# HAWAI'I MIDWIFERY COUNCIL

73-1001 Ahulani St, Kailua-Kona, HI 96740. (808) 325-5333
'A'OHE HANA NUI KE ALU 'IA EST. 2015

February 20, 2025

Dear Esteemed Chair Yamashita, Vice Chair Takenouchi, and Members of the Finance Committee,

Our organization is testifying in **STRONG OPPOSITION** of HB1194 Relating to Midwives as currently written. We need to expand access to maternal health care, not further restrict it.

We want to be very clear that the Midwives Alliance of Hawai'i (MAH) does not speak for **ANY** of our members.

Our organization **can** offer strong support HB1194 with the following amendments, as stated in testimony provided by the Hawai'i Home Birth Collective.

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

**Page 36 Lines 5-9 Application for license as a midwife**

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

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

**Pg. 9 line 8-15- Align with National Standards please amend:**

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

**Pg. 10 line 5-14- Align with National Standards please amend:**

(a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

**Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**

(1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and

(2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives, ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

**Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**

(b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall participate in the review of five cases of another midwife practicing in the State.~~

**Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

**Delete Pg. 26 lines 11-15: Remove International Standards; replace with national Organization who certifies the Certified Professional Midwife please remove**

Delete definition of “International Confederation of Midwives”.

**Delete Duplicate Requirements for certification and application(pg 7) for a license Page 32 lines 10-Page 33 Lines 2 please remove**

Delete sections (3) and (4) as Cardiopulmonary resuscitation and neonatal resuscitation is already required within the National Certifying Body’s requirements to obtain a certificate which is then provided to obtain a license with the State

**Delete Delete Duplicate Requirements for certification and application for renewal of a license Page 37 line 6- Page 38 please remove**

Delete sections (3), (4) and (5) as it is already required within the National Certifying Body's (NARM) as requirements for recertification every three years which is used to renew your license

**FULL SCOPE OF PRACTICE- to allow the Certified Professional Midwife to practice to their fullest scope of training and education to benefit all families who deserve access to this care:**
**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. Please amend:**

**Pg. 12 line 8- 15 -**

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

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

(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 13-21**

(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 38 Beginning on Lines 17**

(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 10**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Limited prescriptive authority eligibility requirements.

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

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

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

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

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

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

**Pg. 22 lines 12-14**

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

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

**Pg. 26 lines 17-19 Longer care is better care for our families**

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

**Pg. 28 lines 4-9 Expand access to training more students**

A student who is currently enrolled in an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

**Page 40 line 5**

Add in: (8) Contraceptive devices

**Pg. 42 Lines 9-10 Give the same authority to midwives as a nurse in Hawaii (page 6) to delegate tasks please remove:**

Delete: ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

**Pg. 43 Lines 12-15 457J-12(15)**

Having a criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of a licensed midwife;

**Add Section- Delegation of tasks. Without this, our midwives are only allowed to delegate tasks for other licensed providers, exacerbating the shortage or maternity health providers. (Nurses in Hawaii have the authority (page 6) to delegate to unlicensed assistants)**

(a) A licensed midwife may delegate to any licensed, certified, registered, or unlicensed assistive person, any tasks within the licensed midwife's scope of practice; provided that the authority to select medications shall not be delegated unless the delegate is independently authorized by law to select medications.

(b) No delegated task shall require the delegate to exercise the judgment required of a licensed midwife.

(c) Before delegating any task, the licensed midwife shall make a determination that, in the licensed midwife's professional judgement, the delegated task can be safely and properly performed by the delegate and that the delegation is in accordance with the patient's safety and welfare.

(d) The delegating licensed midwife shall be solely responsible for determining the degree of supervision the delegate requires, with consideration given to:

(1) The stability of the patient's condition;

(2) The delegate's training and abilities; and

(3) The nature of the task being delegated.

(e) The employer of a licensed midwife may establish policies, procedures, protocols, or standards of care that limit or prohibit the delegation of certain tasks by the licensed midwife, or the delegation of tasks in certain circumstances.

(f) The department shall adopt rules pursuant to chapter 91 as necessary to implement this section, including:

(1) Standards for assessing the proficiency of a delegate to perform certain tasks; and

(2) Accountability standards for a licensed midwife who delegates tasks.

**Add Definition:**

"Unlicensed assistive person" means a person who is not licensed to practice certified midwifery or certified professional midwifery but who can competently perform tasks delegated by a licensed midwife.

**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.

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

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

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

**Additional Amendments:**

**Pg. 6 line 20-21**

Admitting and discharging clients for inpatient care at facilities ~~licensed~~ recognized in the State as birth centers;

**Pg. 11 line 16-21 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. 16 line 11-21**

Every midwife licensed pursuant to this chapter ~~who does not possess professional liability insurance~~ shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

**Pg. 23 lines 19- page 24 line 2**

Delete definition of “Accredited birth facility"

**Pg. 41 lines 21- pg. 42 Line 2 Align with nursing law**

Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature; ~~illicit substances, or abusing controlled substances, or both;~~

**Pg. 18 Line 17- Page 19 Line 2**

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

Mahalo for the opportunity to provide testimony and on behalf of our membership.

Rachel Curnel Struempf, LM, CPM, LS, CBE
President
Tara Compehos, LM, CPM, LMT
Vice President
Ki’i Kaho’ohanohano, Pale Keiki
Maui Representative
Daniela Martinez Guzman, LM, CPM
Oahu Representative
Lilinoe Atkinson, LMT
Student Representative

# Gentle Beginnings Midwifery

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

February 20, 2025

Dear Esteemed Chair Yamashita, Vice Chair Takenouchi, and Members of the Finance Committee,

I am a licensed midwife in Hawai'i and I am in **STRONG OPPOSITION** of HB1194 Relating to Midwives as currently written. We need to expand access to maternal health care, not further restrict it.

I want to be very clear that the Midwives Alliance of Hawai'i (MAH) does not speak for me.

I **can** offer strong support of HB1194 with the following amendments, as stated in testimony provided by the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council.

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

**Page 36 Lines 5-9 Application for license as a midwife**

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

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

**Pg. 9 line 8-15- Align with National Standards please amend:**

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

**Pg. 10 line 5-14- Align with National Standards please amend:**

(a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

**Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**

(1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and

(2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives, ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

**Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**

(b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall participate in the review of five cases of another midwife practicing in the State.~~

**Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

**Delete Pg. 26 lines 11-15: Remove International Standards; replace with national Organization who certifies the Certified Professional Midwife please remove**

Delete definition of “International Confederation of Midwives”.

**Delete Duplicate Requirements for certification and application(pg 7) for a license Page 32 lines 10-Page 33 Lines 2 please remove**

Delete sections (3) and (4) as Cardiopulmonary resuscitation and neonatal resuscitation is already required within the National Certifying Body’s requirements to obtain a certificate which is then provided to obtain a license with the State

**Delete Delete Duplicate Requirements for certification and application for renewal of a license Page 37 line 6- Page 38 please remove**

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**FULL SCOPE OF PRACTICE- to allow the Certified Professional Midwife to practice to their fullest scope of training and education to benefit all families who deserve access to this care:**
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(b) Each licensee practicing as a certified midwife shall ~~provide documentation of~~ have successful completion of continuing education that is from accredited colleges or universities or approved by an organization recognized by the Continuing Education Policy, or successor document, of the American Midwifery Certification Board, or successor organization; provided that a minimum of eight hours of continuing education shall be in pharmacology for eligibility for renewal of prescriptive privileges.

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

(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.

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(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 38 Beginning on Lines 17**

(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.

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**ADD following language on Page 16 Line 10**

(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.

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(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.

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

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(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.

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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:**

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Add in: (8) Contraceptive devices

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

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

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

**Additional Amendments:**

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Please only support HB1944 with amendments as suggested by HiHBC and HMC.
Mahalo for the opportunity to provide testimony.

Gentle Beginnings Midwifery
Rachel Curnel Struempf, LM, CPM
Primary Midwife

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

TO: Committee on Finance
Rep. Kyle T. Yamashita, Chair
Rep. Jenna Takenouchi, Vice Chair

DATE: Friday, Feb 21, 2025
PLACE: Hawaii State Capitol, Conference Room 308

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 HD1 – Relating to the Licensure of Midwives**
**Position: SUPPORT**

The Hawaii Section of the American College of Obstetricians and Gynecologists (ACOG), representing physicians in Hawaii dedicated to advancing the health of all those in need of obstetric and gynecologic care, **supports HB 1194 HD1** which ensures the continued regulation of midwifery in Hawaii, enhances licensure requirements, and strengthens the collaborative care framework that is essential for safe and effective maternity care.

HB 1194 HD1 makes midwifery laws permanent and clarifies licensure requirements for certified midwives (CMs) and certified professional midwives (CPMs). As a result, HB 1194 HD1 establishes clear standards for education, training, and accountability. Ensuring that all licensed midwives in Hawaii meet nationally recognized education and certification standards will help maintain the high standard of care that the public depends on. In addition, this bill aligns with ACOG's goal of integrating midwives into a collaborative health care system to improve maternal health outcomes.

ACOG does not support the PEP-only pathway for midwife licensure. The education from a PEP-only pathway involves learning clinical skills, but because there is no formal curriculum PEP-only is entirely dependent on the preceptor's clinical teachings. A formal curriculum, like that in an accredited school, sets standards and instruction as well as testing at intervals to ensure comprehension of clinical findings. In addition, some dangerous conditions can develop in pregnancy or labor that are not common and may not have been seen during an apprenticeship. As physicians, we are required to have a formalized didactic curriculum as well as learning clinical skills from preceptors. No one would think of licensing a physician who had not attended medical school or a nurse who had not attended nursing school.

HI ACOG is dedicated to the highest quality care for pregnant people and families of Hawai'i. Let people know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. For these reasons, HI ACOG **supports HB 1194**.

Thank you for the opportunity to testify.

Hawaii Medical Association
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HOUSE COMMITTEE ON FINANCE
Representative Kyle T Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair

Date: February 21, 2025
From: Hawaii Medical Association (HMA)
Jerald Garcia MD - Chair, HMA Public Policy Committee

**RE HB 1194 HD1** RELATING TO MIDWIVES- Midwives; Practice of Midwifery; Scope of Practice; Certified Midwives; Certified Professional Midwives; Licensure; Requirements; License Renewal; Prescriptive Authority; Peer Review; Data Submission; Medical Records
**Position: Support**

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

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

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

(continued)

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

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

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

REFERENCES AND QUICK LINKS

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

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

International confederation of Midwives 2024. International definition and scope of practice of the midwife. InternationalMidwives.org Jul 2024. Accessed Feb 8 2025.

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

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

HALE KEALAULA

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

Finance Committee

Aloha Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee

I am writing today to **STRONGLY OPPOSE HB1194**, Relating to Midwifery.

I am a Certified Professional Midwife and have been practicing for over 19 years. I am also a Licensed Midwife in Hawai'i and a Certified NARM Preceptor.

I have had the honor of training many students who were in PEP and MEAC accredited schools, who went on to become CPM's, CNM's, and traditional midwives.

I am also a mentor in the NBMA (National Black Midwives Association), a member of the NACPM (National Association of certified professional midwives) and an elder member and one of the founders of the Hawai'i Home Birth Collective.

I have been practicing on O'ahu for over 12 years after a Hawaiian family's kupuna grabbed my hands and blessed them after her mo'opuna was born at my birth home in California. She invited me to come to O'ahu and "bring back what was taken from us".

I am asking that this committee please consider the financial issues involved: equity is much more cost-effective and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the numerous problems it creates.

The following points are the minimum requirements of any bill to be considered not harmful:

HALE KEALAULA

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate or overcome other MEAC obstacles.

- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

- The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title and should not be taken from the cultures who use it.

Thank you for the opportunity to express my **OPPOSITION to HB1194.**

Selena M. Kamara

Selena M Kamara, CPM, LM
Owner/Hale Kealaula, LLC


February 20, 2025

On behalf of the American College of Nurse-Midwives (ACNM), we appreciate the opportunity to provide comments in response to H.B. 1194, legislation that seeks to align the Certifed Midwife (CM) credential with that of the Certified Nurse-Midwife (CNM) credential in Hawaiii. ACNM and its members stand for improving and increasing access to quality care and coverage for women throughout the lifespan. We support common-sense policy solutions that ensure women have guaranteed health coverage and access to a full range of essential health services and health care providers. The United States has higher rates of maternal deaths than 45 other countries and is the only developed country with a consistently rising maternal mortality rate. The number of women who die giving birth in America each year has nearly doubled in the last two decades.

The expansion and integration of full-scope midwifery care as practiced by Certifed Nurse-Midwvies and Certified Midwives is a key to improving access to care and health outcomes and addressing barriers to prenatal care for women and childbearing families in Hawaii. CNMs and CMs are both highly trained health care professionals who are educated, trained, and certified to provide the same level of care; however, in Hawaii CMs are regulated differently than CNMs and this prevents them from providing full-scope midwifery care. As such, we have several suggested amendments to HB 1194 that will ensure a level playing field between CNMs and CMs and will help expand access to maternal health care across the state.

ACNM is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. Our members are primary care providers for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care. CNMs and CMs are nationally certified by the American Midwifery Certification Board and the profession has required a master's degree for entry into practice since 2010. Private health insurance plans typically cover midwifery services as do the Medicare and Medicaid programs. Midwifery services are a mandatory service under the Medicaid program, as more than half of all births each year are financed by the program

Today there are some 15,500 CNMs/CMs in the U.S. These midwives attend over 330,000 births in the U.S. annually. Nearly all midwifery births occur in the hospital, with some in birth centers and others in homes. Midwives promote healthy physiologic birth. By doing so, they help reduce the incidence of unnecessary caesarean sections and other interventions. Healthy physiologic birth means healthier moms and newborns, fewer complications and side-effects, and much lower health care costs. Research findings demonstrate the many ways that midwives and

midwifery contribute to positive health outcomes and help address the national problem of health care cost growth.

Studies show that better integration of midwives across the healthcare continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes and reducing maternal mortality. Removal of barriers to practice for midwives across state health systems, including non-recognition of the CM credential, restrictive supervisory and collaborative practice requirements, lack of prescriptive privileges, and restrictions on hospital credentialing, is necessary to ensure high-value and equitable access to healthcare. As such, a key priority for ACNM is to expand access to, and parity within, the midwifery model of care as provided by the thousands of CNMs and CMs our organization represents.

Studies show that better integration of midwives across the healthcare continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes and reducing maternal mortality. Removal of barriers to practice for midwives across state health systems, including non-recognition of the CM credential, restrictive supervisory and collaborative practice requirements, lack of prescriptive privileges, and restrictions on hospital credentialing, is necessary to ensure high-value and equitable access to healthcare. As such, a key priority for ACNM is to expand access to, and parity within, the midwifery model of care as provided by the thousands of CNMs and CMs our organization represents.

While there are many different types of midwives, each holding different certifications based on their education and/or experience, a majority of midwives in the United States have a master's degree. Certified nurse-midwives (CNMs) and certified midwives (CMs) attend approximately 93% of all midwife-attended births in the United States and are required to have a master's degree to practice midwifery. CMs and CNMs differ in how they entered their master's level midwifery educational program, but they do not differ in how they leave their programs, and how they leave is what is important for their practice.

ACNM strongly believes that pathways must exist for individuals to enter the midwifery profession with a sound foundation in the biological and social sciences as well as skills for counseling, health assessment, diagnosis, emergency response and stabilization and the other knowledge, skills, and behaviors to support achievement of competence in midwifery. While ACNM values nursing as one valuable pathway to gain these skills, we recognize that nursing is not the exclusive educational route to these essential knowledge, skills, and behaviors.

Certified nurse-midwives (CNMs) and certified midwives (CMs) both complete graduate-level programs and pass certification exams from the American Midwifery Certification Board (AMCB). Both CMs and CNMs have the identical ACNM defined scope of practice and follow the ACNM standards and code of ethics for midwifery. Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; and prescribing medications, including all forms of pain control medications and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics, OB/GYN

practices, birth centers, and private homes.

Expanding access to full-scope CM care is a proven strategy for improving access in maternal health outcomes for the women, individuals, and families. We appreciate that Hawaii recognizes midwifery care as practied by CNMs and CMs as an important option for women's healthcare services in the state. However, we need to ensure a level playing field between the Certified Midwife and Certified Nurse-Midwife credential and work to pass legislation that licenses, regulates, and reimburses the two credentials in the same way. I have provided additional information regarding the education, certification and licensure requirements relating to the CM credential as well as a list of amendments we would appreciate being incorporated into HB 1194 to ensure parity between CNMs and CMs providing care in Hawaii.

Thank you for all you are doing to improve the culture of maternal health in Hawaii. Please do not hesitate to contact me at akohl@acnm.org or (240) 485-1806 with any questions regarding the licensing and role of Certified Midwives in the healthcare continuum.

Sincerely,

Amy M. Kohl
Director, Advocacy and Government Affairs
American College of Nurse-Midwives

**SUGGESTED AMENDMENTS**
**PREAMBLE- To address unresolved issues of fragmented regulation of midwives and the lack of an Auditor's Sunset Analysis (2025),** the HAA Board suggests referencing the Auditor's Sunrise Analysis (1999) pg 23 on Act 279 and pg 10-11 on findings in the Auditor's Sunrise Analysis (2017) pg. 9.

- **Pg. 1 line 4-8. SECTION 1.** ~~However~~, In 1998, when the regulation of midwives was repealed ~~when, in 1998,~~ nurse-midwives were placed under the purview of the board of nursing. Act 279 authorized state recognition of nurse midwives as advanced practice nurses but did not require them to be licensed as nurse midwives. Though the APRN license requires a license as a registered nurse as well as completion of an accredited graduate-level education program preparing the nurse for one of four practice specialities, which include the CNM specialty, there was never established a specific midwifery licensing program and ~~Despite the lack of regulation,~~ many individuals continued to practice midwifery and many families in the community sought out midwife services.

- **Pg 1 line 15 - Pg 2 line 8.** -- ~~While t~~The sunrise analysis conducted in 1999 and reported in Auditor's Report No. 99-14 determined that it was premature to regulate midwives at that time, based on unresolved issues including fragmented regulation and the difficulty of establishing qualifications and practice standards for lay midwives. ~~That report and t~~he 2017 Auditor's Sunrise Analysis ~~Report~~ continued to recommend regulation but determined that regulation of only a relatively small segment of the midwifery profession unnecessarily benefits that group. "The nature of the maternity and prenatal services provided by midwives may endanger the health and safety of women and newborns under the midwife's care. Therefore,
  "the nature of the maternity and prenatal services provided by a midwife may endanger the health and safety of women and newborns under the midwife's care ~~and,~~ Therefore,the criteria for licensure in the Hawai'i Regulatory Licensing Reform Act requires that the profession of midwifery be regulated and its practitioners be licensed" ~~the profession of midwifery should be subject to regulation. The Auditor's Report No. 17-01 in particular recommended the legislature consider establishing a mandatory licensing framework for all midwives.~~ What is required now is a comprehensive midwifery licensing bill.

- **Pg 2 lines 8-17.** Recognizing the potential for harm to public health and safety posed by the unregulated practice of midwifery, the legislature passed Act 32, Session Laws of Hawaii 2019 (Act 32), and established a regulatory framework for the practice of midwifery that was subsequently codified as chapter 457J, Hawaii Revised Statutes (chapter 457J) . For the first three years, licensing of certified midwives and certified midwives was mandatory, as well as mandatory disclosure by unlicensed birth attendants. Once the exemption based on mandatory disclosure expired, June 30, 2023 only mandatory licensing has remained. Since the passage of Act 32, ~~approximately~~ forty-one individuals have been licensed under chapter 457J, one certified midwife and forty certified professional midwives. There has yet to be published the Auditor's Sunset Analysis (2025) to inform an assessment of Act 32 and HRS 457j. There is no published data regarding non-nurse midwives, unlicensed birth attendants nor the impact on public safety. Furthermore, the department of commerce and consumer affairs did not establish administrative rules for the Midwives Licensing Program. These regulations are set to sunset on June 30, 2025, unless the legislature takes action to continue the regulation of midwives.

- **Pg. 2 lines 18-19** The legislature further finds that, ~~as part of its sunset analysis, and reported~~ in the preliminary Auditor's Summary Report No. 25-03 (2025) the auditor found that the practice of midwifery posed a clear and significant potential harm to the

health and safety of the public and that the State's policies regarding the regulation of certain types of professions support the continued regulation of the practice of midwifery in the form of full licensure.

- As it is premature to make a permanent law, given the Auditor's Sunset Analysis has not been published, the HAA Board proposes the purpose of HB 1194 HD 1 be amended to preserve licensure for *a set amount of time?* AND delete (5) regarding peer review & data collection as it is discriminatory for the CM and DCCA's testimony that it is a burden AND add insurance reimbursement eligibility

- **Pg. 3 lines 12- Pg. 4 line 1-9** (1) ~~Make regulatory laws for the practice of midwifery permanent~~;
    - (1) Provide for the continued licensure of certified midwives and certified professional midwives by the department of commerce and consumer affairs;
    - ( 2) Clarify the scope of practice of midwifery and establish licensure requirements for certified midwives and certified professional midwives, including continuing education requirements;
    - (3) Grants global signature authority to midwives;
    - (4) Grant prescriptive authority to certified midwives and amend the list of approved legend drugs that may be administered;
    - ~~(5) Establish peer review and data submission requirements for midwives;~~
    - <u>(5) Clarify that the services of licensed midwives are eligible for insurance reimbursement;</u>
    - (6) Affirm that the practice of midwifery does not include traditional native Hawaiian healing practices performed by traditional Hawaiian healers;
    - (7) Clarify exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses; and
    - (8) Clarify medical record availability and retention requirements for the purposes of medical torts.

**HRS 457J-B CARE PROVIDED BY MIDWIVES-** The HAA Board supports the suggested amendment of Department of Health for:

- **Pg 10 line 15 - Pg. 11 line 3.** ; §457J-B (b) If the midwife determines that a condition of the midwife's client or clients is outside of the midwife's scope of practice, the midwife shall refer the client or clients to an appropriate health care provider ~~or health care~~

~~facility, or both,~~ and/or facility equipped to address the client's healthcare needs; equipped to address the client's health care needs; provided that the midwife shall collaborate with the client or clients or the client's guardian to document what factors will necessitate a change in birth settings to an emergency setting in response to emerging conditions outside the scope of practice of the midwife.

**PRESCRIPTIVE AUTHORITY** - To establish equivalence for the CM with the APRN/CNM regarding prescriptive authority, replace language below with language from HAR 89-C NURSES, as suggested by ACNM national. This language does not discriminate against a current license bearing certified midwife in relation to time of graduation beyond 3 years ago.

**HRS 457J-E- PRESCRIPTIVE AUTHORITY**

**Delete Pg 14. Line 13 - Pg. 16 Line 10 and replace with:**

- Only a certified midwife granted prescriptive authority by the the department of commerce and consumer affairs shall be able to practice as an CM with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an CM who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

  (a) Prescriptive authority eligibility requirements. The requirements for prescriptive authority are as follows:
  (A) A completed application for 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 midwife in this State and in all other states in which the certified midwife has a current and active license;
  (C) Proof of a current, unencumbered certification for specialized and advanced midwifery practice from a national certifying body recognized by the board;
  (D) Proof of successful completion of an accredited graduate-level midwifery program with a significant educational and practical concentration on the direct care of patients, recognized by the department, leading to a graduate-level degree as a certified midwife.

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

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

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

**CMs PRIMARILY WORK AS EMPLOYEES OF INSTITUTIONS**

As Certified Midwives primarily work as employees of institutions who possess the professional liability insurance not the midwife, we suggest this amendment:

**HRS 457J-F REPORTING REQUIREMENTS**

- **Pg 16. Line 13 §457J-F Reporting requirements.** (a) Every midwife licensed pursuant to this chapter who does not possess professional liability insurance or who is not covered under their employer's insurance policy shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

**AGAIN, MOST CMs ARE EMPLOYEES OF INSTITUTIONS -** The license renewal requirements do not reflect requirements for the APRN/CNM and would be discriminatory for a CM seeking employment in institutions which prohibit disclosure based on HIPPA requirements.

For oversight, peer review and quality management are already part of ACNM Standards for the Practice of Midwifery:

*"STANDARD VI. Midwifery Care is Evaluated According to an Established Process for Quality Management" The midwife:*

*1. Regularly participates in a process of quality management for the practice.*

*2. Performs systematic collection of practice data.*

*3. Uses data to document, analyze, and improve their midwifery practice.*

*4. Acts to address any findings, as appropriate."*

Furthermore, DCCA testified it does not have an administrative capacity to verify compliance of participation with a Hawai'i-based peer review committee. HB 1194 HD 1 amended it to require the licensed midwives to attests completion of peer review and data submission, but DCCA would not then regulate this requirement. Again, an employed Certified Midwife already will meet these requirements as a part of ACNM Standards of Practice but also would not be able to meet these requirements due to institutional HIPPA protection.

For the CM, this requirement is a handicap, therefore we suggest to delete:

**HRS 457-JG LICENSE RENEWAL (PEER REVIEW & DATA SUBMISSION)**.

- **DELETE Pg 17 Lines 1-21 - Pg 19 Lines 1-11 457J-G** ~~Peer review requirements; license renewal. (a) Beginning June 30, 2029, a licensed midwife shall, as a condition of license renewal:~~
  ~~1) Participate in a Hawaii based peer review committee during each triennium subject to the requirements of section 624-25.5; and~~
  ~~(2) Attest that the licensed midwife has completed a peer review for a minimum of five of the licensed midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process; and~~
  ~~(3) Attest that the licensed midwife has completed a peer review within ninety days of any case that includes conditions outside of the licensed midwife's scope of practice; urine rupture; or maternal or neonatal hospitalization for infection, blood transfusion, intensive care unit admission, emergent transfer of care, or mortality.~~
  ~~(b) If the licensed midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; provided that if the requirements of subsection (a)(2) are waived, the licensed midwife shall participate in the review of five cases of another licensed midwife practicing in the State.~~
  ~~(c) The licensed midwife shall receive written confirmation of participation in a peer review process from the Hawaii based peer review committee and shall maintain copies~~

~~of the licensed midwife's participation records.~~
~~(d) The department shall begin verifying compliance with this section beginning June 30, 2029.~~

- ~~457J-H Data submission requirements; license renewal. (a) Beginning June 30, 2029, a licensed midwife shall, as a condition of license renewal:~~
  ~~(1) 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 follow the protocol of the approved national or state research organization; and~~
  ~~(2) Attest that the licensed midwife has submitted data annually during the prior triennium. b) The data submission requirements may be waived if the licensed midwife attests that the midwife has not provided midwifery care to any clients during the prior triennium. c) The licensed midwife shall receive written confirmation of participation in data submission from the national or state research organization and shall maintain copies of the licensed midwife's participation records.(d) The department shall begin verifying compliance with this section beginning June 30, 2029.~~

**THIS IS A LICENSING BILL. CAN THE FINDINGS & PURPOSE REFLECT AN INTENT TO ESTABLISH TWO NEW CREDENTIALS IN THE HEALTHCARE SYSTEM?** Can we address public safety as it relates to access to care in HB 1194 HD 1? Midwives have been recognized by CMS and March of Dimes as part of the solution to address the maternal/infant health crisis.

CMS developed a funding program "Transforming Maternal Health" TMaH which directly supports integration of midwives. The HAA Board approached Hawai'i Med-Quest in hopes they would apply. They did not have the staffing and also hesitated as Act 32/47j was still not being implemented and the lack of legislative action to amend it to address reproductive, religious, and constitutional rights provoked a lawsuit.
https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model

In the 2024 March of Dimes Report Card for Hawai'i, recommended supportive policy measures to address maternal mortality, curbing low-risk c-sections, inadequate prenatal care: Policies that support the growth and sustainability of the midwifery workforce, independent practice, pay parity, prescriptive authority, licensure for CMs, Medicaid extension, Medicaid expansion, mental health postpartum screening (integral to midwifery care), doula reimbursement policy, paid family leave, and a commitment to prevention.

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

**HRS 457J-1 FINDINGS AND PURPOSE**

- **Pg. 23 line 1** "~~[ E ]~~457J-1~~[+]~~ **Findings and purpose.** The legislature finds that: (1) ~~Midwives offer 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;~~ (1) the regulation of the practice of midwifery is reasonably necessary to protect the health, safety, and welfare of ~~[mothers]~~ persons choosing midwifery services and their newborns, (2) Policies that support the growth and sustainability of the midwifery work force, independent practice, pay parity, prescriptive authority, mental health postpartum screening, and eligibility for insurance credentialing, contribute to improving the State's poor maternal and infant morbidity and mortality rates especially for the Native Hawaiian and Pacific Island populations, ~~(2) the improper practice of midwifery poses a significant risk of harm to [the mother or newborn,] any client receiving midwifery services and may result in death; and~~ (3) The preservation of licensure of certified midwives and certified professional midwivesand can contribute to a commitment to prevention.~~The and the regulation of the practice of midwifery is reasonably necessary to protect the health, safety, and welfare of [mothers] persons choosing midwifery services and their newborns,~~

**DEFINITIONS ARE THE BACKBONE OF A BILL & NOT AT THE DISCRETION OF DCCA**

As definitions are the backbone of a bill. We have had 5 years of the impact of a 'Vague Licensing Law 'which AUDITOR'S SUNSET EVALUATION (1989) had already cautioned: Pg 11

*'Vague Licensing Law' "A comprehensive licensing law should define the scope of practice, the standards for licensure, prohibited practices, the grounds for disciplinary action, and the sanctions. The licensing laws for midwives does not do this. Instead, broad discretion is given to DOH to determine...(all of the above)...This is unlike the vast majority of occupational licensing programs where the basic requirements are specified by the statute.*"]

- We need a clear distinction drawn between licensed midwives.
- And, just as the CNM law on which this SUNSET EVALUATION was commenting, for the CM & CPM we should not assign power to DCCA which it does not have or does not have the capacity to fulfil

**HRS 457J-2- DEFINITIONS**

**DELETE Pg 23 lines 19-20** ~~"Accredited birth facility" means a hospital that has been accredited by The Joint Commission or a birth center that has been accredited by the Commission for the Accreditation of Birth Centers.~~

**DELETE PG. Pg 24 line 13**~~"Practice of midwifery" means the independent provision of care, including initial and ongoing comprehensive assessment, diagnosis, and treatment during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; family planning services, including preconception care; primary care for individuals from adolescence through the lifespan, healthy newborns, and adults 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 6 responsible to the client for the quality of midwifery care rendered. "Practice of midwifery" does not include traditional healing practices performed by: (1) A traditional Hawaiian healer under article XII, 10 section of the Hawaii state constitution; or (2) An individual who has been recognized as a traditional Hawaiian healer by any council of kupuna convened by Papa Ola Lokahi.~~

**ADD** "Collaborate" means a process in which a practitioner cooperates and communicates with healthcare professionals from different disciplines, based on the healthcare needs of the patient, each providing distinct and complementary expertise to improve care.

**All previous Auditor's Reports have addressed the definition of midwifery**. The HAA Board is concerned there is not a definition of midwifery on which they are regulated. The CNM is licensed as APRNs and regulated by the Board of Nursing which verify their specialty as a CNM in the license application & renewal program. They have a clear definition of scope of practice for this specialty. Therefore, we suggest the addition of "Licensed midwife," and "Midwifery." And, to draw a distinction between the two credentials in the provision of midwifery care, we further suggest the addition of "Practice of certified midwifery."

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

**ADD** "Midwifery" means the independent provision of care consistent with a midwife's training, education, and experience.

**ADD** "Practice of certified midwifery" means midwifery as practiced by a certified midwife and encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period and care related to sexual and reproductive health, gynecology, family planning, and preconception. A certified midwife may also provide primary care for a person from adolescence throughout the person's lifespan, as well as for a healthy newborn or infant during the newborn or infant's first twenty-eight days of life.

**UNLICENSED ASSISTANTS HAVE BEEN RECOGNIZED BY BON FOR APRNS AND FOR CMs PRACTICING IN THE COMMUNITY, THEY ARE INTEGRAL TO SAFETY**

To establish equivalence with a CNM, the HAA Board also suggests the addition from HAR 89-C NURSES Pg. 11 line 10. Furthermore, any CM who works in home birth or a birth center relies on an unlicensed assistive person in the form of a midwife's assistant or birth assistant. They are credentialled in basic life support & neonatal resuscitation and regularly participate in drills. To make this illegal would be dangerous practice.

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

**DELETE Pg. 27 line 1-12** ~~By repealing the definition of "midwifery":["Midwifery" means the provision of one or 'more of the 2 following service: 3 -~4-)- Assessment, monitoring, and care during pregnancy, labor, childbirth, postpartum and interconception period, and for newborn, including ordering and interpreting screening and diagnostic tests, and carrying out appropriate emergency measures when necessary; -(Supervising the conduct of labor and childbirth; and 10 -( 3 )- Provision of advice and information regarding the 11 progress of childbirth and care for newborn and infant."]~~

Based on ACNM definitions found in ACNM POSITION STATEMENT USE OF TELEHEALTH IN MIDWIFERY

**Pg. 25 line 14** ~~"Telehealth" means the use of telecommunications as that term is defined in section 269-1 including but not limited to real – time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit client health care information, including diagnostic-quality digital images and laboratory results for health care interpretation and diagnosis, for the purpose of delivering enhanced health care services and information to parties separated by distance.~~ "Telehealth" refers to any health care delivery enhanced by telecommunication. It is defined by the Telehealth Resource Center as "a collection of means or networks for enhancing the health care, public health, and health education delivery and support using telecommunications technologies."~~-~~Standard telephone contacts, facsimile transmissions, or electronic mail texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this chapter."

**APPLICATION FOR PRESCRIPTIVE AUTHORITY SHOULD BE SEPARATE FROM LICENSE APPLICATION &/OR RENEWAL**. Replace requirements to reflect HAR 89-C NURSES. The prescriptive authority application should be made separate from a license application. For a CM seeking employment or private practice in Hawai'i, the requirement of 30 hrs CEU on pharmacology does not align with AMCB credential maintenance and may be a barrier to obtaining a license to practice in Hawai'i, thereby discriminating against a CM when they otherwise would qualify for a license.

**HRS 457J-8 APPLICATION FOR LICENSE**

- **Pg. 34 Lines 1-21 - Pg 35 Lines 1 - 12** (3) For the purpose of fulfilment of eligibility for prescriptive authority, ~~Proof of successful completion of at least thirty contact hours, as part of a master's degree program or higher from a college or university accredited by the Accreditation Commission for Midwifery Education, or successor organization, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within three years immediately preceding the date of application. I if the~~ applicant's ~~advanced pharmacology education in a master's degree program was completed prior to the three-year time period immediately preceding the date of application,then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:~~ Proof of successful completion of at least thirty contact hours, as part of a graduate-level midwifery degree program from an accredited, board-recognized college

or university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within the three-year time period immediately preceding the date of application. If completed more than the three-year time period, then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:
(A) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from a college or university accredited by the Accreditation Commission for Midwifery Education, or successor organization; or

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

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

**PEER REVIEW & DATA SUBMISSION REQUIREMENTS**
The HAA Board understands peer review and data requirements were determined to be discriminatory and that the DCCA declined administering this aspect.

- **DELETE Pg 38 Lines 3-6** ~~(6) By June 30, 2029, and every triennium thereafter, complete the peer review requirements of 457J-G; and~~
~~(7) By June 30, 2029, and every triennium thereafter, complete the data submission requirements of 457J-H."~~

**PROVIDE FOR A CM TO PRACTICE MIDWIFERY WITHOUT PRESCRIPTIVE AUTHORITY**

If a separate application is established for obtaining prescriptive authority AND a certified midwife may need to carry out prescribed orders from another provider while waiting to obtain prescriptive authority or in collaborative care, the HAA Board suggests:

**HRS 457J-11 LEGEND DRUGS**

- **Pg. 40 Lines 11** (e) Nothing in this section shall preclude a licensed midwife ~~practicing as a certified professional midwife~~ from carrying out the prescribed medical orders of a licensed physician or osteopathic physician licensed pursuant to chapter 453 or advanced practice registered nurse licensed pursuant to chapter 457; orders of a physician assistant

licensed and practicing with physician supervision pursuant to chapter 453, and acting as the agent of the supervising physician; or orders of a recognized midwife practicing as a certified midwife in accordance with this chapter."

**HRS 457J-12 GROUNDS FOR REFUSAL-** Based on the need to allow for unlicensed assistant and the authority to delegate work to an unlicensed assistant must be established in HB 1194 HD1 for equivalence with the CNM and for public safety, this section should be removed:

- **REMOVE Pg. 42 Lines 9-10** ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

**IN ALIGNMENT WITH HAR 89-C SECTION ON DELEGATION OF TASKS** The HAA Board suggests inclusion of this section:

- **DELEGATION OF MIDWIFERY CARE TASKS TO UNLICENSED ASSISTIVE PERSONNEL**
  (a) Only a licensed midwife has authority to practice professional midwifery; therefore, only the licensed midwife has authority to delegate midwifery.

  (b) It is the intent of the department that the delegation of tasks of midwifery care to unlicensed assistive personnel be the exception rather than the rule unless the licensed midwife can justify the need for delegation.

  (c) The department believes that unlicensed assistive personnel can be utilized to provide tasks of midwifery care under the specific delegation and supervision of a licensed midwife.

  A licensed midwife may delegate in any setting at any time; provided that when the licensed midwife is not regularly scheduled and not available to provide direct supervision, the licensed midwife shall provide indirect supervision.

**ELIGIBILITY FOR INSURANCE REIMBURSEMENT. LICENSED MIDWIVES -** Suggested amendment with section on insurance reimbursement including suggested amendments from DHS:

- This bill establishes eligibility for a licensed midwife as a certified midwife or a certified professional midwife to be credentialed by an insurance carrier. 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.

**BACKGROUND**

***Education***

The accreditation body for graduate programs educating both CNMs and CMs is the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. In the United States, approximately 40 programs educate midwives who will be candidates for certification from the American Midwifery Certification Board (AMCB) upon graduation. While many of these programs are in colleges of nursing, two are colleges of health professions and educate students from a variety of backgrounds in addition to nursing (i.e., State University of New York Downstate and Thomas Jefferson University). These two programs require additional prerequisite education in science and social science for students entering the program from fields other than nursing, and include basic health skills for midwifery in the program. These basic health skills courses and most prerequisites are waived for nurses: nurses have learned basic health skills and completed the same prerequisite education prior to or during their undergraduate level nursing programs. The graduate curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. All ACME accredited midwifery education programs are required to be within or affiliated with regionally accredited colleges or universities.

***Board Certification***

Graduates of ACME accredited midwifery programs are eligible to sit for the national certifying exam given by the AMCB. Both the CNM and CM programs are accredited by the National Commission for Certifying Agencies and candidates sit for the identical certification exam. The only difference between the credential granted is whether the applicant presents an active RN license at initial examination. AMCB uses ACNM Core Competencies as well as a task analysis to guide examination construction. According to AMCB's website, "The Task Analysis Survey, created by the American Midwifery Certification Board, describes tasks performed by CNMs and CMs who have been certified within the last five years and practice in the United States."

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:28:49 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Theo John Matthew | Pacific Birthing Collective | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I, Theo J. Matthew am writing in STRONG OPPOSITION to HB 1194.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely, Theo John Matthew

2/20/2025

**STRONG SUPPORT FOR HB1194 HD1, RELATING TO MIDWIVES**

To: House Committee on Finance
Representative Kyle Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

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

Time: Thirty-Third Legislature Regular Session of 2025
Friday, February 21, 2025 at 3:00PM

Dear Chair Yamashita, Vice Chair Takenouchi and committee members:

Midwives Alliance of Hawai‘i (MAH) is in **strong support of HB1194 HD1** and supports the continued mandatory regulation of midwifery through full licensure and accredited education. HRS457J was enacted in 2019 and 41 people have obtained their midwifery license since July 2020, when licensure became available. We appreciate the amendments to HRS 457J that HB1194 HD1 makes, which ensure that CMs and CPMs can practice to their fullest scope in order to best serve our community needs while also offering safe services. Additionally it adds important licensure components such as continuing education for renewal, data submission and peer review requirements. These provide accountability to the public by the profession of midwifery. HB1194 HD1 is in alignment with the Hawaii State Auditor’s Sunset Analysis recommendation that midwifery regulation be made permanent with full licensure, and it is in alignment with global and national midwifery standards which ensures that midwives meet at least the minimum educational requirements of the profession.

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

HB1194 HD1 continues the requirement of HRS 457J for accredited education for anyone who obtains their certified professional midwife (CPM) certificate on or after January 1, 2020. This is a national recommendation in order to meet global standards for midwifery education, and we strongly support this. Our current statute, and HB1194 HD1, follow the majority of states who have enacted midwifery licensure laws since 2002, when Midwifery Education Accreditation Council (MEAC) education became available, which is to require accredited education upon enactment of their licensing laws. HB1194 HD1 also continues the legacy of CPMs who obtained their certificate prior to January 1, 2020 to be licensed without accredited education as long as they complete 50-hours of continuing education in specific categories known as the Midwifery Bridge Certificate. We support this legacy remaining in statute as is with an end date. HB1194 HD1 corrects a loophole that allows people who obtain a CPM certificate after January 1, 2020 to be licensed without accredited education if they concurrently hold a license in another state not requiring accredited education. We support closing this loophole as there was no original intent to create a loophole; 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.

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

An education with apprenticeship only (also known as the portfolio evaluation process - PEP), where the national certifying body reviews an applicant’s portfolio instead of being reassured they have completed a nationally standardized curriculum, is missing exactly

that - the didactic portion of midwifery training. Student midwives trained through the apprenticeship only pathway (PEP) have many gaps in their knowledge, and are only exposed to the knowledge that their 1-2 preceptors have shared with them. If the midwives teaching the students don't keep up on the latest information, (which they are not required to do nor prove their own knowledge around the national standards of maternal and newborn health care), then students can learn inaccurate information and perpetuate it in their own practices and teach others erroneous information. This has consequences for the consumer and our public health.

For example, a preceptor in Hawaii did not know the national recommendation for gestational diabetes screening. This meant that a large proportion of pregnant people receiving the midwife's care who had gestational diabetes were missed, they were not provided correct information about how a condition could impact them and their baby so that they could make an informed choice about what they wished to do for management during their pregnancy, their gestational diabetes was not addressed in order to be managed, follow up to determine if they had diabetes type 2 postpartum was not done, and students then went on to practice with incorrect knowledge. This information had been shared over numerous years with students. This occurred because there is no system of checks around what education is being given to the student when we are in an apprenticeship only model (PEP). In accredited education, the curriculum is reviewed. Had one of the students of this preceptor been in an accredited midwifery school, they could have shared the correct information they learned about the lab values for gestational diabetes with the preceptor, and that would have positively changed the preceptor's practice. In turn it would improve the care that our community receives and improve outcomes for both birthing families and babies. Accredited education is important for student midwives to be enrolled in and complete so that we know what education they are minimally receiving prior to practicing as midwives in our community as it has direct impacts on the health of our community. Accredited education also supports the profession of midwifery by helping to update preceptors along the way.

Additionally, we have received the question "why should we require accredited education when student midwives who do apprenticeship only (PEP) and accredited education (MEAC) sit for the same national exam (NARM)?" Our response to that is, a certified nurse-midwife (CNM) and a certified midwife (CM), both who have completed graduate degrees, are also eligible to sit for the national exam to become a certified professional midwife (CPM). Does that mean we should do away with requiring CNMs and CMs from completing accredited education and go to apprenticeship only? No. Just because

someone is eligible to sit for an exam does not mean that their education is equivalent. We know PEP and accredited education are not equivalent because a PEP trained CPM is not eligible to sit for the exam to become a Certified Nurse-Midwife (CNM) or Certified Midwife (CM). They would be required to complete accredited education.

We do not believe that Hawaii should utilize the national exam as the sole eligibility to be licensed in Hawaii and practicing midwifery. We believe that people desiring to provide midwife services to our community need to complete both their accredited education and their national certification so that we can better ensure the safety of our birthing families and keiki.

Thank you for this opportunity to testify in **strong support of HB1194 HD1** to ensure the safety and wellness of our mothers and keiki in Hawai‘i.

The Hawaii Chapter of the American Academy of Pediatrics, representing over 200 pediatricians in Hawai'i, is in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and evidence-based maternity care while respecting traditional cultural practices. Birthing parents have the right to feel confident that they are receiving high quality, safe, and compassionate care when they entrust their midwives with one of the most important and precious events in their lives. HB1194 helps to do exactly this.

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

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

We cannot afford to weaken midwifery standards by allowing pathways like the Portfolio Evaluation Process (PEP), which lacks standardization and does not guarantee adequate clinical oversight. All midwives should be held to the same high safety and competency standards that other healthcare professionals must meet. HB1194 protects parents and their infants, respects important cultural practices, and will help to make home birth safer in Hawai'i. Thank you for your time and commitment to maternal and infant health.

CHAMBER OF SUSTAINABLE COMMERCE

**Rep. Kyle T. Yamashita, Chair**
**Rep. Jenna Takenouchi, Vice Chair**
Committee on Finance

Friday, February 21, 2025
3:00PM Conference Room 308

RE: **HB1194 HD1** Access to Midwifery Licensure - **Strong Opposition**

Dear Chair Yamashita, Vice Chair Takenouchi, and Members of the Committee,

The Chamber of Sustainable Commerce represents over 450 small businesses and entrepreneurs across the state that strive for a triple bottom line: people, planet and prosperity.

As small business owners who believe we can strengthen Hawaii's economy without hurting workers, consumers, communities or the environment, we are submitting testimony in strong opposition to HB1194, which restricts the pathway to midwifery licensure and creates barriers to reproductive and bodily autonomy.

*Licensure Equity*
A realistic local pathway (PEP) needs to be reinstated for local clinical students to access licensure without being forced to relocate or overcome other financial and geographical challenges associate with Midwifery Education Accreditation Council (MEAC) certification. We need a simpler path to address the demand for more midwives across the state, especially in our rural communities.

*Protecting Right to Choose*
The CSC values bodily autonomy and the right to have control over the circumstances in which we give birth. HB1194 HD1 restricts a person's right to make informed decisions regarding pregnancy and the birthing experience, disempowering mothers, fathers, aunts, grandparents and the family unit, a cornerstone in a thriving and healthy community. Criminalizing birth workers and family members for participating in birth practices is at best short-sighted and ill-informed and will create legal and financial problems.

*Protecting Right to Practice*
Certified Midwives (CMs) and Certified Professional Midwives (CPMs) should be able to practice to the full scope of their certification.

We respectfully urge the committee to oppose HB1194 HD1. Mahalo for your time and consideration.



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

NIGHTBLOOM BIRTH

Jasmine Maes, LM, CPM
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# Testimony to OPPOSE HB1194 HD1

Aloha, my name is Jasmine Maes. I am a CPM of 20 years and Hawaii Licensed Midwife practicing on Kaua'i. I am a member of Hawaii Home Birth Collective (HiHBC). **The Midwives Alliance of Hawaii (MAH) does not speak for me or represent my views.**

I appreciate the opportunity to share my testimony as I realize your time is valuable. I HB1194 in its current form, as there are language and restrictions that need to be addressed. I am hopeful that a compromise that satisfies all parties can be reached as we move forward in this important work of increasing safety for the birthing families of Hawaii.

**I am in full support of continued licensure of Certified Professional Midwives in Hawaii for the ongoing safety of the public.** I am also in support of the regulation/inclusion of traditional and cultural midwives. I would like to support this bill with following recommendations for revision.

- Certified Professional Midwives should not be held to the standards or practice guidelines of the ACNM or ICM. We have our own regulating body, the North American Registry of Midwives (NARM) and the National Association of CPMs (NACPM), which define our practice and educational standards. These organizations have smoothly overseen the CPM credential for decades. **I would like any reference to the ACNM Practice Guidelines/Risk Assessment for Out-of-Hospital birth to be removed from HB1194,** as I am not a Certified Nurse Midwife and do not represent myself as one.

- Remove lengthy requirements for licensure renewal. These are redundant, time consuming, and a waste of State funds. Cardiopulmonary Resuscitation (CPR) and Neonatal Resuscitation Program (NRP) certifications, Continuing Education (CE), and Peer Review are built into the CPM renewal process (every 3 years). CPR and NRP certification cards are only current for a 2 year period, making the license renewal requirements in the current version of HB1194 impossible to satisfy. The CPM credential should be the only requirement for licensure. The expense, time, and DCCA staff personnel required to review these additional documents and certifications are a waste of tax payer money. I am in full support of all birth workers in Hawaii being certified in CPR and NRP, including birth assistants, students, and traditional midwives. I am in support of accurate data collection of birth outcomes which can be a simple form completed at the time of license renewal. This has been requirement of License Renewal in both states I have previously worked in (Colorado and California). It is also a required component of CPM recertification through NARM. It is an important tool for measuring the effectiveness of licensure and the Midwives Program.

- I would like to see the 2020 restriction of the PEP(Portfolio Evaluation Process/Apprenticeship) educational pathway for CPMs removed. Hawaii has a deficit in access to perinatal healthcare, with widespread maternity care deserts, especially in rural communities. If you want more midwives to be licensed and regulated for community safety, then please make access to licensure attainable for all.

You have a willing army of skilled and experienced birth workers ready to serve the community. Why not honor their life experience as a viable gateway to providing healthcare in these underserved areas? Who would you feel safer giving birth with? A freshly graduated MEAC-trained student with limited birth experience? Or a seasoned midwife, who has demonstrated academic competency and skills mastery (rigorous testing is required for **all** CPM candidates), and who is vetted by her preceptors, clients, safe outcomes, and decades of experience. Additional restriction of PEP is not increasing safety. While ACOG and MAH may support MEAC accredited educational requirements, the majority of licensed midwives in Hawaii do not. Many of us were educated this way ourselves, myself included. Safe practice stems from experience, access to life-saving tools and medications, and appropriate transport to a hospital when needed. Unfortunately, spending thousands of dollars on a curriculum and thousands of hours completing on-line assignments doesn't always ensure good judgement in practice. Please include all midwives who are willing and able to demonstrate their skills and academic competency, in access to licensure towards safer birth outcomes in Hawaii.

- Please remove restrictive language about delegation of tasks at birth. It is unrealistic for those of us practicing in rural communities to be able to have a second Licensed Midwife present for all deliveries. While a team of at least 2 individuals certified in NRP is recommended at every birth, the State does not need to regulate who we as midwives choose to assist us.. Here on Kauai, there are only four Licensed midwives actively practicing. To my knowledge, there is only one student currently enrolled in a MEAC-accredited educational program. It is unreasonable to require us to attend each other's clients' births as we are regularly called away from home in the middle of the night and for days at a time. As I attended over 40 home births last year, it would be impossible to safely attend my primary clients as well as the births of other Licensed Midwives. California uses the credential of TBA (trained birth assistant) to share life-saving emergency skills, universal precautions, and to ensure that CPR and NRP certification requirements are met. It is reasonable to require NRP and CPR certification for all birth assistants, but no further State regulation of assistants is needed.

- I support inclusion of clear definitions that protect Hawaiian cultural practices of hanau. I support all cultural/religious birth practices, and traditional midwives. Clear definitions that define and protect these practices and all reproductive choice should be included in HB1194. Our community needs to move forward with unity. Rather than lawsuits and rallies, and bill after bill, committee hearings and lengthy testimony, I would like to see this inclusion so we can move on. Let's focus our efforts on ongoing education and collaboration for all birth workers, access to healthcare for all, alliance between Emergency Services and midwives, and tools for safe transport and best outcomes in the hospital.

Thank you for the service you provide to the people of Hawaii and your patience in learning and understanding the nuances of this important issue. This is an opportunity to represent the needs of all your constituents, not just those privileged enough to meet behind close doors. We are grateful for you and for your dedication to the safety of the people of Hawaii.

Mahalo,

Jasmine Maes, LM, CPM
(808)212-8006

LIBERTARIAN PARTY of HAWAII

The Libertarian Party of Hawaii is urging lawmakers to refrain from continuing the regulations for midwives and birthing practitioners in Hawaii. By maintaining licensing requirements instead of letting them hit the sunset provision (expiration), these measures prolong the regulatory framework that limits individuals' autonomy and stifles the natural flow of market dynamics in the midwifery field.

**Read closely:** These measures are cleverly worded to make the reader think they're doing us a favor by adding more provisions for midwifery and homebirth licensure. The reality is that if this bill and others like it are turned down, the regulatory framework will expire per “sunset laws”.

**Let’s be clear:** The Libertarian Party of Hawaii supports all freedom in birthing options including pale keiki, lola, and samba - as well as any birth-related service providers of their choosing. These choices are sacred and inherent in women’s rights. Parents and families must have the freedom to choose how they journey through their birthing experience without concern for burdensome regulations or mandates of any kind. We do not need a “home birth task force”; we need to recognize the right of a mother to make her own healthcare choices.

The legislature’s own quoted research condemns them at the beginning of HB1328:

*“The legislature recognizes that, for many people, decisions about pregnancy and birth are informed by their personal or community history and culture and are experiences of great social, cultural, and spiritual significance. For many people, pregnancy and birth are not primarily medical events.”*

From research highlighted by the United States Centers for Disease Control and Prevention and in the White House Blueprint for Addressing the Maternal Health Crisis (June 2022):

LIBERTARIAN
PARTY of HAWAII

*"… legal access to culturally responsive care of the birthing person's choosing, including traditional practices of that person's culture, is strongly correlated with increased safety and well-being."*

Extending the licensure program welcomes more government interference in private healthcare practices and decisions. These bills would block Hawaii's ability to transition to a deregulated environment that prioritizes individual freedom of choice and a competitive market driven by consumer demand rather than bureaucratic mandates.

The Libertarian Party of Hawaii opposes these measures and urges representatives to take a freedom-centered approach that prioritizes the woman's right to liberally choose all aspects of how she cares for her and her family.

The Libertarian Party of Hawaii

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:45:58 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Marc Sanders | Hana Business Council | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am Vice-President of the Hana Business Council and speak on behalf of all residents of East Maui.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas, such as East Maui. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be unnecessary costs to the state and to our families arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful. I urge you not to support any measure that is not inclusive of them.

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate or to overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,
Marc Sanders, Vice-President

Hana Business Council

ACLU Hawai'i

Committees: Finance
Hearing Date: Friday, February 20, 2025 at 3:00 pm
Location: Conference Room and via Videoconference
Re: **ACLU of Hawai'i Testimony in *OPPOSITION to H.B. 1194 H.D.1 Relating to Midwives***

Aloha Chair Yamashita, Vice Chair Takenouchi and Committee Members:

The ACLU of Hawai'i is a non-profit, non-partisan organization dedicated to safeguarding and advancing civil rights and liberties enshrined in our federal and Hawai'i Constitutions. We **oppose H.B. 1194 H.D.1 Relating to Midwives** as it contravenes our mandate to protect and advance reproductive autonomy, privacy, and traditional and customary rights in our federal and Hawai'i Constitutions.

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[1], reproductive health care, **the manner in which one gives birth, whom they choose they give birth with, and much more.**

H.B. 1194 H.D.1 must not be viewed in a political vacuum. The attacks on reproductive rights at the federal level and nearly half of other states is knocking loudly on Hawaii's door. Will our Legislature safeguard access to midwifery and maternal and infant health care, or pass another overly restrictive licensure law?

***Hawaii's Legacy as a Champion for Reproductive Freedom***

Hawai'i has a long track record of protecting reproductive freedom as a fundamental right guaranteed under article 1, sections 3, 5, and 6 of the Hawai'i State Constitution.

In 1970, Hawai'i was the first state to legalize abortion upon request of the individual. In the aftermath of *Roe vs. Wade* being overturned, the State Legislature passed S.B. 1 that expands access to reproductive health care services and protects Hawai'i health care providers from punitive legal action from within or outside of the state relating to the provision of legally provided reproductive health care services.[2]

[1] The Alabama Supreme Court recently issued a decision attacking IVF that forced IVF providers across the state to halt services, leaving the families depending on these services in limbo. https://www.aclualabama.org/en/news/alabama-courts-extreme-ruling-puts-ivf-treatments-risk

[2] https://www.capitol.hawaii.gov/sessions/session2023/bills/SB1_SD2_.pdf

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 disclosers 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 and exclusionary regulatory scheme that still exists.

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

After the Attorney General issued its letter interpreting the current midwifery law, Native Hawaiian Legal Corporation and the Center for Reproductive Rights filed a lawsuit against State of Hawai'i. The lawsuit included a demand that the judiciary intervene and find ACT 32, H.R.S. section 457-J the Midwifery Law as unconstitutional.[3]

The **First Circuit Court Judge Shirley Kawamura has ruled that HRS 457-J violates the Hawai'i State Constitution's protections for Native Hawaiian's traditional and customary rights and has issued a temporary injunction to stop the criminalization of Native Hawaiian practitioners and their students**.

ACLU of Hawai'i agrees with the Native Hawaiian Legal Corporation and the Center for Reproductive Rights that several provisions in our **current law are unconstitutional.** Without the injunction in place, the current midwifery statute threatens to criminalize indigenous healers and midwives and intimidates the families who seek their services - disproportionately impacting Native Hawaiian and Pacific Islander women.

## ***A Legislative Solution in on the Horizon***

The silver lining is that **Act 32, our current midwifery law, will sunset on June 30, 2025.** This provides an opportunity for the Hawai'i Legislature to remove unconstitutional provisions and enact a law that expands midwifery licensure pathways. In turn, this will increase workforce development opportunities for residents in Hawai'i choosing to seek a Certified Professional Midwives certification through the Portfolio

[3] *Kaho'ohanohano vs. State of Hawai'i* is scheduled for trial in early 2026. The passage of a replacement midwifery licensure statute that removes the unconstitutional provisions may avert the current litigation. In turn, this will allow the State to focus on legitimate threats to civil rights and liberties in Hawai'i and save taxpayer dollars.

Evaluation Pathway and increase access to health services and care to remedy the inequities exacerbated by our current midwifery law.

Remedial legislation that does not address the specific concerns outlined in the current lawsuit and lower Court's decision will likely lead to protracted litigation.

***H.B. 1194 H.D. 1 Unreasonably Infringes Upon the Exercise of Reproductive and Privacy Rights and May Subject the State of Hawai'i to Further Litigation Without Additional Clearly Defined Exemptions***

The Hawai'i Legislature can repair the harms unintentionally caused by Act 32 by incorporating amendments into H.B. 1194, H.D.1 that will address our constitutional concerns.

As is, H.B. 1194 H.D.1 will continue to infringe on a person's right to make decisions about pregnancy and birth, a natural life cycle experience, by subjecting the person/s providing the care and support chosen by the birthing person to penalties and criminalization if they lack a midwifery license.

As a matter of statutory construction, ACLU of Hawai'i supports the House's Health and Consumer Protection Committees' amendments to include a subsection in the law clearly labeled as Exemptions. This is a best practice for drafting legislation. However, the exemption subsection in H.B. 1194, H.D.1 does not go far enough to address our constitutional concerns.

**H.B. 1194 H.D.1 will continue to** interfere with a pregnant person's decision-making about pregnancy and birth, decisions that impact a pregnant person's bodily autonomy and privacy by excluding exemptions for the following:

- Religious and cultural birthing practices
- Birth attendants with consumer protection disclosure requirements
- Extended family members, including hānai family for giving support
- Doulas, lactation consultants, childbirth educators and other birth professionals

In its 2024 letter, the Attorney General noted that "Doulas, lactation consultants, and almost any friend or extended family member given advice about pregnancy or childcare, or caring for a pregnant or laboring women, could face fines, or criminal penalties under the law."

While H.B. 1194 H.D.1 includes an exemption for "domestic administration of family remedies," this language is vague and may put families in jeopardy if they are unable to prove in a court of law that a given practice counts as such.

***H.B. 1194 H.D.1 is Arbitrary and Capricious Because it Bars Midwifery Licensure for Persons Who Achieve a Certified Professional Midwife Certification after 2020 Despite Successful Passage of an Exam Administered by the North American Registry of Midwives, A National Certifying Organization***

The proposed legislation categorically excludes Certified Professional Midwives from obtaining licensure upon completion of the Portfolio Evaluation Process (PEP) and passage of the certification exam administered by the North American Registry of Midwives (NARM). This statutory exclusion is arbitrary and capricious for the following reasons:

- The North American Registry of Midwives (NARM) sets the standard for the competency-based Certified Professional Midwife (CPM) credential. ***https://narm.org/***[4]

- NARM issues a CPM credential upon successful completion of a MEAC midwifery school and passage of the NARM exam. They also issue a CPM Certification for individuals who complete the PEP apprenticeship pathway and successfully pass the NARM exam.

- *According to NARM, less than 50% of those individuals who achieve the CPM credential do so through the MEAC schooling route.* ***"There are other routes to eligibility for taking the NARM exam that result in receiving the credential and all of them have been evaluated and determined to be equivalent in skills and knowledge and are able to safety 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."***[5]

- Twenty-seven (27) states and Washington D.C. allow for the MEAC accredited midwifery education school and the PEP apprenticeship pathway to licensure upon successful completion of the North American Registry of Midwives Exam.

- H.B. 1194 H.D.1 restricts workforce development opportunities for Hawai'i residents amidst a shortage of health care workers and a maternal health desert in Hawai'i.

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[4] For more information relating to the multiple pathways for the Certified Professional Midwife Credential, please see testimony in opposition to H.B. 1193 from the North American Registry of Midwives (NARM).

[5] Letter from NARM, dated December 1, 2024.

- Native Hawaiians who wish to practice traditional and customary healing and birthing practices, in combination with midwifery knowledge and skills obtained through the PEP apprenticeship pathway, are prohibited from gaining licensure even if they successfully pass the NARM exam. This arguably violates Article 12, section 7 under the Hawai'i Constitution.

- Some lawmakers have asserted that the U.S. MERA Standards enacted in 2015 requires elimination of the PEP Plus Bridge apprenticeship pathway after 2020. However, this is a misinterpretation of the U.S. MERA Standards.

    - The Principles for Model U.S. Midwifery Legislation & Regulation, commonly referred to as the U.S. MERA Standards were intended as a guide, not as a mandate for midwifery licensure. "Recognizing that current state laws regarding midwifery vary widely, this document is intended to serve as a guide to those engaged in the revision of existing or the development of new laws." https://usmera.org/wp-content/uploads/2015/11/US-MERALegislativeStatement2015.pdf

    - The North American Registry of Midwives (NARM) is an included member of U.S. MERA. According to the U.S. MERA Standards, the North American Registry of Midwives (NARM) is the "certifying agency for certified professional midwives. NARM's CPM credential is accredited by the National Commission for Certifying Agencies." In other words, NARM is the organized charged with the oversight of the certification process, authorized to administer examination of knowledge and issue certificate of assurance.

    - **NARM does not support exclusion of the PEP pathway for eligibility to the CPM in legislation for two primary reasons:**

        1. There is no evidence that PEP apprenticeship candidates are not well prepared to be Certified Professional Midwives (CPM).

        2. 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 *Kahoohanohano v. State of Hawaii* case testified that the MEAC schooling is out of reach for aspiring midwifes for a host of reasons (i.e. out of pocket up front costs, location, kuleana in Hawai'i, lack of reliable internet access, etc.)

***Other Concerns***

H.B. 1194 does not allow Certified Midwives and Certified Professional Midwives to legally practice to the full extent of their scope based on training, education and

credential. This is in stark contrast to H.B. 1328 that allowed licensed midwives to practice to the full scope of practice.
https://www.capitol.hawaii.gov/sessions/session2025/bills/HB1328_.pdf

- For more detailed information relating to the full scope of practice, please review the testimony submitted by the Hawaii Association of Certified Midwives and licensed CPMs.

***Recommended Amendments***

We recommend the adoption of amendments based on proposed statutory language in **HB1328** relating to clear exemptions and recognition of the PEP apprenticeship pathway to midwifery licensure.

- Add a birth attendant exemption with consumer protection disclosure requirements recommended by the Department of Commerce and Consumer Affairs in its testimony on a related midwifery bill, H.B. 1328. *See* H.B. 1328, page 35 lines 3 through page 36 line 16.
https://www.capitol.hawaii.gov/sessions/session2025/bills/HB1328_.pdf

- Add a religious and cultural exemption as outlined in H.B. 1328 which is substantially similar to the exception in our current nursing law.[6] *See* H.B. 1328, page 34 line 10- page 35 line 2)
https://www.capitol.hawaii.gov/sessions/session2025/bills/HB1328_.pdf

- Add a clear exemption for family members and other birth professionals (i.e. doulas, lactation consultants, childbirth educators, etc.) *See* H.B. 1328, page 33 lines 16-19.
https://www.capitol.hawaii.gov/sessions/session2025/bills/HB1328_.pdf

**Proposed Exemptions.** This part does not require a midwifery license if the person is a:

(1) Certified nurse-midwife holding a valid license under chapter 457;

(2) Student midwife;

[6] Pursuant to HRS §457-13 Exceptions. "This chapter does not prohibit (5) the practice of nursing in connection with healing by prayer or spiritual means alone in accordance with the tenants and practice of any well recognized church or religious denomination, provided that no person practicing such nursing claims to practice as a registered nurse or a licensed practical nurse."
https://cca.hawaii.gov/pvl/files/2013/08/HRS_457-Nurses0716.pdf

(3) Member of a profession that overlaps with the practice of midwifery who is licensed and performing work within the scope of the person's position and duties;

(4) Person providing limited perinatal support services that are not subject to state licensing requirements, including childbirth education, lactation support, or doula care;

(5) Person rendering emergency aid;

(6) Person administering care to the person's immediate or extended family, including hanai family;

(7) Person engaged in traditional Native Hawaiian healing practices of prenatal, maternal, or child care. Nothing in this part shall prohibit, limit, or otherwise adversely impact any traditional Native Hawaiian customary practice related to pregnancy, birth, or infancy, pursuant to the Constitution of the State of Hawaii;

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

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

(10) Person acting as a traditional birth attendant who:

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

(B) Does not advertise themselves as a licensed midwife;

(C) Discloses to the client verbally and in writing at the time that 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) The person's education and training;

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

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

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

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

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

- Recognize the multiple routes to achieving NARM's Certified Professional Midwife Certification upon successful completion of the PEP Plus Bridge pathway and North American Registry of Midwives exam. *See* H.B. 1328, page 18, lines 3-8.
  https://www.capitol.hawaii.gov/sessions/session2025/bills/HB1328_.pdf

  Becoming certified by completing the portfolio evaluation process, obtaining a midwifery bridge certificate from the North American Registry of Midwives, and passing the certification exam administered by the North American Registry of Midwives, or its successor; or…

For these reasons, we currently oppose H.B. 1194, H.D.1. However, with the adoption of proposed amendments that will safeguard reproductive, privacy, religious and Native Hawaiian traditional and customary rights, ACLU of Hawai'i's position would change from opposition to support.

Mahalo for your consideration.

Sincerely,

Carrie Ann Shirota
Policy Director
ACLU Hawai'i
(808) 380-7052

*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 for over 50 years.*

**Laulani Teale, MPH**
**Hoʻopae Pono Peace Project**
**Ea Hānau Cultural Council**

February 21 , 2025

COMMITTEE ON FINANCE
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Rep. Jenna Takenouchi, Vice Chair

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Rep. Gene Ward

**Testimony in Opposition to HB 1194 HD1**

Aloha e Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

I come before you today to respectfully urge you to please hold HB 1194, which is clearly a well-intentioned measure, but simply will not work.

The financial ramifications of HB 1194 HD 1 Are serious for the state, And I believe that this committee should consider them. Some of many are:

- **Liability**. The rate of unattended births has risen 40% since HRS 457J was passed in 2019. Statistically, these births are far more dangerous than births with a knowledgeable midwife, either cultural or clinical, and they are increasing as a direct result of lack of access to care, due to criminalization of attendants. it is only a matter of time before something goes wrong as a direct result of restriction of access,
- **Compliance**. HB1194HD1 is not in compliance with §436B-1, the Uniform Professional and Vocational Licensing Act, on many fronts. it does not include all qualified members of the profession. It does not pay for itself, as required. It does not Regulate in the least restrictive way. There are many other inconsistencies that should be seriously considered.

- **Enforcement costs.** Regulation of civil liberties and reproductive rights Is likely to be very expensive. anyone was found in violation of the statute would have a constitutional case from the outset, And there are many other complexities to consider, Making enforcement difficult and cumbersome. Other forms of regulation that do not criminalize make more sense, but not included in this measure.

Contrary to some misunderstandings, there are **no known instance of actual harm** in the intergenerational birth knowledge transmission, which typically occurs by actually practicing family midwifery traditions. If the practice does not happen, the knowledge is lost. Considering the rich cultural heritage of all of the many ethnicities in Hawai'i that have these deep cultural practices, this is a lot to lose, especially during an active maternal health crisis in which so few resources are realistically available.

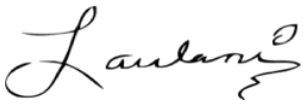
**I believe that the intentions of HB1194 HD1 were good.** However, it is simply impossible to create something as comprehensive as our community needs without the rigorous, extensive community vetting process that we went through for several years to produce HB1328, involving all of the incredibly diverse knowledge that went into it about the complex needs of our community.

We are sincerely committed to resolving genuine concerns, which can only be done effectively when all who are involved are safe and legal.

Attached, please find some information on the effects of the measure, particularly on the Kanaka Maoli community. We sincerely hope that you will consider the urgency of these very real effects on our endangered, important Indigenous cultural ways.

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

Mahalo nui loa,



Laulani Teale, MPH
Coordinator, Hoʻopae Pono Peace Project
https://www.eapono.org

# 2025 Midwife Licensure - Impacts

| Areas of Effect | HRS 457J (existing law) | HB 1194 HD1 | Proposed: (eg language in HB1328) |
|---|---|---|---|
| **Focus** | **Licensure of "midwifery,"** meaning *any* care or advice given to any pregnant, birthing, postpartum person requires a license. | **Continues HRS 457J** with amendments. Licensure of the "practice of midwifery," with a different, but also very broad definition. | **Licensure of clinical professionals**: Certified Midwives (CM) & Certified Professional Midwives (CPM), including PEP |
| **Reproductive Choice/ Self-Determination** | **Reduced -** Only licensed CMs/CPMs allowed | **Further reduced -** Only MEAC graduates allowed | **Increased** No restriction on choice |
| **Access to Licensure** | **No Kanaka Maoli** have yet been able to achieve licensure (MEAC schooling is **US Continent-based**). 97% are not from Hawai'i | Kanaka & local licensure unlikely (same MEAC schooling requirement as current law, which is **inaccessible in Hawai'i**) | PEP (apprenticeship & testing) licensure pathway (recognized in most States & DC) is **accessible in Hawai'i** |
| **Access to Care** | Legal access to care is severely **reduced.** Severe shortages. *1/4 of licensees do not live in Hawai'i.* | Legal access to care is **even more severely reduced** than the current law. | Legal access to care is greatly **increased.** |
| **Kanaka Maoli Cultural Practice** | Cultural practices are effectively **criminalized** due to lack of clear exemptions and prohibitive barriers | Exemption for "**Hawaiian Healers**": language open to legal interpretation/problems; all **others are criminalized.** | **All traditional cultural practitioners are exempt.** The law only applies to clinical practices (CM/ CPM) |
| **Extended Family** | **Only parent, child, spouse, sibling exempt** | **Only parent, child, spouse, sibling exempt** | **All family exempt**, including **extended and hānai** |
| **Other Cultural Practices** (other than Kanaka Maoli) | **Not legal** to practice. *This is also important for Kanaka Maoli because Kanaka birthing people often choose attendants from other cultures to attend their births, and to learn skills from in order to revitalize their Kanaka traditions.* | **Not legal** to practice. | Established practices are allowed according to similar **exemption** as Hawai'i's Nursing law. |
| **Insurance** | **Not currently eligible** | **Not supported** | **Support for Medicaid** |
| **Main Supporters** | Professional Organizations (MAH, medical) | Professional Organizations (MAH, medical) | OHA, ACLU, HHBC, Hawaiian Rights Orgs, Community |
| **Main effects** | - licensure in effect for CPMs, CMs<br>- all others made illegal unless exempt<br>- reduced access to care<br>- increase (40%) in unassisted births<br>- significant increase in underground care<br>- hospital transport communication and willingness to be transported reduced when attendant = illegal. | - licensure made more restrictive for CPMs/CMs<br>- no clear protections for any traditional attendant other than "Hawaiian Healers"<br>- reduced access to care<br>- further increase in unassisted births probable<br>- increase in underground care probable<br>- hospital transport communication further reduced due to mandatory protocols that birthing families oppose | - licensure for CPMs/CMs with local PEP pathway<br>- CPMs/CMs allowed to practice to their full scope of training<br>- protects cultural practice<br>- increased access to care<br>- reduction in unassisted births probable<br>- hospital transport communication increased with task force for solution-building |

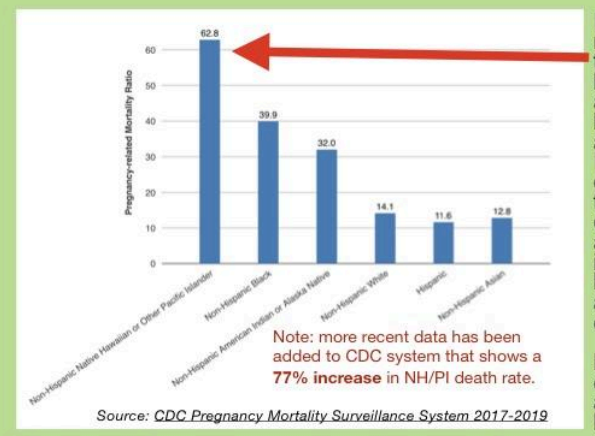
# 2025 Midwife Licensure - Effects on Kanaka Maoli

## Quick Facts

- **ZERO Kanaka Maoli** have **ever** been licensed as non-nurse midwives in Hawai'i.
- **97% of Midwives licensed in Hawai'i are not from Hawai'i.** Licensure strongly favors people from US Continent. There is currently **no** realistic access for local midwives.
- **Hānau is our OLDEST Kanaka cultural practice.** Many of our traditions are in real danger of actual **extinguishment** because kupuna are forced to stop, or work deep underground.
- **Traditionally, the primary practitioner of hānau is the person giving birth**. All others are supporting practitioners.
- **There is NO proof that licensure increases safety** or that exemption increases risk. Licensure *is* beneficial for clinical administrative purposes such as insurance and prescriptions but does NOT make birth safer.
- **There IS proof that access to cultural care increases safety.** This is especially important in **rural** and **crisis** areas such as Lahaina.

## A REAL SAFETY risk: Lack of culturally sound ACCESS

When discussing safety, it is important to look at the **actual risks** in question. There is an "attributed risk" of **0** to cultural home birth, because **no evidence of any harm** has been been associated with these practices. On the other hand, extremely high risk can be shown in association with **lack of self-determination** and **lack of cultural access.**




*Source: CDC Pregnancy Mortality Surveillance System 2017-2019*

It is important to note that NONE of these deaths have been in any way associated with home birth, but **are** associated with Indigenous health disparities related to **loss of self-determination** and also to **trauma**, including maternal health trauma, associated with colonization.

**Lack of access** to cultural care is also a known maternal health factor.

The health disparities experienced by Hawaiians are deeply intertwined with historic events and ongoing colonialism. This loss has led to significant health inequities, that are best addressed by restoration of self-determination, including the choice of who touches their bodies.

"Nationally, **Native Hawaiian and other Pacific Islander** people have the **highest pregnancy related mortality** ratio among all women of all races, with **62.8 deaths** per 100,000 live births—compared to a rate of 39.9 for non-Hispanic Black women and 14.1 for non-Hispanic white women. According to the World Health Organization, **increasing midwifery interventions could avert 41% of maternal deaths**, as well as **39% of neonatal deaths and 26% of stillbirths**." -Center for Reproductive Rights, 2024

Kaho'ohanohano vs. State https://reproductiverights.org/case/kahoohanohano-v-hawaii/

## A REAL SAFETY risk: Hospital Transport Barriers

An important part of keeping home births safe is the **ability to transport** to hospital care when necessary. **Communication** between the attendant and doctors is extremely important. **This is impossible** if the practitioners are criminalized, unless attendants and parents are willing to risk CWS & penalties. It is also important to understand that many home births parents have already experienced severe **obstetric trauma**. A midwife cannot force a birthing person to go to a hospital, even if it is advisable. Many late transports that are blamed on midwives by hospitals are actually due to parents refusing to be transported, due to trauma and fear (note that these are supported by documented safety concerns). **Stigma of illegality** worsens this.

## Historic Context:

**SIX BABIES** were born at Kapi'olani in **1890**. The rest were born at home or in community. Following the **1893** takeover, kahuna & midwives were both persecuted. **Licensure** was used to eradicate practices by making it too burdensome to continue. For example, the **Kahuna Lā'au Lapa'au** written exam on Hawaiian herbs required names in **Latin**. Midwife licensure was never achieved by Hawaiians at all, though Hawaiian midwives continued underground in their communities,

Culturally, **"Midwife"** is a term bestowed on knowledgeable practitioners who assist hānau, generally by the "aunties" of the community. In Hawaiian culture, midwives are trusted community members (often elder men) known for their ability to encourage & support, as well as for their deep respect, humility, understanding & knowledge.

## Some of the organizations standing for traditional birth

**ACLU of Hawai'i**
Chamber of Sustainable Commerce
Hawai'i Affiliate of the American College of Nurse-Midwives
**Hawai'i County Council**
Hawaii Home Birth Collective
Hawaii Midwifery Council
**Ka Lāhui Hawai'i**
**Kaua'i County Council**
Kona Coast La Leche League
Ko'olaupoko Hawaiian Civic Club
**Kūlaniākea**
**Lahaina Strong**
**Maui County Council**
Maui County Commission on the Status of Women
Maui Housing Hui
**Maui Medics Healers Hui**
**Maui Rapid Response**
Nawahineakauhiakama
**Office of Hawaiian Affairs**
Waimanalo Neighborhood Board

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**HB-1194-HD-1**
Submitted on: 2/21/2025 11:56:58 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Camille Shelton | More Than Maternity LLC | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Camille Shelton with More Than Maternity LLC, and I am a resident of Pearl City. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:

Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.

Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities,

especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,

Camille Shelton

**HB-1194-HD-1**
Submitted on: 2/21/2025 12:50:19 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Brynne Potter | North American Registry of Midwives | Comments | Written Testimony Only |

Comments:

**To the Honorable Chair and Committee Members,**

**The North American Registry of Midwives (NARM) thanks you for the opportunity to testify regarding HB1194, Relating to Midwives.**

**NARM supports licensure opportunities for ALL midwives who hold the credential of Certified Professional Midwives (CPM). This credential is the basis for midwife licensure in 38 other states and we commend Hawai'i for its passage of midwifery legislation in 2019.**

**We were very happy to see the inclusion of global signature authority for the CPM included in HB1194, unfortunately we have concerns about this bill as submitted.**

**NARM has concerns with the current law, 457J, as passed. The only "route to the CPM" identified in this law was through the attendance of a MEAC accredited school. The legislature put into statute this solitary route to the CPM credential however, this route currently represents fewer than 50% of all individuals achieving the CPM credential and will SIGNIFICANTLY restrict the ability for Hawai'i to build and sustain a midwifery workforce that will support your citizens. NARM recognizes additional educational pathways that grant a person eligibility to sit for the NARM exam as equivalent. We also recognize that a number of Hawai'i residents, including Native Hawaiian women, expressed an interest in pursuing the NARM pathway to midwifery licensure. They are currently prohibited from doing so under your current midwifery law, and will be foreclosed from this opportunity to serve their communities unless H.B. 1193 H.D.1 is amended to allow the PEP with Midwifery Bridge option under the USMERA guidelines.**

**All people who pass the NARM exam receive the same credential. Every person who receives eligibility to sit for the NARM exam has had their education and training evaluated and has been determined to have met the standards in their hand on skills, training, and knowledge. These individuals are able to safely practice midwifery within the same scope of practice. There is no evidence to suggest that the there is a difference in quality of education or competency in skills or knowledge for the the multiple pathways to the NARM credential**

**NARM recommends amending the law to include all qualified routes to certification for licensure and education purposes. All CPMs are eligible to practice midwifery in the United States, including those who applied through the Portfolio Evaluation Process. PEP students also need to be allowed to learn midwifery within the communities where they reside.**

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

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

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

**Thank you for your consideration**

**Warm Regards,**

Brynne Potter
Executive Director, North American Registry of Midwives

Native Hawaiian
LEGAL CORPORATION

1164 Bishop Street, Suite 1205 • Honolulu, Hawai'i 96813
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Testimony to the
**HOUSE OF REPRESENTATIVES**
**COMMITTEE ON FINANCE**

**Relating to House Bill 1194, HD1**

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 7/1/3000. (HD1)

February 21, 2025 3:00 p.m. State Capitol, Conference Room 308

Aloha e Chair Yamashita, Vice Chair Takenouchi, and members of the House of Representatives Committee on Finance,

The Native Hawaiian Legal Corporation ("NHLC") appreciates the intent of the legislature to exempt constitutionally protected traditional and customary Native Hawaiian practices from the proposed midwifery legislation, and the efforts undertaken so far to articulate that intent in House Bill 1194 HD1 ("HB1194 HD1"). NHLC is offering recommendations on amendments that would more clearly achieve that intent.

NHLC's recommended language changes are shown in redlines below:

**Page 3, lines 5-7:**
The legislature affirms that the practice of midwifery under this Act does not include Native Hawaiian traditional and customary practices ~~performed by traditional Hawaiian healers~~.

**Page 3, line 11 and page 4, lines 3-5:**
[T]he purpose of this Act is to:
. . . .
(6) Affirm that the practice of midwifery does not include Native Hawaiian traditional and customary ~~native Hawaiian healing~~ practices ~~performed by traditional Hawaiian healers~~;

**Page 25, lines 7-10:**
"Practice of midwifery" does not include Native Hawaiian traditional ~~healing~~ and customary practices ~~performed by~~:
(1) As protected ~~traditional Hawaiian healer~~ under article XII, section 7 of the Hawaii state constitution; or
(2) As performed by an individual who has been recognized as a traditional Hawaiian healer by any council of kupuna convened by Papa Ola Lokahi.

**Page 30, lines 19-21:**
(4) ~~Providing~~ Practicing Native Hawaiian traditional and customary ~~Hawaiian healing~~ practices as ~~a~~:
(A) ~~A traditional Hawaiian healer~~ protected under Article XII, section 7 of the Hawaii state constitution; or

**Throughout the bill:**
All references to "native Hawaiian" in this bill should be amended to "Native Hawaiian."

Mahalo for the opportunity to provide testimony.

Me ka haʻahaʻa,

Kirsha K.M. Durante
Litigation Director

**HB-1194-HD-1**
Submitted on: 2/19/2025 11:58:03 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Zoe Durant | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill because it will restrict access to cultural practices surrounding birth. It will criminalize supporting family and friends from the birth. It will put families in rural communities in danger. Please come up with a bill that prioritizes access to ALL care instead of limiting it.

**HB-1194-HD-1**
Submitted on: 2/19/2025 12:24:17 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jan Ventura | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,
I oppose this bill strongly. My own mother was born with a midwife, and it is an important cultural practice that must remain available to all families. This is a right protected under the first amendment of the United States Constitution..

**HB-1194-HD-1**
Submitted on: 2/19/2025 1:43:41 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kaiulani Cole | Individual | Oppose | Written Testimony Only |

Comments:

**Testimony in OPPOSITION OF HB1194, RELATING TO MIDWIVES**

**Rep. Kyle T. Yamashita, Chair**
**Rep. Jenna Takenouchi, Vice Chair**

**Hearing Date: Friday, February 21, 2025**

**Dear Chairs, Vice Chairs, and Members of the Committees,**

**My name is Kaiulani Cole and I live in Ha'iku, Maui. I am writing in opposition of HB1194.**

**I was born at home on the Big Island in 1978 to an incredible nurse midwife, and I went on to birth both of my daughters, ages 13 and 10, at home under the loving and attentive guide of midwives.**

**I believe that all women have the RIGHT TO CHOOSE ANYONE to attend their birth. We must end criminalization of the important practice of midwifery, which has been practiced since the beginning of civilization. Midwifery is an important part of Hawaiian culture and spiritual practice that must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.**

**In addition, there needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue. The full Scope of Practice for CMs and CPMs must be recognized and allowed. The term "Midwife" belongs to the community, especially in cultural use. It is not a proprietary term and should not be treated as such.**

**Mahalo for your time and consideration.**

**Sincerely,**

**Kaiulani Cole**

**HB-1194-HD-1**
Submitted on: 2/19/2025 1:46:11 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sara Harris | Individual | Support | Written Testimony Only |

Comments:

**Dear Chair Yamashita, Vice Chair Takenouchi and the members of the committee on Finance,**

I am Sara Harris, an obstetrician-gynecologist who has dedicated my career to **improving maternal and newborn health outcomes**. I strongly support **HB1194** because it ensures that every midwife licensed in Hawaii has completed**high-quality, accredited training** that prepares them to provide **safe, evidence-based care**.

Every family deserves to have a birth attendant who is **thoroughly trained and clinically competent**. Unfortunately, the PEP pathway allows midwives to bypass **formal, standardized education**, creating a **two-tiered system** where some midwives meet national standards and others do not. This disparity is **unacceptable** and disproportionately affects **families seeking home birth options**.

HB1194 **protects families** by ensuring that midwives are **fully prepared** to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide **equitable, high-quality care** to all birthing individuals.

For the health and safety of Hawaii's families, I urge you to vote in favor of **HB1194**.

Thank you for your time and commitment to maternal health.

Sincerely,

Sara C Harris, MD FACOG

**HB-1194-HD-1**
Submitted on: 2/19/2025 4:49:04 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| carol lee kamekona | Individual | Oppose | Written Testimony Only |

Comments:

I am in opposition of Hb1194. A wahine should have the sole decision on what happens to and within her body for she must be the one to live with it. Therefore, birthing technique options should be her choice. Many cultures have had midwifery as did several religions. Having a baby in a Western hospital did not come about until long after Cain and Abel were hānau. It should be the choice of the wahine and if she chooses midwifery then the state can require some type of certification like they do for nurses and doctors. Again, I am in opposition of hb1194. Mahalo!

Carol Lee Kamekona

Kahului, Maui

**HB-1194-HD-1**
Submitted on: 2/19/2025 5:18:28 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| KEALA FUNG | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

My name is Keala Fung from Honolulu and I am writing in STRONG OPPOSITION to HB 1194.

I am a concerned community member, who believes in body autonomy and birth practice autonomy, and I have many friends who work in cultural birthing practices.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hânai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Keala Fung, Honolulu

**HB-1194-HD-1**
Submitted on: 2/19/2025 5:49:10 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Stacey Moniz | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I am writing in STRONG OPPOSITION to HB 1194 as a mom, as a woman's advocate and as the grandmother of two grandsons who were born at home, just like god intended.

Please ensure that you correct the five points that need to be fixed before you pass this legislation which was altered and is now unrecognizable as the originally submitted bill.

1. We must support the right of every birthing person to CHOOSE who they want at their birth.

2. Cultural and spiritual birth practices must also be protected. This applies especially to indigenous practices and Hawaii's history includes many indigenous practices from everywhere our ancestors immigrated from.

3. We MUST have a pathway to licensure available to all interested parties to create equity. There is currently no way to become compliant with state requirements if you live in Hawaii. This has to change.

4. Certified Midwives and Certified Professional Midwives must be able to practice to their full scope of practice. ESPECIALLY in MAUI COUNTY where our options for birth are so limited and lives literally depend on having safe birthing options on our islands.

5. The term 'midwife' belongs to the community and should be honored by all.

If we cannot amend these things in this bill, I STRONGLY OPPOSE passing this bill. Please help make this right today.

Mahalo,
Stacey Moniz
Kula, Maui, Hawaii

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:07:49 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Barbara Essman | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs and all members.

I am writing today in **oppose HB 1194 HB** Relating to Midwifery.

I am the owner, director and teacher with the Sacred Birthing School where we offer doula training. This training is often the first step toward becoming a midwife. It would be best if these students could get their necessary midwifery training in Hawaii and stay here to practice midwifery.

Hawaii needs midwifery care that supports families by providing safe care with access to many kinds of midwives. These are the people who hold the hope for the future of maternal and infant health. These midwives need to be able to communicate with doctors when a hospital transport becomes the safest option. When we lock out Hawaiian culture practices, we lose a vast body of knowledge that is no longer passed on through the generations. These cultural practices are a human right. Real people die due to lack of culturally aligned care. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. We need to support the full scope of practice for CMs, CPMs, and cultural practitioners which will allow them access to more tools, including some that are important for safety, to help the families they serve.

For all of these reasons I request that you please oppose HB 1194

Thank you and Aloha

Barbara Essman

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:19:43 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

STRONGLY OPPOSE. What is it with you politicians desperately wanting to invade OUR PERSONAL LIVES AND HEALTH?! Is Josh Green behind this nonsense??? The "business of medicine" has all but lost whatever capacity for care it may have had at one time in exchange for moving on to the next body waiting for service as quickly as possible in order to increase claims revenue. Women choosing to give birth at home with a midwife directly cuts into this profit scheme. I know this from having worked in medical insurance, and from being privy to medical business through my coding education. And as a mother of 3, I have personally experienced the impersonal assembly-line birthing process in hospitals (including Kapiolani), the passive-aggressive threats (what woman in labor should be told "You'll be begging for the epidural when it's too late" when she already decided she DID NOT WANT IT), being told to push when her body is NOT giving signals that it's time to just because staff is in a rush. I would ABSOLUTELY, UNEQUIVOCALLY, give birth to all 3 of my children with midwives if I could go back and do it over again. The only reason I went to hospitals is because I was so scared due to the fearmongering against midwives perpetuated by the for-profit medical industry. Let's not forget that human beings have been providing GENUINE medical care to each other for generations, LONG before a bureacracy of licensing and pay-to-play existed. STOP TRYING TO FORCE US TO SACRIFICE QUALITY CARE JUST TO ACCOMODATE YOUR IDEAS OF FUNCTIONAL AND MANAGEABLE "BUSINESS."

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:25:49 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Pai-Jong Stacy Tsai | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Committee Members,

My name is Stacy Tsai and I am a board-certified obstetrician-gynecologist practicing in Hawaii. I am submitting this testimony in strong support of HB1194, which upholds proper licensure and educational requirements for midwives in Hawaii.

Well-trained midwives are valuable partners in maternity care, but ensuring consistent and accredited education is key to successful collaboration between midwives and physicians. HB1194 strengthens integration by ensuring all midwives have the necessary knowledge and skills to work safely within our healthcare system, improving communication, referrals, and emergency management.

Midwives should be trained through accredited programs—just as other healthcare professionals are. The PEP pathway lacks standardization and does not provide the level of clinical oversight necessary to ensure safe care. Allowing unregulated pathways weakens trust, jeopardizes patient safety, and creates unnecessary risks for mothers and babies.

I respectfully urge you to pass HB1194 to support a safer, more collaborative maternity care system in Hawaii.

Thank you for your attention to this important matter.

Pai-Jong Stacy Tsai, MD, MPH

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:27:04 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Patricia Bilyk | Individual | Support | Remotely Via Zoom |

Comments:

TO: Rep Yamashita, Chair, Rep Takeouchi, Vice Chair and Members of the House Finance Committee

FROM: Patricia Bilyk, RN, MSN, MPH, IBCLC (Ret.)

RE: HB1194 Relating to Midwives

DATE/PLACE: Friday, February 21, 2025 Rm 308

Good Afternoon. I am Patricia Bilyk, an advanced practice Maternal Infant Clinical Nurse Specialist. I stand in STRONG SUPPORT for HB 1194 Relating to Midwives.

I've been a registered, licensed nurse practicing throughout the State of Hawai'i for 53 years in hospitals and community settings. I was a Supervisor over Maternity and Pediatrics for 5 years at Queens Medical Center and created an in hospital alternative birthing room for families. I helped to create an Out of Hospital Birthing Center on the grounds of Wahiawa General Hospital. I've cared for patients who birthed at home and in the hospital. I also was an international Board Certified Lactation Consultant (IBCLC) for 30 years in Hawai'i.

I feel our State needs to have a permanent standard regarding the licensure of midwives as a matter of safety for women and their infants. I feel midwives need to be licensed by the State after the individual graduates and is certified by a global or national accredited midwifery educational program. These licensed professionals would be Certified Professional Midwives (CPM) and Certified Midwives (CM).

I respect that there are in our State Cultural Birth Attendants from various traditions assisting women in the home with the delivery of their infants. I further respect that women and their families have the right to choose who they wish to assist them when they give birth.

However I object to these same Cultural Birth Attendants identifying and advertising themselves as Midwives in our State!

Of course any Cultural Birth Attendant can obtain their CPM or CM. There are more and more programs on line and in our State CPMs and CMs to act as mentors and proctors for the required clinical practice.These same people, once certified and licensed, can utilize their various

techniques, cultural traditions, beliefs and values as they assist women and their infants during and after birth.

An additional point I'd like to make is that HB 1194 ONLY refers to the licensure of certified professional midwives and certified midwives. It DOES NOT address the issues around home births , the use of traditional cultural practices or the cultural birth attendant trainings.

Mahalo for letting me express my thoughts on this important issue for women, infants and their families in the State of Hawai'i.

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:39:11 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lauren Ing | Individual | Support | Written Testimony Only |

Comments:

I support HB1194 as a practicing OBGYN. I believed standardized training and supervision of midwifery education will help protect mothers and newborns. It will help expand the care of our pregnant patients in a time where it can be hard to find a provider.

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:41:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Cynthia J. Goto | Individual | Support | Written Testimony Only |

Comments:

Strong support

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:45:29 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Briana Puahala | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I OPPOSE HB1194.

I support the right of every birthing person to decide who they want present at birth.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice.

**HB-1194-HD-1**
Submitted on: 2/19/2025 6:59:42 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Mariella Pelekai-Wai | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother who is firm supporter of midwifery and birthing rights.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

**HB-1194-HD-1**
Submitted on: 2/19/2025 7:57:31 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| J. Kehau Lucas | Individual | Oppose | Written Testimony Only |

Comments:

**Testimony in Opposition to HB 1194**
Chair, Vice Chair, and Members of the Committee,

ʻO au ʻo Kēhau Lucas, no Wailuku, Maui. I am writing in strong **opposition** to HB 1194, which **fails** to protect the cultural rights of traditional and community midwives in Hawaiʻi.

Hawaiʻi has a long-standing tradition of midwifery, deeply rooted in Native Hawaiian and other cultural practices. For generations, midwives have served families across our islands, providing safe, holistic, and culturally competent care that reflects the values and traditions of our communities. However, HB 1194 threatens to erase these vital practices by imposing restrictive regulations that fail to acknowledge the historical and cultural significance of traditional midwifery.

This bill does not adequately protect traditional midwives or allow them to continue serving the families who seek their care. Restricting midwifery to those who meet Westernized licensing standards disregards the wisdom, skills, and deep cultural knowledge passed down through generations. By limiting access to culturally aligned birth care, HB 1194 undermines the very essence of reproductive choice and bodily autonomy for Hawaiʻi's families.

Furthermore, this bill could disproportionately impact Native Hawaiian families and rural communities, where traditional midwives play an essential role in providing accessible and trusted care. The erosion of these practices not only disrespects our cultural heritage but also contributes to maternal health disparities by reducing options for safe, community-supported birth.

I urge you to amend HB 1194 to ensure explicit protections for cultural midwifery practices, or to oppose it outright in its current form. The state must recognize and respect traditional midwives as integral to our community's well-being, rather than imposing unnecessary barriers that disconnect families from their cultural birth practices.

Mahalo for your time and consideration.

Aloha ʻĀina,

J. Kēhau Lucas

**HB-1194-HD-1**
Submitted on: 2/19/2025 7:59:11 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Julie Warech | Individual | Oppose | Written Testimony Only |

Comments:

Traditional hānau must be protected.

**HB-1194-HD-1**
Submitted on: 2/19/2025 8:01:02 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ricardo Molero Bravo | Individual | Support | Written Testimony Only |

Comments:

As an obstetrician-gynecologist who has dedicated my career to improving maternal and newborn health outcomes. I strongly support HB1194 because it ensures that every midwife licensed in Hawaii has completed high-quality, accredited training that prepares them to provide safe, evidence-based care.

Every family deserves to have a birth attendant who is thoroughly trained and clinically competent. Unfortunately, the PEP pathway allows midwives to bypass formal, standardized education, creating a two-tiered system where some midwives meet national standards and others do not. This disparity is unacceptable and disproportionately affects families seeking home birth options.

HB1194 protects families by ensuring that midwives are fully prepared to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide equitable, high-quality care to all birthing individuals.

For the health and safety of Hawaii's families, I urge you to vote in favor of HB1194.

**HB-1194-HD-1**
Submitted on: 2/19/2025 8:17:58 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Maeha Bush | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a Registered Nurse who has sat with mothers and listened to stories of hospital births and home births. It is evident that there are not enough midwives to support the needs of our community due to licensing restrictions such as HB 1194.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely, Maeha Bush

**HB-1194-HD-1**
Submitted on: 2/19/2025 8:24:16 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| jan ferguson | Individual | Support | Written Testimony Only |

Comments:

I support HB1194 HD1

This bill provides appropriate requirements and guidelines for the regulation of the profession of midwifery.

It leaves open the right for birthing families to give birth where and with whom they want. Also,importantly, it recognizes the protection of Hawaiian Cultural Practices under the state constitution.

Jan Ferguson CPM LM

**HB-1194-HD-1**
Submitted on: 2/19/2025 8:29:46 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Raehanne Piturachsatit | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am Raehanne Piturachsatit, mother to 4 & supporter of natural family practices.
I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Raehanne Piturachsatit

**HB-1194-HD-1**
Submitted on: 2/19/2025 9:00:19 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ayumi Imai | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill because it still does not protect traditional birth that is critically important for us. It does not protect the main cultural hanau practitioners neither.

**HB-1194-HD-1**
Submitted on: 2/19/2025 9:03:31 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lindsey Heathcock | Individual | Support | Written Testimony Only |

Comments:

**Dear Chairperson and Members of the Committee,**

My name is Dr Lindsey Heathcock and I am a pediatrican on Oahu. I strongly support **HB1194**, as it ensures that midwives practicing in Hawaii meet rigorous **educational and training standards** to provide **safe and competent** maternity care.

By requiring midwives to complete an **accredited education program** HB1194 upholds the **gold standard** of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are **properly educated and clinically prepared** to manage both normal and complicated births.

We must not allow substandard training models that **bypass accreditation and oversight**, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts **both mothers and babies at risk**. I have seen babies who are neurologically devastated from substandard care and recognize the need for litigation to prevent this from happening.

I urge you to pass **HB1194** to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring **safer birth outcomes** for our families.

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

Sincerely,

Dr Lindsey Heathcock

**HB-1194-HD-1**
Submitted on: 2/19/2025 9:42:55 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ramona Hussey | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair and Representatves,

I am writing to urge you to vote against HB1194 HD1. While the bill purports to help midwives, and protect people giving birth, it actually does the opposite. This bill unnecessarily restricts midwifery, and prevents birthing women from exercising their choice of birth attendant and violates their reproductive choices.

The real solution here is to re-convene the Midwifery Task Force and allow traditional and cultural midwives and their birthing clients to create a safe and creative process for ensuring safe birthing and midwifery.

Thank you for your attention to this critical right for the women of Hawai'i.

Ramona Hussey, mother of three, and consumer of traditional midwifery services.

**HB-1194-HD-1**
Submitted on: 2/19/2025 10:14:39 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jolie Stewart | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother of two (I have a 20 year old daughter and a 17 year old son). I have served as a doula, childbirth educator and birth worker for the last 19 years.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,
Jolie Stewart

**HB-1194-HD-1**
Submitted on: 2/19/2025 10:32:07 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Christina Marzo | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Finance Committee Members,

I am a family physician dedicated to improving the health of our communities, including improving maternal and newborn health outcomes. I strongly support HB1194 because it ensures that every midwife licensed in Hawaii has completed high-quality, accredited training that prepares them to provide safe, evidence-based care.

Every family deserves to have a birth attendant who is thoroughly trained and clinically competent. Unfortunately, the PEP pathway allows midwives to bypass formal, standardized education, creating a two-tiered system where some midwives meet national standards and others do not. This disparity is unacceptable and disproportionately affects families seeking home birth options.

HB1194 protects families by ensuring that midwives are fully prepared to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide equitable, high-quality care to all birthing individuals.

For the health and safety of Hawaii's families, I urge you to vote in favor of HB1194.

Mahalo for the opportunity to testify.

Christina Marzo, MD MPH FAAFP

**HB-1194-HD-1**
Submitted on: 2/19/2025 10:40:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

My name is trinette Furtado and I reside on the island of Maui. I am writing in STRONG OPPOSITION to HB 1194.

I am a cultural practitioner and street outreach worker who has birthed my daughter with the kōkua of a midwife.

I ask that you support for the right of every birthing person and their `ohana, to choose who attends their birth. Criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kānaka Maoli traditions but applies to all cultural practices. Our ancestors were birthing and attending births for hundreds of years.

When it comes to licensure, I believe that the licensing entity MUST be one knowledsgeable and sensitive to, cultural practices and traditions in midwifery and not just in western medical terminology and practice.It MUST include individuals who are cultural practitioners and practicing midwives or kumu.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice, especially since many parts of our islands are rural and sometimes cannot easily reach a hospital. (Ha`iku has no hospital and the nearest one is 12 miles away.) The term “midwife” belongs to the community, with culturally diverse protocols for its use.

Mahalo for the opportunity to testify and for your time and attention.

I hope you will think carefully of the impacts this piece of legislation will have on generational, traditional midwives and their haumāna and OPPOSE it.

me ke Aloha,

Trinette Furtado

Ha`iku, Maui, Hawai`i

**HB-1194-HD-1**
Submitted on: 2/19/2025 10:50:54 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Alana Sooriyakumar | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Representatives,

I **strongly oppose** this bill. The government has no business involving themselves in whomever and however a woman decides to give birth.

Limiting and criminalizing midwives in their ability to care for their clients could lead to midwives being discouraged to transfer care, similar to how many of you I'm sure would say that anti-abortion laws have led to medical providers not administering care to women in need out of fear of being prosecuted.

Please vote NO and preserve a woman's right to determine how she wants to give birth.

Mahalo,

Alana Sooriyakumar

**HB-1194-HD-1**
Submitted on: 2/19/2025 11:02:06 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Shannon Rudolph | Individual | Oppose | Written Testimony Only |

Comments:

OPPOSE!!!

**HB-1194-HD-1**
Submitted on: 2/19/2025 11:19:11 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sai Sooriyakumar | Individual | Oppose | Written Testimony Only |

Comments:

Please vote No on this bill. Child birth is in my opinion, one of the most fundamental of women's rights. Women should be able to choose when, how, and with whom they give birth to their children.

No mother, doing a homebirth would use someone that they do not feel comfortable with to birth their child. Do not restrict with whom mothers feel safe and comfortable.

It seems this bill would go into effect in the year 3000? Let's focus on legislation that pertains to here and now and let people in 75 years decide how they want to regulate midwifery.
Mahalo,

Sai

**HB-1194-HD-1**
Submitted on: 2/19/2025 11:37:20 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Regina Peterson(Nani) | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. These regulations forced upon cultural practices of birthing for any ethnicity is genocide. I would like to know, what I read is Native Hawaiian birthing practices with traditional healers will not be affected at all by this bill? And so, is the fake state and legislature going to make rules as to what determines a Hawaiian traditional birthing practitioner? Clarify both of those questions. Because that's where I see the BS, in seeming pono to kānaka 'ōiwi practices/practitioners, but between the lines, they(Native Hawaiian traditional birthing practitioners) going need to have the requirements as well. Because if so, it is NOT the fake state of Hawai'i legislature who determines what constitutes a kānaka 'ōiwi loea(practitioner) of the practice!! Who does that? A Loea of that practice! No to this bill, no to midwifery/kānaka 'ōiwi birthing regulations, no to anything your fake state corporation of the united states of America wants. Kill this bill!!! Kānaka 'ōiwi are still here!!! Stop trying to erase us!!!

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:16:37 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Donna Bareng | Individual | Oppose | Written Testimony Only |

Comments:

**Aloha Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,**

**Aloha, my name is Donna Marie Kaleihomaimekealoha Bareng, and I am from ʻAiea. I am submitting this testimony to express my strong opposition to HB1194 in its current form, particularly regarding the licensure of midwives.**

**HB1194 seeks to permanently regulate who can attend a birth in the privacy of our own homes. This bill continues to criminalize traditional, religious, and cultural practitioners who do not specifically qualify as "Hawaiian healers," effectively regulating them out of existence. It fails to exempt extended or hānai family members, and it improperly makes the term "midwife" proprietary, taking it away from the community.**

**As a woman and mother, I firmly believe that I have the fundamental right to choose the model of care that best suits my family. For myself and many others, pregnancy and childbirth are deeply spiritual and cultural experiences.**

**I urge this committee to consider the financial implications of HB1194. Equity in midwifery care is not only cost-effective, but it also supports local work in rural areas. If the problems with HRS 457J and HB1194 HD1 are not fully addressed, the state could face significant unnecessary costs due to the issues this bill creates.**

**Below are the five essential points that any bill must address to ensure it does not harm birthing families:**

1. **Support for the right of every birthing person to choose their birth attendants: Criminalizing a person's chosen attendants, including extended or hānai family, is unacceptable.**
2. **Protection of cultural and spiritual birth practices: This is especially important for Indigenous Kanaka Maoli traditions but must apply to all cultural practices. We must ensure these practices are clearly protected.**
3. **Licensure equity: We need a realistic, local pathway for clinical students (PEP) to access licensure without having to relocate or overcome other MEAC obstacles.**
4. **Full scope of practice for Certified Midwives (CMs) and Certified Professional Midwives (CPMs): Midwives should be allowed to practice to their full scope, which**

**is particularly important for safety in remote, rural areas with limited hospital access.**

5. **Preservation of the term "midwife": The term belongs to the community and should reflect the diverse cultural practices that use it. It should not be a proprietary title that takes away from the communities who have historically used it.**

**For centuries, our kupuna have given birth naturally, surrounded by a sisterhood of care that honors love, respect, and cultural traditions. We must continue to allow women the freedom to birth in harmony with their bodies, minds, spirits, ancestors, and higher powers. Our bodies, our choices.**

**The home births I experienced were some of the most loving and spiritual moments my husband and I shared privately. Our traditional midwives provided the care model that our family needed—one rooted in love, respect, education, and mutual care. If this bill is passed as written, it would restrict my personal freedom and hinder my ability to choose the care providers who align with our values.**

**There is a clear and significant difference between traditional midwifery models and others. As a mother, and for my daughters, all women should have the right to choose a care model that resonates with their values, beliefs, and needs. If the legislature is truly concerned about the safety of mothers and children, it is crucial that all members are thoroughly educated on the full spectrum of care options before making decisions that directly impact women's rights. It is not the role of the legislature to dictate where, how, or with whom a woman chooses to give birth.**

**I stand in opposition to this bill, not only for myself but also for my daughters and future generations of women. It is vital that they, too, retain the right to choose a path that aligns with their beliefs, cultures, and personal needs. To restrict our rights today is to take away the freedom of choice for future generations. We cannot afford to diminish the rights of mothers in Hawai'i.**

**Finally, men who cannot biologically give birth should not be making laws or voting on laws that concern women's bodies. The choices we make about our bodies, including how we give birth, are deeply personal. It is not for those who will never experience this journey to decide what is best for us. It was not long ago that all of our ancestors were born at home with the support of their choosing, and we are all here.**

**Please do not take away this freedom from our families or from future generations of mothers in Hawai'i. Our rights are not just for today, but for the generations that will follow.**

**Mahalo for your time and consideration.**

**Sincerely,**

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:42:00 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

2/20/2025

Dr. Casandra Simonson MD FAAP

Testimony for HB1194

In Support

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

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

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

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

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

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

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

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

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

Guardrails are needed for very slippery babies.

Thank you for this opportunity,

Casandra Simonson, MD FAAP

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother of three children and an advocate for informed birthing choices and access without restriction.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Lizzy Morris

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:25:42 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ann S Freed | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and members,

**Strongly support** this bill. Please do not be fooled by the deflection to those who seek to protect their livelihood without accountability and away from the right of the consumer of health care to know what they are getting when they are looking for a qualified midwife,

Those who wish to provide alternative assistance in birthing would certainly by free to do so under the terms of this bill. They could call themselves birthing attendants, naturopaths, or any other name, but the use of the term midwife would be restricted to those licensed by virtue of internationally recognized standards of education and best practices. **This is NOT about the practitioner it IS about the consumer. Please protect THEM!**

To repeat my previous tesimony:
Please pass this legislation so critical to protecting the lives of pregnant persons. I fully support the Midwives Alliance of Hawai`i and ACOG in the continued mandatory regulation of midwifery through full licensure and accredited education.
Those who are focused on the idea of a loosely-defined licensure of those who call themselves "traditional midwives" and who are looking for the PEP or apprenticeship program as a alternative path to licensure as midwives are misleading you and the primary consumer of midwife's services - the pregnant person. **The apprenticeship program may certify the someone has the skills they say they practice, but that does NOT guarantee that they have the requisite medical knowledge to recognize when they are out of their depth and when life-saving medical intervention is required.**

Of the states that allow certification of licensure as a midwife throught the PEP apprenticeship program it is my understanding that they have much higher incidences of lawsuits than those states who adhere to international standards for practicing midwifery.

According to the American
College of Nurse Midwives (ACNM),
1. In the interest of public health and safety, any individual seeking to practice as a midwife in the United States should meet at a minimum the ICM’s “International Definition of the Midwife” and “Global Standards for Midwifery Education.”

3a. Completion of a midwifery education program consistent with ICM's "Essential Competencies for Basic Midwifery Practice" Only pathways to midwifery practice that are consistent with these standards are sufficient to produce qualified, licensed midwives.

These standards include the following:
Global Standards for Midwifery Education."
3b. Periodic external review of midwifery education programs. In the United States this is accomplished through accreditation by an organization recognized by the U.S. Department of Education (USDE).
c. Passing a national certification examination. Currently such examinations are offered by the American Midwifery Certification Board (AMCB) and the North American Registry of Midwives (NARM).

1) It is ACNM's position that the certifying examination should be developed using processes approved by the Institute for Credentialing Excellence (ICE).
d. Licensure in the jurisdiction in which the midwife practices.
The crux of the issue is the use of the term midwife. It ought to mean something. The consumer of this healthcare service ought to be able to know that when they are using a licensed midwife the standards listed above are adhered to.
Those who wish to practice through some other program or definition can simply use another title -birth attendant, birthing assistant, traditional birth attendant. They could establish levels of the practice similar to the difference between and LPN, RN or APRN. Take your pick... but they should NOT be allowed to practice under the title of licensed midwife if they don't have the critical training listed above. Such a loose defintion allows for no accountablity to the consumer who has no recourse if a birth is botched due to lack of the requisite medical knowledge or simple incompetence. This is about protecting the pregnant person not about protecting the income of the "midwife".
I also agree with all of the proposed amendments by ACOG and the MAH. Please pass this bill along. We must not go back to being the wild west of the unregulated practice of the medicine of birthing. As I have said before we license dental assistants and cosmetologist for heaven sake. We should do no less with midwifery.
Mahalo for allowing me to testify,
Ann S. Freed
Mililani, HI

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:06:23 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Aree Worawongwasu | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the Hawai‘i arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Mahalo for this opportunity to testify,

Aree Worawongwasu, PhD Student, University of Hawai‘i at Mānoa

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:10:48 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Serice Baniaga | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am someone who benefited from having a midwife for my last child. Being that I lived so far from the only hospital and I had no transportation, my midwife came to my rescue.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Serice Baniaga

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:36:30 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| K Mantanona | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a native Hawaiian mom of 3 who has chosen to birth my keiki in my home due to cultural beliefs. I am a practitioner of natural home birth practices within my culture and aspire to become a native Hawaiian licensed midwife if and when access becomes more readily and locally available. I chose to have a midwife who supported me and my beliefs present, as I live further from a hospital and needed someone who was knowledgeable and able to fully practice all scopes of their education in midwifery. Living on the most populated island, I still found myself at a great distance from hospital access and know my relatives on outer islands have less access to hospitals due to distance. The need for midwives to allow safe birth practices for native Hawaiians is dire.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

- **The term “midwife” belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Keeley Mantanona

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:00:46 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ronnie Texeira | Individual | Support | Remotely Via Zoom |

Comments:

My name is Ronnie Texeira, and I am a OBGYN practicing in Kaneohe. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:12:59 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kainoa Toomata | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Kainoa Toomata and am giving testimony as a father, grandfather, husband, Native Hawaiian and concerned community member. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

Sincerely,

Kainoa Toomata

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:32:23 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Michael Ching, MD, MPH, FAAP | Individual | Support | Written Testimony Only |

Comments:

My name is Michael Ching, MD, MPH, and I am a pediatrician practicing in Honolulu. I am submitting this testimony in strong support of HB1194, which ensures that midwives in Hawai‘i meet rigorous educational and training standards to provide safe and competent maternity care.

As a pediatrician, I see firsthand the lifelong impact that birth experiences have on newborns. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term infant health outcomes.

Newborns are especially vulnerable during labor and delivery, and the ability of a midwife to recognize and respond to complications can mean the difference between life and death. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both normal and high-risk situations.

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

For the health and well-being of Hawai‘i’s newborns, I strongly urge you to pass HB1194 and ensure that every midwife practicing in our state is fully qualified to provide safe, high-quality care.

Thank you for your time and commitment to maternal and infant health.

Sincerely,
Michael Ching, MD, MPH, FAAP

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:34:02 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jasmine Waipa | Individual | Support | Written Testimony Only |

Comments:

**My name is Jasmine Waipa, and I am a Pediatrician practicing in Honolulu. I am submitting this testimony in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.**

**As a pediatrician who worked in the NICU for 10 years, I see firsthand the lifelong impact that birth experiences have on newborns. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term infant health outcomes.**

**Newborns are especially vulnerable during labor and delivery, and the ability of a midwife to recognize and respond to complications can mean the difference between life and death. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both normal and high-risk situations.**

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

**For the health and well-being of Hawaii's newborns, I strongly urge you to pass HB1194 and ensure that every midwife practicing in our state is fully qualified to provide safe, high-quality care.**

**Thank you for your time and commitment to maternal and infant health.**

**Sincerely,**
**Jasmine Waipa, MD**
**Keanuenue Pediatrics, LLC**

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:45:16 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Stephanie Leonard | Individual | Support | Written Testimony Only |

Comments:

I am an RN and I strongly support HB1194 HD1.

**HB-1194-HD-1**
Submitted on: 2/20/2025 7:02:59 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jennifer Kratzer | Individual | Support | Written Testimony Only |

Comments:

I am a Certified Nurse Midwife and I am in support of HB1194.
Jennifer Kratzer CNM

Greetings our humble Representatives

I oppose HB 1194. You may pass this terrible restrictive bill with all your duct tape amendments you have suggested. You can remain in the racist mentality of America criminalizing and stepping on the wombs of the majority of birthing people. You may continue to keep midwifery medically run alongside these "MAH" midwives who continue to be the 1920 racist white women that they are. You can continue to say it is about concerns of safety but the fact is the greatest harm is happening in the Medical system. Listen to the endless people, history, lawyers, reproductive justice advocates, data that tells you one path of dominated American supremacist education for Midwifery is not the solution.
Advocates for birthing autonomy and cultural rights identified five principles they hold as the markers of good legislation:

1. Every birthing person has the right to choose who attends their birth; criminalization of any chosen attendant is not acceptable.
2. Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous traditions but applies to all cultural practices.
3. Licensure equity: realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate.
4. Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice.
5. The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Quoted from research *"Structural and interpersonal racism are both motivators and barriers for aspiring midwives of color. Expanding and diversifying the perinatal workforce by addressing the financial and educational barriers of aspiring midwives of color, such as providing funding and culturally-competent midwifery education, creating a robust pipeline, and opening more midwifery schools, is a matter of urgency to address the maternal health crisis."* https://pmc.ncbi.nlm.nih.gov/articles/PMC9836944/
The PEP pathway is just and accountable way. Almost all Midwives that are currently licensed and living in Hawai‘i got their CPM through the PEP pathway. But like crabs in a bucket these colonial racist American Midwives and the Medical Industrial Complex pull everyone down under them to act as the superior care. WE need all of us. Birthing people and children need all of us to work in collaboration to care for them. Outside of your colonial power dynamic you would see, you could be part of something greater than your supremacy. People deserve a full spectrum of care. This is what will keep people safe. Why is this so hard to see that licensure does not have to equal erasure.

The sovereign act of birth will remain. The fact is the global majority is sick of your colonal laws that we see you scheming to enact such as HB 1194. The inclusive culturally responsive Bills like HB1328 that you have killed for years and now all the sudden you become an expert on Midwifery and create and pass this horrible bill regardless of the people's voice. You may continue your eugenics model of erasure but you will not do it with your glasses of ignorance. You will know as history shows your pen is on the perpetuation of the Maternal and Infant deaths that we see. You may continue in your destruction and smear campaigns of midwives while you turn a blind eye to the daily violence in the hospital, the coercion and lack of consent, the epidural epidemic of fentanyl that is affecting our babies and mothers for life. But you voting yes on HB 1194 excluding the request laid forth to you as stated below, you will remain standing with the American lineage of destroying the Midwives of the global majority continuing to make the pregnant person your assembly line of capiatistic neglect. I am tired of having to defend Midwives and listening to you demoralize and insult them. You can look at MAH website to the history of Midwives and it shows clearly how they are perpetuating erasure and cultural divisions as was done in 1900 they are still doing today. We are exhausted with your violence and neglect.
Look to the past to see what you are doing.
Look at the present data to see what you are perpetuating. Look into your heart and remember birth has existed in a natural context far longer than your medical context. You can see in the document excerpts, I have provided a small mirror to your quest for safety and the true nature of what is history in the making versus a better world with inclusion as the norm. Again we are asking for these amendments to HB 1194 be added in this new draft.

1. Every birthing person has the right to choose who attends their birth; criminalization of any chosen attendant is not acceptable.

2. Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous traditions but applies to all cultural practices.
3. Licensure equity: realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate.
4. Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice.
5. The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

If you would like to educate yourself further before making any decisions please read all the testimony and here is some detailed literature for your education. Please make HB 1194 comprehensive and collaborative for all birthing people, thier children, and the well being of our community.

Thank you Pahnelopi McKenzie

*"In short, midwifery regulation was—and is—part of a bigger endeavor to overregulate and medicalize women of color. This Note will ultimately advocate for greater inclusion of women and midwives of color in the home birth movement through an intersectional re-centering of the relevant discourses. But it will also argue that neither the medicalization of pregnant women of color, nor the regulation of midwives of color, can be fully understood unless understood together. Finally, the current home birthing trends cannot be fully understood or made more racially inclusive without first understanding why they are racially divided." Danielle Thompson https://journals.library.columbia.edu/index.php/cjrl/article/view/2312*

*https://www.sapiens.org/culture/black-maternal-health-prenatal*-care/

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***"The Midwives Act of 1902: Women in the Victorian Era***
*https://scholarworks.iu.edu/journals/index.php/iusburj/article/view/29361*

*The Midwives Act of 1902.The law, mandating formal training. registration on a national roll. and strict supervision to be overseen by a newly created Central Midwives Board, was the end product of vigorous effort. The hard fought Mid- wives Act that was intended t0 professionalize midwifery and create a new career path for single women would also eventually force out the working-class practitioners of midwifery who had learned their craft through practice.*

*The Midwives Institute was determined to cut the lay-midwife completely out of the birthing process. The women who were the charter members were not practicing midwives although they had trained in the elite learning centers.The leaders of The Midwives Institute were nurses. hospital authorities, and heads of various charity organizations who were interested in social reform.They intended to open up midwifery as a profession where the properly trained middle-class woman would have an honorable means of supporting herself."*

***Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950***

*https://www.jstor.org/stable/10.5406/j.ctt1xcj45*

*"Relations between licensed midwives, most of whom were Japanese immigrants, and the midwife supervisor, who was Chinese American, illustrate “women in cross-cultural relationships” and “interactions among different peoples of color.”[7] The points of contact reveal a little-examined aspect of the history of racial politics and health care, in contrast to the more frequently told story of interactions between people of color and whites."*

***"The history of midwife regulation in Hawai’i demonstrates that midwifery was a site of constant negotiation among women, whether between mid- wives and nurses or among midwives themselves. In Hawai’i, these power struggles took place among ethnically diverse women within***

***a colonized land where the three most powerful players—the territorial government, the planter elite, and the military—represented competing haole interests. "***

*"The very process of midwife regulation excluded certain groups from the beginning. For example, many native Hawaiian healers and midwives, the kahuna and pale keiki, did not register with the board of health, a topic that warrants further exploration. Men, as well as women, and fathers, as well as husbands, played an important role in childbirth and healing among"*

*"Midwifery had a place in modern America, albeit a marginalized one. Historians have long noted that across the nation midwives delivered half of all babies as late as 1910 and still attended at least 15 percent of all births in 1930. In the early 1920s, the federal government reported that there were over 43,000 midwives in the United States.[45] By 1938, after at least two decades of restrictions on midwifery, the U.S. Children's Bureau still found 35,000 midwives in thirty-four states. In 1939 the bureau estimated that midwives attended 9 percent of all births, including 3 percent of the white births, 50 percent of black births, and 9 percent of all other "races." About 80 percent of the midwives practicing in the United States during the 1930s were African Americans"*

*"State intervention was designed to ensure that there would be fewer but better midwives, but it was not the same type of effort seen in Japan and Europe. Unlike the government-backed transition from the toriagebaba to the sanba in Japan, American health officials were not invested in producing school-educated midwives, but in placing further restrictions on all midwife practice"*
*"At least 75 percent of the nearly 200 midwives licensed by the state board were Japanese midwives. The sanba were the midwives most likely to comply with state licensing rules because they were best prepared to meet the bureaucratic requirements. Many sanba had trained in midwifery schools in Japan and had the health-care knowledge tested by the state. The Board of Medical Examiners awarded about a hundred midwife certificates from 1917 to 1921 and about ninety more until 1945, after which no one applied for a license. Koslow found, in her study of Los Angeles, that the Japanese dominated midwifery there by the 1920s, constituting about 70 percent of the midwives from Los Angeles listed in the state directory."*

*"In the 1930s, when midwife licensing began in Hawai'i, most of the midwives who applied for a license lived in urban areas, even though most of the population lived in rural areas. Government records indicate that licensed midwives delivered about 40 percent of all babies born in Honolulu, the urban center of Hawai'i, and 25 percent of the 10,000 babies born annually throughout the islands. Many of the midwife deliveries were for Japanese immigrant women who gave birth to some 4,000 babies annually in the 1930s."*

*"American occupation nurses tried to turn midwifery into merely a field of nursing. Ironically, in the name of promoting women's rights and autonomy, the nurses tried to remake midwives, who were independent practitioners, into nurses, who worked under (male) doctor supervision* "

Thank you for your time and inclusion for ALL MIDWIVES,

**HB-1194-HD-1**
Submitted on: 2/20/2025 7:21:32 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amber Garfinkle | Individual | Support | Written Testimony Only |

Comments:

I am a client of a licensed midwife and I strongly support HB1194 HD1. My midwife has kept me safe through both my pregnancies and I cannot imagine going through a birth without her.

**HB-1194-HD-1**
Submitted on: 2/20/2025 7:22:56 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Summer Yadao | Individual | Oppose | Written Testimony Only |

Comments:

All of you sitting at the capitol, feel you have a moral high ground to make decisions about women's bodies, and a family's right to choose who they have taking care of them during pregnancy, birth and postpartum.

I'm here to tell you have NO such right.

We are free, independent, intelligent and discerning people.

We will never allow you to take away our humanity, our right to choose or what we do with our own bodies, no matter how many decades it has been that you've been trying.

NO HB1194

2/19/2025

Dear Committee and Chair,

Thank you for the opportunity to testify on HB1194-HD1.
I am writing in STRONG opposition to HB1194-HD1 because it is exclusionary of the voices of the community it claims to support and represent.

Midwifery has been thrown into the political arena. There has been a lot of gaslighting, persuasive and misleading language, and private deals made in regards to women's bodily autonomy and reproductive rights within the walls of THIS BUILDING and others around the country. There was a legislator that actually claimed that "sometimes we have to protect women from themselves". Many legislators signed a document upholding reproductive rights and justice, but are clearly unaware that it doesn't just mean abortion rights. Reproductive justice is wholistic and has no beginning or end.

I do not have several amendments to suggest, unless you consider gutting the whole bill and replace it with the language in HB1328, which was unjustly deferred without a vote in the previous committee. HB1328 was written in the public's eye, collaborating with national organizations, certifying bodies, legal council, reproductive health experts, local licensed midwives, and so many more.

It is the legislature's duty to uphold their constituents.
Please show that this committee has the integrity to do just that.
Please VOTE NO on HB1194-HD1.

Sincerely,
Jaymie Lewis
OVER THE RAINBOW, LLC

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:00:23 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jasmin McCracken | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am a mother of 2, that had 2 all natural, beautiful childbirths at home.
I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Jasmin McCracken

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:06:22 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lily Regan | Individual | Support | Written Testimony Only |

Comments:

Good Afternoon,

My name is Lily Regan. I am a birth assistant, medical assistant, and full spectrum doula and I strongly support HB1194. I have worked in the medical field for over 7 years and have gone through the necessary education and training to become a birth assistant, medical assistant, and full spectrum doula. It is absolutely imperative that midwives have the necessary education and licensure to provide for their clients. It is a matter of safety, of care, of trust, and of family well-being. Without licensure, healthcare protocols will not be followed to ensure the life and safety of keiki and parents.

I worked as a birth assistant under a licensed midwife with MEAC education for almost 2 years in Hawai'i. She not only provided the best whole person care for her clients but the best medical care I've seen from any provider. Her ability to connect with each family was built on the trust of each interaction. That trust did not just come from anywhere. Her education and training on safety and care are at the forefront of every interaction. She not only performs medical care, she teaches clients about this care the protocols she's following to ensure their safety. That, on top of her innate ability to connect with all make her an excellent provider and is the reason for that trust within the birthing community. This licensed midwife with MEAC education also taught me everything I know. After 4 years of education in Neuroscience/Psychology/Pre-Med at Syracuse University and research in cultural humility in healthcare, I expanded my education through this licensed midwife, who taught me all about these safe practices and provider scopes. She further instilled cultural humility and understandings in everything we did. I always felt like this midwife had everything under control(even when babies will let you know they're the ones in control during most labors!) Her education, her passion, and her personality could calm any room while simultaneously teaching them about what was happening, what we were going to do next, and how we would keep them safe. It was encouraging to be surrounded by someone who gave so much of their time and energy in the past to learn everything they could (and continue to learn) to their education to ensure this safety.

HB1194 is for the safety of everyone: keiki, families, nurses, support, other providers, and midwives themselves. It is the starting point, literally, for a happy, healthy, trusting life long journey for these families. By starting off strong surrounded by licensed midwives, they are starting off their healthcare on a positive and educated note and can continue to seek such care.

These keiki have a better chance at life and health by starting off with an licensed midwife, with statistically the same outcomes as hospital providers.

We care about our keiki, our families, and our community and want to continue to give educated care, while still being able to honor Hawaiian practices and culture.

I strongly support HB1194.

Mahalo nui,

Lily Regan

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:07:16 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sasha Egan Grant | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am a mother of 5 children. I have birthed all my children at home and have had incredible health services provided by midwife's who under this bill would now be criminilized. Also the sovereignty to choose where, how and with whom I choose to birth would also be criminalized. This is a deep overreach by government. Midwifery is the oldest profession in the history of humanity. This particular bill, while may have been drafted with good intentions, is deeply flawed and inconsiderate of the citizens it is meant to serve.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Mahalo

Sasha Egan Grant

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:07:57 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Zoe Thompson | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am (describe self, especially emphasizing things that relate)

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely Zoe and Keoni Thompson

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:08:39 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Avery Olson | Individual | Support | Written Testimony Only |

Comments:

**Dear Members of the Committee,**

I am Dr. Avery Olson, an obstetrician-gynecologist who has dedicated my career to **improving maternal and newborn health outcomes**. I strongly support **HB1194** because it ensures that every midwife licensed in Hawai‘i has completed **high-quality, accredited training** that prepares them to provide **safe, evidence-based care**.

Every family deserves to have a birth attendant who is **thoroughly trained and clinically competent**. Unfortunately, the PEP pathway allows midwives to bypass **formal, standardized education**, creating a **two-tiered system** where some midwives meet national standards and others do not. This disparity is **unacceptable** and disproportionately affects **families seeking home birth options**. **In the hospital, I see the poor outcomes for some families that result in the death of their newborn. Multiple time the families did not know that their provider was unlicensed without thorough training.**

HB1194 **protects families** by ensuring that midwives are **fully prepared** to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide **equitable, high-quality care** to all birthing individuals.

For the health and safety of Hawai‘i’s families, I urge you to vote in favor of **HB1194**.

Thank you for your time and commitment to maternal health.

Sincerely,
Dr. Avery Olson, OBGYN Resident Physician

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:10:19 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Elisabeth Young | Individual | Support | Written Testimony Only |

Comments:

Aloha,

My name is a Elisabeth Young and I am a local grown physician from Kaua'i. I love our midwife colleagues and have worked in many setting along side them, both hospitals and in indigenous birthing centers. I have seen first hand their inherent value, their commitment to families, and the how beautiful home births and hospital births can be. I have been mentored and inspired by so many of them.

I have also seen what can result if there is inadequate training to recognize more serious complications and failure to direct families to a higher level of care in a timely matter. To be frank, the result is dead or severely disabled babies.

This does not discount the important role of midwives or indigenous birthing practitioners. It does not discount their knowledge or ability to provide quality care to patients. Ensuring a foundation of knowledge only makes the process of birthing safer for mothers and babies, which is what we all want.

In my short ime back in Hawaii practicing as a neonatology fellow for the last 6 months, I have see 7 home births resulting in brain death or brain injury, which I believe to be preventable.

My hope is that adding minimal training standardization to the training these practitioners already receive, will foster a safer birthing environemnt for families in Hawaii while allowing the flexibility for the beautiful variety of birthing practitioners to continue to thrive.

Thank you for your time.

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:16:33 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| GEORGE ROSS | Individual | Support | Written Testimony Only |

Comments:

As a citizen of the state of Hawaii I support this bill to establish clear, standardized requirements for a licence to practice midwifery. This will assure that midwives have adequate training to safely care for mothers and newborns in our state. This bill establishes standards that are in line with those for other providers such as nurses and physicians.

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:18:07 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| shantee brown | Individual | Oppose | Written Testimony Only |

Comments:

I am in strong opposition to HB1194.

We need to end the criminalization of women's right to choose who will attend their birth, protect all cultures birthing practices, create a local pathway to clinical licensure, and allow Clinical Midwives to fully practice.

I've personally seen how the current requirements deter talented and passionate local women from midwifery and the trickle down effect this has on our communities access to their birthing practices. We need to acknowledge that high U.S. maternal mortality rates are from the current medical system. Excluding traditional birthing knowledge has been traumatic and deadly.

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:48:01 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kristina Statler | Individual | Oppose | Written Testimony Only |

Comments:

**DO NOT SUPPORT THIS BILL. DO NOT CONTINUE TO WESTERNIZE A LIFE EVENT THAT ALREADY SUFFERS UNDER A BROKEN SYSTEM. KEEP HAWAIIAN BIRTHS IN HAWAIIAN HANDS WITHOUT UNNECESSARY RESTRICTIONS. FAMILIES MUST HAVE THE RIGHT TO CHOOSE THEIR CARE PROVIDERS TO ENSURE SAFE AND CULTURALLY APPROPRIATE CARE.**

**HB1194 seeks to regulate a small group of individuals without addressing the real barriers they face. It fails to acknowledge the disparities in licensure—of the 24 licensed midwives currently practicing under HRS457J, only one was born and raised in Hawai‘i, and none are Kanaka Maoli. This is not an accident. The system is already exclusionary, and this bill does nothing to change that. Inclusion of the PEP process is necessary to begin addressing this inequity.**

**HB1194 also directly threatens reproductive autonomy and justice. It severs the passing of cultural knowledge from generation to generation, lays claim to the title “midwife” in a way that erases traditional practitioners, and upholds a Western, colonial model of clinical midwifery while disregarding indigenous training pathways—despite no evidence that these practices cause harm. Meanwhile, mandated medical institutions, which have openly acknowledged their role in systemic racism, continue to harm the very people this bill claims to protect.**

**This bill must not move forward without major amendments. At a minimum, a Birth Attendant exemption must be included. But to truly respect cultural and religious freedom, a full exemption must be granted.**

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:51:21 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jessica Mertlich | Individual | Support | Written Testimony Only |

Comments:

As a healthcare provider in our community the safety of our patients should always be a top priority. Being properly licensed, trained & regulated is vital to the success of a safe delivery for both the mother & baby. There are people willing to be deceptive with their qualifications to profit off our community & the people of Hawaii. Even if they have the best of intentions or past experience it does not change the fact that it puts the mothers & their babies at a higher risk of complications. These things not being addressed in a timely manner before & during delivery could potentially be fatal. I care deeply for our community & my hope is your love for it as well will guide you to do what's best for their safety. Mahalo for your time on this very important matter.

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:53:54 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jennifer Benner | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a licensed health professional by the state of Hawaii with direct professional and personal experience in midwifery practices. The needs and desires that midwives fulfill for our community will be lost if this bill is passed. There is a need and much room for expansion of the practice, rather than limitations which are set forth by this bill.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is NOT acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Respectfully,

Dr. Jennifer Benner, LAc, DAIM

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:01:02 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Nash Witten | Individual | Support | Written Testimony Only |

Comments:

As a Family Physician, I strongly support 1194 HB RELATING TO MIDWIVES.

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:07:13 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Carolina Paulon | Individual | Oppose | Written Testimony Only |

Comments:

**To Whom It May Concern,**

I am a student midwife enrolled in a **MEAC-accredited** school and a member of **HHBC**, and I want to make it clear that **MAH does not speak for me**. I strongly **oppose Bill 1194**, which seeks to **over-regulate Certified Professional Midwives (CPMs)** under the biased influence of ACOG—a regulatory body designed for obstetricians and Certified Nurse Midwives (CNMs), not CPMs. ACOG has publicly received millions of dollars to promote COVID vaccines for pregnant women before they were deemed safe, further demonstrating its misalignment with CPM practices.

**CPMs have their own governing body, NARM, and should not be regulated under CNM guidelines, as midwives are not nurses.** The prior amendment to this bill is merely a façade—it does not allow CPMs to practice within their full scope and actively restricts birthing families' autonomy in choosing their birth attendants. It also severely limits **delegation**, barring midwives from hiring birth assistants and students, forcing them to work alone, even in remote areas—an inherently unsafe practice.

Additionally, this bill **makes it nearly impossible for Native Hawaiian families to become midwives** by completely **eliminating the PEP process**, a NARM-approved pathway, and instead mandating attendance at a **MEAC-accredited**school. As a mother of two and a birth worker for over a decade, I recognize the immense financial and logistical barriers this imposes. Were it not for my **high-paying international business**, I would not be able to afford MEAC schooling overseas, nor the intense workload it requires. This bill effectively **excludes most of the practitioners and students currently serving Hawaii's families**.

Restricting CPMs **does not** make childbirth safer—it only increases costs, making home birth a privilege for the wealthy. It discourages timely medical transfers due to fear of persecution and pushes families toward unassisted births, **increasing**risk rather than reducing it.

**We, the students and licensed CPMs of Hawaii, support responsible regulation—but only under the appropriate regulatory body, NARM, and within the full scope of CPM practice.**

I urge you to listen to **NARM**, the **nationally recognized certifying body** for CPMs, ensuring high standards in competency, ethics, and evidence-based care. NARM's credentialing process includes **rigorous education, extensive clinical training, and examinations** to uphold

midwifery integrity, requiring **ongoing professional development and adherence to informed choice principles**.

**Conversely, the Midwives Alliance of Hawaii (MAH) lacks credibility and does not represent Hawaii's midwifery community.** MAH is **not** a membership-based organization, has only **seven active midwives**, and holds **no authority**over midwifery standards. Unlike NARM, MAH does not regulate midwives, establish credentialing standards, or ensure accountability. Instead, it serves as a platform for personal agendas rather than advocating for the collective needs of Hawaii's midwives and families. Any claims made by MAH should be critically examined, as they **do not reflect the majority of practicing midwives in Hawaii**.

For the safety, autonomy, and future of midwifery in Hawaii, I urge you to **oppose Bill 1194** and uphold regulation under **NARM, the rightful governing body of CPMs**.

Sincerely,

Carolina Paulon

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:14:05 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Vince Yamashiroya, MD | Individual | Support | Written Testimony Only |

Comments:

**Dear Chairperson and Members of the Committee,**

**My name is Vince Yamashiroya, and I am a pediatrician practicing in Honolulu. I am submitting this testimony in strong support of HB1194, which ensures that midwives in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.**

**As a pediatrician, I see firsthand the lifelong impact that birth experiences have on newborns. Ensuring that midwives are trained through accredited programs is essential to reducing preventable birth complications, supporting successful neonatal transitions, and improving long-term infant health outcomes.**

**Newborns are especially vulnerable during labor and delivery, and the ability of a midwife to recognize and respond to complications can mean the difference between life and death. HB1194 strengthens licensure standards by requiring midwives to complete formal, accredited education, ensuring they have the clinical training necessary to manage both normal and high-risk situations.**

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

**For the health and well-being of Hawaii's newborns, I strongly urge you to pass HB1194 and ensure that every midwife practicing in our state is fully qualified to provide safe, high-quality care.**

**Thank you for your time and commitment to maternal and infant health.**

**Sincerely,**
**Vince Yamashiroya, MD**

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:15:11 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| melissa tomlinson | Individual | Oppose | Written Testimony Only |

Comments:

Aloha kakahiaka

I am writing in today to vehemently oppose bill HB 1194. This bill is detrimental to birth workers culturally and otherwise. In my opinion the bill is racist in its application and targets against native/Kanaka cultural birthing practices. This should not be considered appropriate to the Hawaiian islands in any application. Please Support all birthing people and oppose this bill!

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:15:55 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Paul Montague | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is [NAME], and I am a resident of [TOWN]. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

Paul Montague

Ocean View

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:17:36 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Linda Kim | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Linda Kim and I am a resident of Honolulu. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai‘i State Constitution guarantees the fundamental right to reproductive*

*autonomy, including where and with whom to experience pregnancy and birth care. The*

*midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194*
  - *does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that*

*includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard*

*reproductive autonomy and privacy rights, and expand access to critically needed*

*midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration*

*Linda Kim, APRN*

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:21:38 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Brytni K-aloha | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Brytni Kalei K-aloha and I am a resident of Ola'a, Hawai'i. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Brytni Kalei K-aloha*

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:22:10 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| cheryl burghardt | Individual | Oppose | Written Testimony Only |

Comments:

Aloha

I OPPOSE HB 1194 HD1 This legislation disrespects Native Hawaiian cultural practices, continuing a legacy of suppression. Birth should be sacred and choice respected, not legislated away. I urge you to vote .'No' on HB1194 and support inclusive, culturally-sensitive maternity care. This is Hawaii where we have unique and extensive laws and ways that support the people of this place which should not be ignored.

C.Burghardt

Kou, Oahu

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:27:28 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

I support the right for women to choose who is at their births, where they birth, and how they birth. This bill is imperfect as it reduces cultural and spiritual rights and is thereby anti-American and anti-culture. It is not cost effective for the community nor the state. I strongly oppose this bill.

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:28:14 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Luanna Peterson | Individual | Oppose | Written Testimony Only |

Comments:

Testimony in Opposition to H.B. 1194

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Luanna Peterson and I am a resident of Honolulu. I am submitting testimony in strong opposition to H.B. 1194, which restricts access to midwifery care and undermines the fundamental right to reproductive autonomy guaranteed by the Hawai‘i State Constitution.

This bill fails to protect reproductive freedom, privacy, and the cultural and religious birthing practices that are essential to many families in Hawai‘i. It also restricts pathways to midwifery licensure, reducing access to critical reproductive care in a state already facing severe reproductive health care shortages—especially in rural areas and the neighbor islands.

Necessary Amendments:

1. Protect Cultural and Religious Birth Practices:
   H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in birth. This creates the real risk of criminalizing cultural birth traditions and the extended family members who participate in the birthing experience. I urge you to incorporate the statutory exemptions from H.B. 1328 (pages 34-35) into this measure to ensure cultural and religious birthing practices remain protected while maintaining consumer protections.
2. Expand Pathways to Midwifery Licensure:
   Twenty-seven states and Washington D.C. allow an apprenticeship or direct-entry pathway to midwifery licensure, yet H.B. 1194 blocks this route. Additionally, the bill prohibits individuals who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for licensure. Expanding licensure pathways—particularly through apprenticeships—will make midwifery training more accessible and affordable, increasing the number of qualified midwives available to serve our communities.

Why This Matters:

Hawai‘i already has reproductive care deserts where many pregnant individuals struggle to access services. Many cannot afford hospital care, lack transportation or childcare to attend

medical appointments, or do not feel safe in traditional healthcare settings. Restricting midwifery only limits birthing choices and deepens health disparities in our state. True reproductive autonomy means ensuring more care options, not fewer.

I urge you to defer H.B. 1194 unless these critical amendments are adopted to protect reproductive choice, privacy, and midwifery access for all communities in Hawai‘i.

Mahalo for your time and consideration.

Luanna Peterson

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:35:16 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Mickayla | Individual | Support | Written Testimony Only |

Comments:

I am a resident of Kailua Kona and strongly support this measure to protect our birthing mamas and keiki. I don't know if I or my 9 month old would be here today if it weren't for the intense training and licensure programs my midwife had to undergo. Please protect the safety of our mamas and babies.

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:44:53 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| cathy lam | Individual | Oppose | Written Testimony Only |

Comments:

My name is Cathy Lam , a HI resident from Hilo, Hawaii  I am testifying **in opposition to H.B. 1194**, relating to midwifery.

I worry about our many rural communities where healthcare accessability is already an ongoing inssue. This H.B. 1194 will further affected the reproductive health access.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Mahalo nui loa

Cathy Lam

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:52:01 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Noelle Lindenmann | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Noelle Lindenmann, and I am a resident of Kailua-Kona. I am testifying **in opposition to H.B. 1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer H.B. 1194 unless** the following amendments are made:

- **Amendments to protect cultural and religious birth practices:** H.B. 1194 *does not include clear statutory exemptions* for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
- **Amendment to expand access pathways to licensure for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 *currently prohibits* persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.**

Mahalo for your consideration,

Noelle Lindenmann, Kailua-Kona

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:59:04 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Alina Akbasheva | Individual | Oppose | Written Testimony Only |

Comments:

My name is Alina. I am a mother of 3 beautiful children. All of them were born at home with the help of the traditional midwives. I'm grateful to have had the options to choose how, where, and with whom to give birth.

Women should have the right to choose who attends their birth. Midwives must be able to practice legally. Criminalization of any chosen attendant is NOT acceptable!!!

I strongly OPPOSE HB1194 HD1!!!

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:00:04 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jaynne | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194; relating to midwives.

This bill is an overreach of government. It violates our First Amendment.

We the people should be free to practice cultural and spritual birth practices without government interference.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:00:35 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Patricia Blair | Individual | Oppose | Written Testimony Only |

Comments:

Protect traditional births.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:07:54 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sharise Dudoit | Individual | Oppose | Written Testimony Only |

Comments:

Aloha to all committee members,

I strongly oppose HB1194. The blessing of a birth is a God given gift, a part of natural life. It should be a choice to the mother if she request for her immediate and extended family to be there for her support. Birth is beautiful. It's in those few minutes of life, where the bond is created. It takes a village to raise a child, and what better way to start the journey than with those present from birth.

🙏 Thank you for your time,

Sharise Dudoit

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:10:56 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Colleen Inouye | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Yamashita and Vice-Chair Takenouchi and the Committee on Finance,

I practiced Obstetrics/Gynecology on Maui for over 35 years. I strongly support HB 1194 HD1. Midwives in Hawaii need to meet the educational and training standards that allow for increased obstetrical patient safety and quality outcomes. Improved education and training also allows for collaboration amongst all involved providers, increasing communication especially during emergent or high risk situations.

We should not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I respectfully urge you to pass HB1194 HD1 to support a safer, more collaborative maternity care system in Hawaii.

Thank you for your kind attention,

Colleen F Inouye MD MMM MS-PopH FACHE FAAPL FACOG

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:15:51 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Irene Papaconstadopoulos | Individual | Support | Written Testimony Only |

Comments:

I am a Board certified PEdiatrician on Maui.

I strongly support HB1194. I have seen first hand the risk and complications of non licensed persons attempting to deliver infants. This bill would promote the safety of these infants.

Dr. Irene Papaconstadopoulos, MD

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:16:12 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Brieanne Lacaillade | Individual | Oppose | Written Testimony Only |

Comments:

In Opposition to HB 1194 HD1:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194. I am a parent who gave birth at home and hold a Master of Public Health.

I ask that the Committee please consider financial issues involved; equity is much more cost-effective and provides local work in rural areas. If the problems with HRS 457J and HB 1194 HD1 are not fully resolved, there will be costs created.

The following five points are minimum standards that a bill on midwifery requires:

-Support for the right of every birthing person to choose who attends their birth. This practices autonomy. Criminalization of any chosen attendant is unacceptable.

-Cultural and spiritual birth practices of all cultures and beliefs, needs to be respected for equality and to support the mental health and emotions, which are part of our health, of the birthing person.

-A realistic pathway for local students of midwifery needs to exist. Access to education without having the obstacles of relocation is vital otherwise the community loses the service of having these birth attendants and midwives.

-Certified Midwives and Certified Professional Midwives must be able to practice in full scope.

-The term “midwife” belongs to the community. It is not owned by only its application to medicine in hospitals, but can look like tending a bedside or birthing person anywhere.

Thank you for the opportunity to testify.

Sincerely,

Brieanne Lacaillade, MPH

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:26:05 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Katryana Hanley-Knutson | Individual | Support | Written Testimony Only |

Comments:

I support this

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:26:57 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Timothy | Individual | Support | Written Testimony Only |

Comments:

I support this.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:29:05 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lisa Seikai Darcy | Individual | Oppose | Remotely Via Zoom |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Lisa Darcy, and I am a resident of Kula, Maui, HI. I am testifying* ***in strong to opposition to H.B. 1194****, relating to midwifery.* I am shocked that the careful submissions of those in the critical life saving role of midwifery have had their voices ignored. As an involved resident of my community, there is time to reconcil these oversights. This bill will affect generations to come and is to be considered with incredible caution.

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
- ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 UNLESS AMENDED as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our*

*communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Lisa Darcy, Kula, Maui, HI*

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:30:11 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Randy Gonce | Individual | Oppose | Written Testimony Only |

Comments:

Please defer this measure unless the reccomended amendments from the ACLU are inserted.

Mahalo

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:32:27 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amy | Individual | Oppose | Written Testimony Only |

Comments:

To Chair Yamashita, Vice Chair Takenouchi, and Members of the Finance Committee,

I am opposed to HB1194. As a mother who has trusted midwives with my own birth and an advocate for these opportunities, I ask that you consider the following:

All birthing people's **RIGHT TO CHOOSE ANYONE** to attend their birth must be supported to end criminalization.

**Cultural and Spiritual Practices** must not be interfered with. This is especially important for threatened indigenous traditions, and ALL cultures.

**Licensure Equity:** There needs to be a locally accessible pathway to clinical licensure. Supporting the PEP pathway to CPM certification is a viable and reasonable avenue.

**Full Scope of Practice** for CMs and CPMs must be recognized and allowed.

**The term "Midwife"** belongs to the community, especially in cultural use. It **is not a proprietary term** and should not be treated as such.

Thank You,

Amy Jindra

Kaua'i, HI

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:34:12 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lori kimata | Individual | Oppose | Written Testimony Only |

Comments:

Aloha honorable Chair and Committee members,

I strongly oppose this bill as written. Please defer this bill at this time because it is unclearly written and requires too many amendments. Once again it does not protect cultural and traditionbal practices, does not represent what the community is asking for, does not make birth safer and clearly does not understand the imprtance of the educational process such as the PEP program. Please defer at this time.

Mahalo,

Dr. Lori Kimata

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:35:28 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Cassandra Park | Individual | Oppose | Written Testimony Only |

Comments:

**Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,**

**I am writing in STRONG OPPOSITION to HB 1194.**

**I am a mixed Native Hawaiian wahine that is planning to have a child someday. I have always envisioned myself working with a traditional Hawaiian midwife who shares the same upbringing and values as myself. I know several other Native Hawaiian women that have had great experiences with traditional Hawaiian midwives during their preparation and birthing process.**

**Additionally, the current bill placates unnecessary financial burden on traditional Hawaiian midwives. In order to become licensed, midwives need to attend a Midwifery Education Accreditation Council school that is not only costly but also not reflective of Native Hawaiian values and knowledge.**

**I ask that this committee please consider my autonomy and the right to choose in addition to the social and financial inequities related to this bill.**

**Sincerely,**

**Cassandra Park**

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:35:53 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Emily Regan | Individual | Support | Written Testimony Only |

Comments:

As an RN I support this measure to promote licensure among midwives and doulas. Working in pediatrics I understand the necessity of safety during labor and delivery and the experience that comes with licensure promotes those positive outcomes. Licensure also encourages providers to maintain competencies that implement the most up to date practices and the latest evidence available.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:35:56 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kirra Lindman | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am a resident of Hawaii and supporter of Hawaiian birth traditions.
I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely Kirra Lindman

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:37:10 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Michael Masuda | Individual | Support | Written Testimony Only |

Comments:

I am writing to express my strong support for Hawai'i House Bill HB1194, As a resident of Hawai'i and a member of our community, I believe that this bill addresses critical needs that will significantly benefit our residents and the future of our state. The provisions outlined in HB1194 will not only improve the quality of life for many but also foster a sense of equity and opportunity for our community.

The importance of this legislation cannot be overstated. In my own experience my wife and I have been under the care of one of the most professional, caring and thorough midwives, for pre- and post natal care. I truly believe under the care of our midwife, that we were able to choose, our birth experience was more positive and did not require a higher level of intervention. The positive impact of HB1194 will have a positive impact throughout our state, promoting health, education, and well-being. I urge you and your colleagues to support this essential bill, as it represents a significant step forward for Hawai'i and its residents. Thank you for your attention to this important matter.

Sincerely,

Michael Masuda

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Carla Allison and I am a resident of Honolulu. I am testifying **in opposition to H.B. 1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer H.B. 1194 unless** the following amendments are made:

- **Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
- **Amendment to expand access pathways to licensure for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.**

Mahalo for your consideration,
Carla Allison

Honolulu

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:40:13 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Edward Halealoha Ayau | Individual | Oppose | Written Testimony Only |

Comments:

**I oppose**

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

My name is Edward Halealoha Ayau, and I am a resident of Hlo. I am testifying ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,* Ola nā iwi,

*Edward Halealoha Ayau*

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:44:32 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Taylor Hamil | Individual | Support | Written Testimony Only |

Comments:

I am submitting this testimony in STRONG support of HB1194 HD1, which upholds mandatory midwifery licensure and educational requirements for midwives in Hawai‘i.

PEP pathway is not enough.

Please pass HB1194 HD1 and help support a collaborative community effort for safe care during the perinatal period for families in Hawai'i.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:44:54 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kimberly Nagamine | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Dr. Kimberly Nagamine and I am an OB/GYN practicing on Oahu. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program, HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:45:30 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Seyna M | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB1194.

Every women should have full autonomy of how she chooses to birth, who she chooses to assist her, incorporating religious and cultural practices she chooses at any place she feels most comfortable. Traditional midwifery surpasses modern medicine is SHOULD NOT be criminalized or forced to follow "approved curriculum " that is lacking alternatives and insensitive to indigenous practices that have been proven to be beneficial since the beginning of time. My body, my choice right?

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:55:05 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Tadia Rice | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Tadia Rice, and I am a resident of Kailua. I am testifying **in opposition to H.B. 1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer H.B. 1194 unless** the following amendments are made:

**1) Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.

**2) Amendment to expand access pathways to licensure for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.**

Mahalo for your consideration,

Tadia Rice

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:04:04 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jennifer Cox | Individual | Oppose | Written Testimony Only |

Comments:

Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

My name is Jen Cox, a Haiku, Maui resident, and I am in strong Opposition to HB1194.

I am a project manager working collaboratively with direct-service providers, program managers, and family representatives to change Maui County's early childhood system so that all families – including those historically marginalized and harmed by western medical models – are offered equitable, accessible, and desirable choice in how they pursue care for themselves. What has become abundantly clear to me through this work is that respecting a person's autonomy in their healthcare is key to ensuring positive outcomes for their family.

Beyond the ethical argument of body sovereignty, there are logistical and financial concerns that are of particular interest to this Committee. Please consider the financial burdens for your rural constituents - this bill as currently written will significantly limit with whom and where families can give birth safely, forcing them to spend more time and money to pursue care they don't want in the first place. This bill as currently written also limits who can pursue licensure successfully, which ignores the reality of our situation where we need more birth practitioners who are members of the communities they aim to serve, and who will contribute to the local economies of these isolated, rural areas.

To this end, I support the Hawai'i Home Birth Collective's minimum requirements of any bill to be considered **not** harmful to families, and ask that you make amendments to HB1194 in accordance to the following points:

1. All birthing people's **RIGHT TO CHOOSE ANYONE** to attend their birth must be supported to end criminalization; this includes all extended and hānai family.
2. **Cultural and Spiritual Practices** must be clearly protected. This is especially important for threatened indigenous traditions, and ALL cultures.
3. **Licensure Equity:** a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other costly and unreasonable burdens. These burdens threaten to severely limit the number of locally-based, culturally-relevant birth practitioners available to support our families.
4. **Full Scope of Practice** for Certified Midwives and Certified Professional Midwives must be recognized and allowed. This is especially important for safety in remote areas with poor hospital access.

5. **The term "Midwife"** belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for your consideration, and for the opportunity to testify,

Jen Cox

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:05:44 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Erica McMillan | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a student midwife here in Honolulu and a homebirth mother of 5 children so this issue has a direct and meaningful effect on my life.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

This bill as it stands now does NOT serve the people it is meant to help. It should be revised to be more inclusive and accessible so it can help and not hinder the community's rights to safe birthing options of their choice.

Thank you for this opportunity to testify.

Respectfully,

Erica McMillan

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:10:39 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Shawna Pereira | Individual | Support | Written Testimony Only |

Comments:

I strongly support this bill. I believe it is our right to choose homebirth, midwives and midwifery care. But I do agree that midwives should be licensed to ensure the safety of moms and keiki.

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:10:43 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Denice Murphy, DIpl.Ac, L.Ac. | Individual | Support | Written Testimony Only |

Comments:

Yes, i strongly support this bill. I'm a community member, a Licensed Acupuncturist, Diplómate of Acupuncture for over 33years, own a Holistic health facility, and have been caring for pregnant women and families..I'm in support of this bill, it is important for the health and welfare of our families in Hawaii.

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:16:57 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Cynthia Klein | Individual | Support | Written Testimony Only |

Comments:

I strongly support this bill

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:18:04 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Nalani | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I am writing in STRONG OPPOSITION to HB

1194.

I am (describe self, especially emphasizing things that relate)

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.

Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway

(PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice.

This is especially important for safety in remote rural areas with poor hospital access.

The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

mahalo,

Nalani A. From Lahaina (mother of 3)

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:44:43 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Tianna Hendrickson | Individual | Support | Written Testimony Only |

Comments:

I am a client of a licensed midwife, Taylor Hamil, MS, LM, LMT, CPM, and I strongly SUPPORT HB1194 HD1.

- Tianna Hendrickson, L.Ac, Licensed Acupuncturist

To the Committee on Finance, Chair Yamashita and Vice Chair Takenouchi
02.20.25
By Margaret Ragen, CM, LM, MS (Owner and Staff Midwife - ‘Ōhi’a Midwifery & Wellness, Hawai’i)

**Re: HB 1194 HD 1 RELATING TO MIDWIVES**

Chair Rep. Gregg Takayama, Vice-Chair Rep. Sue L. Keohokapu-Lee Loy, Chair Rep. Scot Z. Matayoshi, and Vice-Chair Rep. Cory M. Chun,

**IN SUPPORT SUBJECT TO AMENDMENT TO HB 1194 HD 1**

Thank you for the opportunity to testify on HB 1194.

My name is Margaret Ragen. I testify as a Certified Midwife (CM), a practicing licensed midwife and small business owner of a midwifery clinic on Hawai’i, a board member of the Hawai’i Affiliate of the American College of Nurse-Midwives (HAA), a member of the ACNM Committee of Advocates for the CM (C-MAC), and member of the Hawai’i Home Birth Collective (HIHBC).

For the protection of public interest, Act 32/HRS457J was established to regulate non-nurse midwives without conflicting with reproductive, religious, cultural and/or constitutional rights. Now, a replacement midwifery bill is under consideration.

For the past three years, I have been working with ACNM national to address inadequacies in HRS457j through multiple presentations of draft language for interim rules for the DCCA Midwives Licensing Program. Since August, I have been working with ACNM and the Committee for Advocates for the Certified Midwife (C-MAC) , an extension of ACNM for draft language for a replacement midwifery bill.

For this hearing, the HAA Board has testified at length regarding the basis of their suggested amendments. They discussed the value of the CM credential, its equivalence to the CNM, the need to address inadequacies of HRS457j and the significance of the Hawai’i Administrative Rules (HAR-89-C) for the CM. [1]

I endorse all suggested amendments presented by the Hawai’i Affiliate of ACNM and support HB 1194 HD 1 as it continues to preserve regulation of non-nurse midwives and a licensing program. BUT - the **suggested amendments presented by HAA are key to HB 1194 HD 1 being effective in its authority to reduce harm, protect public interest…and in part - to stand as a licensing bill.**

I am concerned we do not have the Auditor’s Sunset Analysis Report (2025) to fully understand what is needed now nor the fiscal implications to address public health concerns. We hope the final report can address the inadequacies of Act 32 HRS457j, the impact of the lack of administrative rules for the over 40 midwives who complied with mandatory licensing, include clarification of the distinction between a Certified Midwife and a Certified Professional Midwife, and aid in establishing equivalence of the CM with the CNM.

I also have concerns with how HB 1194 HD 1 grants authority and responsibility to the DCCA Director that may not be plausible. DCCA has faced many challenges in its responsibility to regulate non-nurse

[1] https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf

midwives. Though the Midwives Licensing Program has collected licensing fees for over 40 midwives, half of which have paid for renewals, administrative rules for these compliant providers have not yet been established. HB 1194 HD 1 designates more authority to the DCCA Director regarding definitions, scope, and implementation of additional license renewal requirements, e.g. CEU requirement review, peer review, and data submission platforms for the licensed midwives without any community accountability.

**REGARDING THE VALUE OF ESTABLISHING EQUIVALENCE OF THE CM WITH CNM FOR INTEGRATION INTO THE HEALTHCARE SYSTEM**

In 2024, Centers for Medicare & Medicaid Services (CMS) announced a funding opportunity of up to $10M over a 10 year period for fifteen states in support of transforming approaches to maternity care [Transforming Maternal Health (TMaH) Model]. [2] In it, midwives were recognized as an integral part of a solution to a health crisis that the entire nation currently is facing. At the prompting of ACNM national, the HAA Board sought out a meeting with Med-Quest Hawai'i through which we learned of the commitment by Med-Quest to integrate midwifery care into the healthcare system. Though they were unable to pursue this opportunity, it speaks to a federal recognition of the value of midwifery care. This sentiment was also reflected in testimony for HB 1328 from the Hawai'i Departments of DHS, DOH, and DCCA regarding the preservation of regulation in their suggested amendments.

The HAA amendment suggestions address definitions, scope of practice, delegation of tasks to an unlicensed assistant, eligibility for prescriptive privileges, and license renewal requirements to address minimum statutory requirements to establish equivalence for the CM with the CNM for the purposes of recognition of this equivalence by Medicaid. Beyond that, there are all of the other benefits stakeholders who understand well the value of midwifery care integrated into a continuum of care and establishing pathways for providers to come from within their communities - all of which have fiscal implications which are beneficial for public health initiatives.

**THE SIGNIFICANCE OF HAA'S SUGGESTED AMENDMENTS**

As this is a fiscal hearing, I suggest these amendments be understood from a preventative standpoint. From the March of Dimes Report for Hawai'i 2024 [3], access to prenatal care, addressing high primary cesarean rates in low-risk pregnancies, postpartum follow up, Medicaid credentialing, all help.
CDC Wonder is a public website that provides birth certificate statistics on a national, state and county level. Currently, though almost all CNMs are credentialed with all private insurance companies and with Medicaid, no CM nor CPM are with any. Provided below is data from the CDC for your consideration of the potential value of full integration of midwives into a continuum of care.

Birth Certificate numbers reflect - for the CM and CPM - families who have paid cash for midwifery services (not including the numbers of families who received delivery care by another provider). There is no way of knowing - but I would argue that if all families had access to licensed midwifery care, the numbers of birth certificates associated with 'other midwife' could grow exponentially. And furthermore, with the basis in preventative care in both the prenatal and postpartum aspect, outcomes would improve. Furthermore, as the Certified Nurse-Midwife, the CM provides preventative care beyond maternity health concerns, and would contribute to better outcomes for adolescents through clients seeking midwifery care throughout their life cycle.

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[2] https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model
[3] https://www.marchofdimes.org/peristats/reports/hawaii/report-card

Included here is independently collected data from the CDC Wonder website:

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

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

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

**IF RESTRICTION IN ACT 32/HRS-457J ARE PROPERLY ADDRESSED IN HB 1194 HD 1 I ANTICIPATE I WILL NOT BE THE ONLY CM IN HAWAI'I**

Continuation of regulation with modification based on ACNM Standards and establishing equivalence with the APRN/CNM will allow for CMs to work side-by-side with their CNM colleagues, as well as with CPMs and a multitude of other providers. To give an example of how it could be, in New York I was able to obtain employment as a staff midwife at a licensed birth center and worked at a hospital OB/GYN practice. In both locations, I was authorized to provide full-scope care, maintain full prescriptive privileges including for controlled substances and could serve all people seeking midwifery care being credentialed by Medicaid and all major insurance providers. As a licensed health care provider, I was also able to work with community providers for best outcomes.

I urge consideration of a comprehensive approach to regulation of midwifery.
Mahalo for your time and consideration of my testimony.
I will be available for discussion at the hearing with any further questions.

Sincerely,

Margaret Ragen CM, LM, MS
HAA Board Secretary
Owner & staff midwife at ʻŌhiʻa Midwifery & Wellness (Hawaiʻi)
ohiamidwifery@gmail.com

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:05:33 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kelsey Amos | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB1194.

1. The spirit of this bill is paternalistic and seems to be aimed at limiting home births.

The bill specifies requirements for care provided by midwives, and all the items listed have to do with requiring midwives to assess if a home birth is appropriate and initiate transfer of care in emergencies. Why are these the only care requirements outlined? I can only assume because this bill presumes home births to be more dangerous than hospital births and want to reduce or eliminate them.

But this is a faulty premise that limits birthing people's choices about the kinds of care they receive. Both home births and hospital births entail different risks and both of these options may be more or less appropriate for each birthing person to choose from with the advice of their healthcare team.

At the last hearing we heard scary stories about tragic home births gone wrong, but where are the stories of almost every woman I know in my age cohort who has given birth at a hospital and endured some kind of birth trauma? The trauma we experience in hospitals matter to our lives as women and birthing people—but even if you don't care about us and only care about babies, know this: traumatized mothers are at risk for postpartum depression (https://pmc.ncbi.nlm.nih.gov/articles/PMC9420181/), and babies with depressed moms have worse health (https://pmc.ncbi.nlm.nih.gov/articles/PMC6492376/).

1. This bill does the minimum to comply with existing law to protect Native Hawaiian healing practices while remaining deaf to the actual situation that Hawaiian birthing practices are in, such as:

There is no current Papa Ola Lōkahi (POL) kupuna council for Hawaiian birthing practices, so there is no council available today to recognize traditional Hawaiian midwives. This is not for lack of trying. Please see the Kahoohanohano v. State of Hawai‘i Complaint and Summons 2-27-24 for info on the obstacles that block the formation of a POL kupuna council for Hawaiian birthing practices.

The Hawaiian midwife practitioners have come forward and stated that they work with other ethnicities' cultural birth practices as they recover Hawaiian practices, but this bill does nothing to protect other ethnic and religious birth practices.

This bill does not allow for the PEP (apprenticeship) pathway to certification that so many local birth practitioners and aspiring midwives have requested. No one has given a reason why. Is it because the authors of this bill do not trust local midwife preceptors to adequately train midwives seeking certification?

1. This bill still systemically privileges legacy out-of-state certified professional midwives (CPMs) over locals aspiring to earn their CPM.

The way it works is that graduates of MEAC-accredited midwifery education programs are then eligible to take the NARM exam to become a Certified Professional Midwife (CPM).

Parallel to this, NARM also offers the portfolio evaluation process (PEP) as an educational evaluation to verify knowledge and skills and qualify applicants to take that same NARM exam to become a CPM.

HB1194 HD1 states that to get a license, a person must provide proof of successful completion of a MEAC-accredited educational program (so no PEP pathway CPMs allowed).

OR they must provide proof of a NARM midwifery bridge certificate (continuing education) if they are CPMs who obtained their certification before January 1, 2020.

This would mean that a CPM from another state who achieved their certification before 2020 through the PEP process and has done continuing education to get their bridge certificate can be licensed.

Meanwhile, Hawai‘i-based students today cannot use the PEP process to achieve their CPM if they wish to qualify for licensure in our state.

Thank you,

Kelsey

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:06:45 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Marie Yempuku Hansen | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am (describe self, especially emphasizing things that relate)

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Marie Yempuku Hansen

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:07:04 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Pasha Yushin | Individual | Oppose | Written Testimony Only |

Comments:

Aloha all,

I am writing in STRONG OPPOSITION to HB 1194.

It clearly violates the 14th amendment to the Constitution, which guarantees the right to body autonomy, which is also a basic human right.

This unconstitutional bill is harmful to the community and should be thrown out right away.

Sincerely,

P. Yushin, a father

P.S.

Also worth noting:

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every MOTHER to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and MAY NOT be taken from the cultures who use it.

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:09:47 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Elizabeth Winternitz | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Elizabeth Winternitz, I am a resident of Kula, and the mother of an adult child who was born at home under the care of a midwife on Maui. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i'sreproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
- ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is*

*more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Elizabeth Winternitz*

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:20:16 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Frances Hartley | Individual | Support | Written Testimony Only |

Comments:

To whom it may concern,

As a birthing person here in the state of Hawaii in a very remote area, possibly one of the most remote, I understand very well the importance of having a well trained and dependable midwife at my side when giving birth at home.

I've had three home births with wonderful, licensed midwives. Each of these births had complications that would have been life threatening had it not been for the excellent training and qualifications of my midwives.
I've watched as midwives resuscitated my purple, floppy newborn baby girl and breathed life back into her little body. I've had EMS arrive who were completely overwhelmed and were given calm and quick instructions by the midwives during massive hemorrhages and neonatal resuscitations. All with excellent outcomes. Midwives are truly the experts when it comes to births in a home setting.

sadly, I've seen the other side of this also, and am all to familiar with the most tragic outcomes. When a woman meets one who calls herself a midwife (since anyone is allowed to) who does not have adequate training. The situation quickly becomes deadly. My friend labored for four agonizing days under the care of an unlicensed and untrained "midwife." This perfectly healthy, full term sweet baby boy was finally born dead, having slowly suffocated during labor. What a completely avoidable and tragic outcome for this family.
a trained midwife would transferred this mother to an appropriate facility at the first sign of distress to the baby. He would still be with us today.
there are too many stories like this in our rural community. Women need to be able to depend of these midwives. The term midwife needs to mean something and have weight to it.
women who are taking money from families and abusing their trust, placing them in danger, and calling themselves midwives without training or medical knowledge, are hurting this community. As a parent and birth worker, I see this first hand time and time again.
the dangerous spread of misinformation has to be stopped so that families can make safe choices for themselves.

there does need to be a clear path to licensure for Hawaiian student midwives, but NOT at the expense of our families safety.
please continue to seed up for our Keiki.
Thank you for your consideration and time.

mahalo nui,

Fran Hartley

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:22:32 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

Aloha mai kākou 'o Alfred Keaka Hiona Medeiros kou inoa no Wai'anae mai au...mahalo nui for giving me this time to speak on this bill HB1194 which I'm in opposition, as nobody nor any government has any rights to tell a woman what they can or can't do to their bodies, especially when it comes to traditional birthing practices. This is government overreach, as there's other important matters that should be taken cared of, instead of traditional birthing practices that has been going on before the beginning of time. Traditional birthing practices are what some Wāhine and 'Ohana prefer, so why should if he stopped? There's more factual evidence that shows hospital births having more complications, problems and even deaths than traditional birthing practices. These traditional birthing practices have been taught and passed down from generation to generation and prohibiting it or outlawing it to be a crime of some sort is just wrong and as our elected officials that are supposed to represent the people, you folks have an obligation to listen to the people and do what's right for them. Please do what's right, kill this bill and keep cultural practices and traditional births from becoming illegal, as no woman should be subjected to this type of treatment and discrimination. Mahalo

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

February 20, 2025

Dear Esteemed Chair Yamashita, Vice Chair Takenouchi, and Members of the Finance Committee,

I am a licensed midwife in Hawai'i and I am in **STRONG OPPOSITION** of HB1194 Relating to Midwives as currently written. We need to expand access to maternal health care, not further restrict it.

I want to be very clear that the Midwives Alliance of Hawai'i (MAH) does not speak for me.

I **can** offer strong support of HB1194 with the following amendments, as stated in testimony provided by the Hawai'i Home Birth Collective and the Hawai'i Midwifery Council.

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

**Page 36 Lines 5-9 Application for license as a midwife**

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

**RECOGNIZING THE NATIONAL CERTIFYING BODY (NARM) and it's requirements for it's standards of practice, guidelines, recertification requirements for peer review and continuing education**

**Pg. 9 line 8-15- Align with National Standards please amend:**

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

**Pg. 10 line 5-14- Align with National Standards please amend:**

(a) A midwife ~~shall~~ may continually assess the appropriateness of the planned location of birth and shall 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

**Pg. 12 line 4- 7 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. 17 line 5- line 16 Align Peer review requirements with National recertification standards please amend:**

(1) Participate in ~~a Hawaii based~~ a minimum of 5 hours of peer review ~~committee during each triennium subject to the requirements of section 624-25.5~~ consistent with the requirement for recertification by the North American Registry of Midwives requirement for recertification. ; and

(2) Attest in writing that the midwife has completed a minimum of 5 hours of peer review which is consistent with the requirement for recertification by the North American Registry of Midwives. ~~for a minimum of five of the midwife's clinical cases from the prior triennium, with at least two midwives licensed in the State who were not involved in the clinical cases under review participating in the peer review process;~~ and

**Page 18 Line 4-9 Align peer review requirements with National recertification standards please amend:**

(b) If the midwife has served fewer than five clients in the prior triennium, the requirements of subsection (a)(2) may be waived upon a determination by the department; ~~provided that if the requirements of subsection (a)(2) are waived, the midwife shall participate in the review of five cases of another midwife practicing in the State.~~

**Amend Pg. 24 lines 7-12 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" includes but is not limited to reviewing the care provided by midwives, which includes support, feedback, follow-up and learning objectives. ~~making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.~~

**Delete Pg. 26 lines 11-15: Remove International Standards; replace with national Organization who certifies the Certified Professional Midwife please remove**

Delete definition of “International Confederation of Midwives”.

**Delete Duplicate Requirements for certification and application(pg 7) for a license Page 32 lines 10-Page 33 Lines 2 please remove**

Delete sections (3) and (4) as Cardiopulmonary resuscitation and neonatal resuscitation is already required within the National Certifying Body's requirements to obtain a certificate which is then provided to obtain a license with the State

**Delete Delete Duplicate Requirements for certification and application for renewal of a license Page 37 line 6- Page 38 please remove**

Delete sections (3), (4) and (5) as it is already required within the National Certifying Body's (NARM) as requirements for recertification every three years which is used to renew your license

**FULL SCOPE OF PRACTICE- to allow the Certified Professional Midwife to practice to their fullest scope of training and education to benefit all families who deserve access to this care:**
**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. Please amend:**

**Pg. 12 line 8- 15 -**

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

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

(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 13-21**

(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 38 Beginning on Lines 17**

(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 10**

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

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

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

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

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

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

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

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

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

(l) No certified professional midwife shall accept any direct or indirect benefit from a pharmaceutical manufacturer or pharmaceutical representative for prescribing a specific medication to a patient. For purposes of this section, a direct or indirect benefit does not include a benefit offered to a certified professional midwife, regardless of whether a specified medication is prescribed.
(m) A pharmacist who dispenses drugs and devices to a certified professional midwife as authorized by this section and in conformity with chapter 461 shall not be liable for any adverse reactions caused by the certified professional midwife's administration of legend drugs and devices.
(n) A certified professional midwife candidate seeking limited prescriptive authority shall complete additional study and training requirements as prescribed by the department, in collaboration with the midwives licensing advisory committee. The department shall adopt rules pursuant to chapter 91 providing requirements for:

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

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

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

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

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

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

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

(A) A completed application for limited prescriptive authority provided by the department and submitted with all appropriate documents and required fees;
(B) Proof of a current, unencumbered license as a certified professional midwife in this State and in all other states in which the certified midwife has a current and active license;
(C) Proof of successful completion of no fewer than 8 hours of an accredited training in midwifery specific pharmacology for community based midwives, recognized by the department..

(b) Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the department shall grant limited prescriptive authority to the Certified professional midwife.
(c) Nothing in this section shall preclude a licensed midwife from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapter 448, 453, or 463E, HRS, or the orders of a licensed APRN granted prescriptive authority in accordance with this chapter.

**Pg. 22 lines 12-14**

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

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

**Pg. 26 lines 17-19 Longer care is better care for our families**

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

**Pg. 28 lines 4-9 Expand access to training more students**

A student who is currently enrolled in an accredited midwifery educational program ~~and~~ or under the direct supervision of a qualified midwife preceptor; ~~provided that the practice of midwifery is incidental to the program of study engaged by the student;~~

**Page 40 line 5**

Add in: (8) Contraceptive devices

**Pg. 42 Lines 9-10 Give the same authority to midwives as a nurse in Hawaii (page 6) to delegate tasks please remove:**

Delete: ~~(7) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license;~~

**Pg. 43 Lines 12-15 457J-12(15)**

Having a criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of a licensed midwife;

**Add Section- Delegation of tasks. Without this, our midwives are only allowed to delegate tasks for other licensed providers, exacerbating the shortage or maternity health providers. (Nurses in Hawaii have the authority (page 6) to delegate to unlicensed assistants)**

(a) A licensed midwife may delegate to any licensed, certified, registered, or unlicensed assistive person, any tasks within the licensed midwife's scope of practice; provided that the authority to select medications shall not be delegated unless the delegate is independently authorized by law to select medications.
(b) No delegated task shall require the delegate to exercise the judgment required of a licensed midwife.

(c) Before delegating any task, the licensed midwife shall make a determination that, in the licensed midwife's professional judgement, the delegated task can be safely and properly performed by the delegate and that the delegation is in accordance with the patient's safety and welfare.

(d) The delegating licensed midwife shall be solely responsible for determining the degree of supervision the delegate requires, with consideration given to:

(1) The stability of the patient's condition;

(2) The delegate's training and abilities; and

(3) The nature of the task being delegated.

(e) The employer of a licensed midwife may establish policies, procedures, protocols, or standards of care that limit or prohibit the delegation of certain tasks by the licensed midwife, or the delegation of tasks in certain circumstances.

(f) The department shall adopt rules pursuant to chapter 91 as necessary to implement this section, including:

(1) Standards for assessing the proficiency of a delegate to perform certain tasks; and

(2) Accountability standards for a licensed midwife who delegates tasks.

**Add Definition:**

"Unlicensed assistive person" means a person who is not licensed to practice certified midwifery or certified professional midwifery but who can competently perform tasks delegated by a licensed midwife.

**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.

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

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

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

**Additional Amendments:**

**Pg. 6 line 20-21**

Admitting and discharging clients for inpatient care at facilities ~~licensed~~ recognized in the State as birth centers;

**Pg. 11 line 16-21 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. 16 line 11-21**

Every midwife licensed pursuant to this chapter ~~who does not possess professional liability insurance~~ shall report in writing any settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or the unauthorized rendering of professional services. The report shall be submitted to the midwives licensing program within thirty days after any written settlement agreement has been reduced to writing and signed by all the parties thereto or within thirty days after service of the arbitration award on the parties.

**Pg. 23 lines 19- page 24 line 2**

Delete definition of “Accredited birth facility"

**Pg. 41 lines 21- pg. 42 Line 2 Align with nursing law**

Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature; ~~illicit substances, or abusing controlled substances, or both;~~

**Pg. 18 Line 17- Page 19 Line 2**

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

Please only support HB1944 with amendments as suggested by Hawai’i Home Birth Collective and Hawai’i Midwifery Council.

Mahalo for the opportunity to provide testimony.

Rachel Curnel Struempf, LM, CPM

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:30:31 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Choon James | Individual | Oppose | Written Testimony Only |

Comments:

Aloha!

Natural Childbirth has been in existence since the begining of Mankind.

Women must continue to enjoy the options available to them. "My body My choice" applies to all issues. The Freedom to Choose is a fundamental part of our Democracy.

Please carefully listen and examine the concerns and wishes of those are opposing this Bill. Don't deny their privileges.

Mahalo!

Choon James

CountryTalkStory.com

ChoonJamesHawaii@gmail.com

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:32:08 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Leah | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*I am testifying **in opposition to H.B. 1194**, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i'sreproductive care deserts.*

*Please **defer H.B. 1194 unless** the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from*

*applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration.*

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:41:04 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jennifer Noelani Ahia | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Noelani Ahia, and I am a resident of Wailuku, Maui. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:****Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibitspersons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Noelani Ahia, MSTOM*

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:43:44 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Alika | Individual | Oppose | Written Testimony Only |

Comments:

Don't outlaw our traditional home birth practices. OPPOSE THIS BILL. Medical births of the past 50 years have institutionalized basically traumatizing babies and mothers. The amount of unnessary and expensive interventions is going higher and higher. Leave 'ohana to make our own choices. STOP government overreach and oppression brah

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:44:41 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kristen Young | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill. Please listen and respect those who would be most impacted.

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:45:49 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Andria DeBina | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am Andria DeBina, in 2020 the westernized medical community was negligent in properly caring for my healthy father and was misdiagnosed by a Physician Assistant working for Kaiser Permanente, this act crippled our family but to Kaiser and westernized medicine my Dad was just a number, this left me severely mistrusting the medical world I once had much confidence in. In 2023 I became pregnant with my first baby, I was overjoyed at the opportunity to be a mom but was fearful of the fact that I would be forced to have my baby in the hospital, especially because I was considered a "geriatric pregnancy" which statistically has proven most "geriatric pregnancies" end in a mother being forced to have a c-section because the medical world deems it "safer" when in actuality it's just more convenient. I was able to give birth at home however my medical insurance did not cover any of it. I was however able to give birth vaginally because I had an extremely great and very wise mid-wife team. This bill would not allow me to have had my baby at home and this bill would actually have forced me to go to the hospital where I would have also been forced to have a c-section. I strongly oppose this bill because it takes away my right as a Kanaka Maoli and takes away my right as a human being and citizen. I would like to have another baby but this bill scares me and makes me feel that the right I had and the wonderful birthing experience I had with my first baby may not be looted to me for my second. So I speak for myself and future mamas like me, strongly saying, 'A'ole to HB1194! '

I ask that this committee please consider the financial issues involved: Equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it can create.

The following five points are the minimum requirements of any bill to be considered NOT harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but also applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Respectfully,

Andria DeBina

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:47:10 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Gayle Jenks | Individual | Support | Written Testimony Only |

Comments:

I’m a client of a licensed midwife and I strongly support HB1194 HD1. The care I received was extremely safe, caring and professional. My prenatal, birth and postnatal care was above my expectations and I am in support of this bill.

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:54:15 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Stacey Alapai | Individual | Oppose | Written Testimony Only |

Comments:

Aloha, I am writing in **STRONG OPPOSITION** to HB 1194.

I am a mother who gave birth in Maui during the pandemic, and I have seen the negative impacts of restricting cultural Hānau practitioners and midwives from being about to practice legally. Our island already has so few birth resources and while this bill may be intended to correct the mistakes made when the law expired allowing this practice, it is flawed in many ways. I had a hospital birth attended by a cultural doula and my birth story could have been catastropic without her support and guidance. I support any birthing person‘s right to choose who and how they give birth.

I ask that this committee please consider the financial and equity issues involved when we think about rural areas. If these problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the state arising from the problems it creates.

The following five points are the **minimum requirements** of any bill to be considered helpful, not harmful:

1. **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

2. **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

3. **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

4. **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

5. **The term "midwife" belongs to the community,** with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Mahalo for this opportunity to testify and share my mana‘o about the importance of allowing birthing people to choose our own birth plan and attendants.

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:56:51 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| ' Angel M. Willey, MD | Individual | Support | Written Testimony Only |

Comments:

Dear Legislators,

Aloha. I am a practicing OB/GYN in Waipahu, Moanalua and Honolulu for almost 20 years. I also trained in Hawaii where I received an excellent education. I strongly support HB1194. We absolutely need safe midwife licensure. The PEP/apprenticeship pathway is simply not sufficient training to keeo mothers abd babies safe in Hawai'i.

Respectfully,

Angel Willey, MD(ACOG Hawai'i Section Chair)

Honolulu, HI

**HB-1194-HD-1**
Submitted on: 2/20/2025 12:58:44 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Titiri Charton | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and childbirth support, including doulas, cultural practitioners, and even family members. It forces all midwives—regardless of experience—through costly, off-island MEAC schools, making it harder for licensed midwives to serve our communities. If passed, it will erase traditional Hawaiian midwifery, restrict birth assistants, and leave many families without care. Every family deserves access to safe, culturally respectful, and community-based birth support. Protect our right to choose our birth team—vote NO on HB1194!

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:06:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kathy Lomeli | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB 1194.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Mahalo for this opportunity to testify.

Sincerely,

Kathy Lomeli

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:08:59 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Aubrey Aea | Individual | Oppose | Written Testimony Only |

Comments:

Aloha, I am writing to oppose HB1194. As a mother who is thankful to have had the ability to choose homebirth for my last keiki, I am writing to oppose this dangerous and discriminatory bill.

A woman's right to choose where, with whom, and how she gives birth should be fully protected. This bill is incomplete and does far more harm than good.

This does not protect the main cultural hanau practitioners. It still does not create any local pathways to licensure. It does not allow CPM/CM full scope of practice. It treats the term of "midwife" as propietary, wrongfully taking from the community!

I urge you to oppose this bill. Birth at HOME should not be regulated by the STATE. Please do not criminalize all of our wonderful religious, traditional, and cultural practitioners.

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:14:39 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Catherine Carlevato | Individual | Support | Written Testimony Only |

Comments:

Testimony in Support of HB 1194

Hawai'i State Legislature

Committee on Health & Committee on Consumer Protection and Commerce

Hearing Date: Friday, February 21, 2025

Aloha Chair Takayama, Chair Matayoshi, Vice Chair Keohokapu-Lee Loy, Vice Chair Chun, and Members of the Committees,

My name is Catherine Carlevato, and I am writing in strong support of HB 1194, which ensures the continuation of midwifery licensure and accredited education requirements in Hawai'i. As a parent who has directly benefited from midwifery care, I firmly believe that midwives should be licensed professionals with accredited education to ensure the highest standards of safety and quality in maternal care.

Why HB 1194 is Critical for Hawai'i's Families

1. Protecting Public Safety with Licensed and Educated Midwives

Midwifery is a highly skilled profession that requires formal education, training, and accountability. Families choosing midwifery care deserve to know that their midwife has the proper education and experience to provide safe, evidence-based care. HB 1194 ensures that midwives continue to meet global and national standards, preventing unqualified individuals from practicing.

2. Ensuring Access to Safe and Regulated Midwifery Care

If HB 1194 is not passed, the requirement for licensure will expire on June 30, 2025, eliminating essential regulations that protect families. This would allow unlicensed individuals to operate without oversight, creating significant risks for birthing parents and newborns. We cannot afford to let this happen.

3. Strengthening Midwifery Standards in Hawai'i

HB 1194 does more than maintain licensing, it also introduces critical improvements, including:

Continuing education requirements to ensure midwives stay current with best practices.

Peer review processes to uphold accountability and improve outcomes.

Data submission requirements to support maternal health research and policy.

4. Respecting Birth Choices While Prioritizing Safety

HB 1194 is not a bill about home birth - it is a professional licensing statute. It does not regulate where people give birth or who can be present at a birth. Instead, it ensures that if someone is practicing midwifery, they meet the standards necessary to provide safe, skilled, and competent care.

My Personal Experience with Licensed Midwifery Care

I personally chose midwifery care for my recent birth because I wanted an evidence-based, holistic, and personalized approach to maternity care. My midwife was highly trained, licensed, and provided exceptional support throughout my pregnancy, birth, and postpartum period. The care I received was not only safe and professional but also deeply respectful of my choices and my family's needs.

Without licensure requirements, families like mine would be left to navigate an unregulated system where midwifery training and qualifications are unclear. That is why HB 1194 is so important, it protects both families and midwives by ensuring midwifery remains a regulated, high-quality profession in Hawai'i.

Conclusion: Pass HB 1194 to Protect Safe Midwifery Care

I strongly urge the committees to pass HB 1194 and ensure that midwifery remains a licensed, educated, and highly skilled profession in Hawai'i. This bill is essential for public safety, maternal health, and the protection of families who choose midwifery care.

Mahalo for your time and consideration.

Sincerely,

Catherine Carlevato

Email: katecarlevato@gmail.com

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:16:35 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Rowan Zwicky | Individual | Support | Written Testimony Only |

Comments:

I am a student midwife in support of this bill to ensure the safety and protection of community birthers by creating a standard of care for midwives to uphold.

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:17:27 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Natalie Star Mansfield | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Natalie Star Mansfield and I am a resident of Waialua. I have been working as a Registered Nurse in the community since 2012 and worked as a Critical Care RN for 10 years. I am testifying in opposition to H.B. 1194, relating to midwifery.

I am really sick of how Hawaii is continuously choosing to disregards women's bodies and assume control of them as if we are someone else's property. You are taking away our own bodily autonomy to make our own informed decisions about one of the most sacred and spiritual experiences of our lives and of the lives of the next generation.

Again, tell me why you are making choices and laws regarding my body! Y'all have been controlling humans for years, but guess what!? Humans have been giving birth for longer than any of you folks have been alive. And now that you made it through the birthing canal, you are trying to rise up and force women to give birth in a way YOU see fit. Come on! This is just pure insanity.

If you were to force a Jehovah Witness to receive a blood transfusion because that is just what we do when their H+H gets too low. Are you respecting bodily autonomy? Are you respecting their culture and religion? No, you aren't. So, no you would NOT do that because that is what we call culturally ignorant, morally and ethically incompetent. It is not accepted in the medical world and would be considered "intent to do harm." You can not force them to take blood product because YOU think it's the best Western Medical Practice. Best practice often has to surrender & submit to the patience's requests, wishes, cultural/religious practices to in fact make it "best practice." If you were to choose to give blood because YOU felt it was best practice, you

would be neglecting to see the patient from a Holistic view, which would be causing further harm to the patient. By you forcing them to take blood, you have made a choice to defy their culture, their religion AND their own bodily autonomy.

We currently don't have enough healthcare staff to care for our population. By you placing further restrictions on labor and delivery practices, you endanger human lives! You also endanger cultural practices, spiritual practices and the sacredness of birth.

Please do feel free to go to a provider with all the bells and whistles you want, and let others find providers that meet their own needs. This is absolutely ridiculous to restrict these birthing practices and folks from their sacred cultural practices-let alone birth care in general.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i's reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:

Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.

Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to

aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

I am against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,

Natalie Star Mansfield RN BSN

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:22:55 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kayo Malik | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Kayo Malik and I am a resident of Lahaina. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:

Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.
Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,
Kayo Malik, L.Ac., Dipl. OM

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:25:05 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Natalia Tuipulotu | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha,*

*My name is Natalia Tuipulotu, and I currently live in Honolulu. I am a mother, Licensed Clinical Social Worker, and Certified in Perinatal Mental Health. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a*

*midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Natalia Tuipulotu*

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:36:05 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Diana | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely Diana Y.

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:42:43 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| katherine webb | Individual | Support | Written Testimony Only |

Comments:

I support these licensing requirements.

February 20. 2025

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Cynthia Texeira, and I am a mother and resident of Heʻeia in Kāneʻohe. **I am testifying in opposition to H.B. 1194, relating to midwifery.**

As a mother, I know firsthand how deeply personal and important the birthing experience is. Every family deserves the right to choose where and with whom to give birth in a way that aligns with their values, culture, and personal needs. The Hawaiʻi State Constitution protects reproductive autonomy, yet H.B. 1194 threatens that right by limiting access to midwifery care, particularly for those of us in rural areas and the neighbor islands.

H.B. 1194 fails to support the diverse birthing traditions of Hawaiʻi and does not expand recognized pathways to midwifery licensure. Instead, it restricts access to midwifery care at a time when many families already struggle with healthcare deserts and financial barriers to care.

I urge you to **defer H.B. 1194 unless the following amendments are made:**

- **Protect cultural and religious birth practices:** The bill does not explicitly exempt cultural and religious birthing traditions or the extended family members who provide support during birth. Without clear protections, families may be criminalized for engaging in traditional birthing practices. Please incorporate the statutory exemptions from H.B. 1328 (pages 34-35) to ensure cultural and religious birthing attendants are protected under the law.
- **Expand pathways to licensure:** Twenty-seven other states and Washington D.C. allow an apprenticeship or direct-entry pathway to licensure, making midwifery more accessible and affordable. However, H.B. 1194 prohibits applicants who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from obtaining licensure in Hawaiʻi. This restriction limits the number of trained midwives available to care for our families. I strongly support an amendment that includes an apprenticeship pathway to midwifery licensure, ensuring more families have access to the care they need.

H.B. 1194, as written, reduces birthing options for families, making it harder for many, especially those with financial constraints, limited transportation, or negative past experiences in the medical system, to receive safe and dignified care. At its core, this bill is about reproductive choice, and we should be expanding, not limiting, access to compassionate and culturally appropriate care.

**I urge you to vote against H.B. 1194 unless these critical amendments are made.**

Mahalo for your time and consideration.

CTexeira

Cynthia Texeira

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:52:05 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Emma Halenko | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother of two born here on big island at home.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

emma

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:52:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| gretchen | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am a mother of five children. My last two were home births in which i was assisted by two amazing midwives in the county of Hawaii.
I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely

Gretchen C

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:57:42 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Makalani Franco-Francis | Individual | Oppose | Remotely Via Zoom |

Comments:

I am a home birth mother of three and a student of traditional midwifery. I am testifying in strong OPPOSITION to HB1194.

This bill restricts care that mothers will have access to.

Native Hawaiians have the highest rates of bad birth outcomes in the nation.

These statistics are from births in hospitals. Therefore more are choosing to give birth outside of the hospital and they have the right to decide their own reproductive health. They are the only person to decide who she wants at her birth.

This bill limits pathways for midwives. It does not include the apprenticeship pathway which is allowed in many other states. Midwives from other states will be allowed to be licensed through apprenticeship and come to Hawai‘i to practice. This same pathway is not available for Hawai'i midwives, is divisive and discriminatory.

This bill is not supported by the community as indicated in the last hearing. With 300+ testimonies in opposition to this bill and only 75 testimonies in support.
Please listen to the constituents that you serve and vote NO to HB 1194

Mahalo, Makalani Franco-Francis

**HB-1194-HD-1**
Submitted on: 2/20/2025 1:58:48 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kekapala Dye | Individual | Oppose | Written Testimony Only |

Comments:

I STRONGLY OPPOSE to HB 1194.

I am a Hawaiian man whose children were born with midwives, both traditional and licensed.

I ask that this committee please consider that people have always sought out traditional midwives to attend them in birth. You can make them "illegal" but they will never go away and our need for them wont either.

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Vote NO on HB1194!

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:01:29 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Anne Dericks | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother of 3 children who have born witht he assistance of traditional and licsened midwives. I am a physican here in Hawaii and I OPPOSE HB1194

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Please end this bill now by voting NO on HB1194.

Thank you for this opportunity to testify.

Dr. Anne Dericks

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:01:38 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Zoe Sear | Individual | Support | Written Testimony Only |

Comments:

Please regulate! I'm a registered nurse and have seen poor outcomes of homebirth first hand.

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:02:01 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Isaac Ordaz | Individual | Oppose | Written Testimony Only |

Comments:

Good Afternoon Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.
I am a father of 3 small children and take cultural and spritual traditions very seriously.
I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.
The following five points are the minimum requirements of any bill to be considered not harmful:
Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to be able testify.

Sincerely Isaac Ordaz

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:02:46 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Beckley Dye | Individual | Oppose | Written Testimony Only |

Comments:

I OPPOSE HB1194. Represent your constituents and VOTE NO!

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:04:50 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Robert Dye | Individual | Oppose | Written Testimony Only |

Comments:

Please VOTE NO on HB119!

This bill needs to end or inlcude the following...

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

VOTE NO on HB1194!

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:15:32 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ginger | Individual | Oppose | Written Testimony Only |

Comments:

My name is Ginger Goodwin, I am Hawaiian passionate about our leaders wanting to pass this bill that would criminalize our cultural birthing rights. I am against this Bill1194.

Thank you

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:15:50 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| M.C. | Individual | Support | Written Testimony Only |

Comments:

**Please support HB 1194 HD1**. Mandatory accredited education and licensure is imperative for the safety of Hawaiis birthing people and their keiki.
The NARM exam that issues the CPM is a competency based exam, and relies on exams hosted by educational institutions to challenge the knowledge obtained. This is similar to other healthcare professions, such as MDs that take three exams alongside competency based proficiency milestones. We need to ensure the licensed providers have also had their knowledge base tested which is only done w accredited education.
This makes me recall the scams a few years ago in Florida where ppl fraudulently took the RN NCLEX exam and passed it, but had obtained no BSN degree, (a prerequisite to taking the exam). Did this make the 'nurses' that passed the exam the same as those who held a degree in accredited studies and passed the same exam? because they could also pass the exam? and had in some cases been working as a nurse for years? **I argue it does not**. **Years of study matter.** The guarantee that the student has at least been exposed and tested on content that may not be covered in the exam through accredited education matters.
Our families deserve the best.
Please vote YES to HB 1194 HD1

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:16:25 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sara Kahele | Individual | Oppose | In Person |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,
My name is Sara Kahele and I am a resident of 'Ewa BeachI am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:
• Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
• Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,

Sara Kahele

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:19:01 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kehaulani Avicolli | Individual | Oppose | In Person |

Comments:

Aloha nui,

I am writing in STRONG OPPOSITION to HB 1194.

I am a Native Hawaiian, Birth, Postpartum and  Lactaction Community Worker, and Mother.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.**This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)**must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Mahalo, Kehaulani

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:25:23 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lana Rose Olson | Individual | Oppose | Written Testimony Only |

Comments:

To the attention of Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I strongly **OPPOSE HB1194**. I am a doula that began my journey in birthwork 20 years ago and have attended births in hospitals, birth centers, and at home births. I have worked alongside Nurses and Obstetricians, Certified Professional Midwives, and Certified Nurse Midwives.

The main issue with this bill for me is the failure to allow for a realistic local pathway to licencsure for midwifery and thus severly limit birthing choices in a state that already has limited healthcare options. The PEP process allows student midwives in training to remain in Hawaii while learning and studying. They are then required to take the same exam as graduate students are required to take. They would also, following this process, likely have more experience along the way. This is a pathway that I have considered as it would allow me to continue to run my medical massage practice and provided doula services, while training to serve birthing persons in a greater capacity as a midwife. Without this process, it is unlikely that I would make this choice as it would mean leaving the state and my established business that serves hundreds of patients a year. I know there are others like me that would also not pursue this path if they had to leave island/state. As you are well aware, it is extremely difficult to come back and find housing.

**In terms of the finances:** In the rural areas of our state, such as Kaua'i, we have limited healthcare options and as you know we are faced with the threat of losing Medicaid funding. A quick internet search tells me the cost of a hospital birth in Hawai'i is between $10,000 and $30,000 and that 1 in 3 births are paid for by Quest/Medicaid. As you are aware, Medicaid is under threat at the federal level. Who will pay for a third of the births in Hawai'i should those families lose their health benefits? Most people do not have that kind of money laying around. The homebirth midwife charges a fraction of that cost, somewhere between $4,000 and $7,000 and they provide follow up postpartum care for much longer. The average hospital stay is a few days postpartum. The average midwifery postpartum care is around 6 weeks. As you can see, midwives provide greater value for non-complicated births and can significantly relieve the State of absorbing those costs. *It behooves the state to make the path to licensure for midwives as smooth and easy as possible. The PEP process provides this and must be reinstated for the greater good of Hawaii's families.*

In addition, this bill criminilizes traditional attendants preserving only cultural practices for Kanaka Maoli (and not to the fullest scope) and not the various other ethnic groups that call

Hawaii home. It doesn't allow for birthing persons to have their extended families present if they so choose, and doesn't allow CMs and CPMs to practice to their full scope. CMs and CPMs need to be able to do this in rural areas, especially, where hospital access is far or limited.

It is for these reasons, that this bill must not pass. Thank you for the opportunity to testify.

Mahalo,

Lana Olson

**HOUSE JOINT COMMITTEE ON FINANCE**

**FRIDAY, FEBRUARY 21, 2025 AT 3:00PM**

**HB 1194 HD1 - RELATING TO MIDWIVES**

**POSITION: STRONG OPPOSITION**

Aloha ChairYamashita, Vice Chair Takenouchi, and Members of the Committee,

My name is Kumelewaioluopaliuli Tiogangco, and I am a senior at Kamehameha Schools in Ola‘a. I was born and raised in Hilo, Hawai‘i, and was birthed at home in the waters of the pool in my mom’s room. This makes this topic deeply personal to me and strongly connected to my Hawaiian heritage. Today, I share my strong support for HB 1328, which seeks to expand access to licensure and protect traditional and customary birth practices.

Our entire family **strongly** **opposes** HB 1194 HD1, which makes midwife regulatory laws permanent. Clarifies the scope of practice of midwifery. Establishes licensure requirements for certified midwives and certified professional midwives. Grants global signature authority to licensed midwives. Establishes continuing education requirements. Grants prescriptive authority to licensed midwives practicing as certified midwives and amends the list of approved legend drugs that may be administered. Establishes peer review and data submission requirements. Clarifies exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses. Clarifies medical record availability and retention requirements for the purposes of medical torts.

I stand on my previous testimony for HB 1194, and state that the amendments added to the HD1 do not address any of the issues raised by myself as someone who was birthed at home, and a reproductive rights advocate wanting to have these options if I choose to have a family in the future. Our family supports the language, intent, and process of consensus that brought HB 1328 to life. All stake holders, rightholders, practitioners and families must be considered in the language to uphold reproductive rights.

As a strong advocate for abortion rights and access, I stand by the conviction of bodily autonomy and hope that the members of this committee and the body uphold these rights of choice when it comes to all reproductive rights to include birth.

Our family takes great offense to the mischaracterization to Rep. Takayama and Rep. Marten‘s words on the floor for second reading of this measure. Their words are unequivocally misleading and untruths and an assault of reproductive rights.
I urge you to adopt the language of HB 1328.

With deep conviction,
Kumelewaiolu Tiogangco

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:26:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Keani Rawlins-Fernandez | Individual | Oppose | Remotely Via Zoom |

Comments:

Oppose.

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:29:59 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Karese Miguel-Hamakua | Individual | Oppose | In Person |

Comments:

I am writing to respectfully oppose HB1194 in its current form, particularly as it relates to the regulation of midwives and the rights of individuals choosing their birth attendants.
The bill, as written, is overly vague and could have unintended consequences that restrict the rights of mothers and families in their birthing choices. In Hawai‘i, as in many places, it is a fundamental right of a mother to choose who attends her birth. This includes the right to have midwives, family members, or close friends present at a birth, regardless of whether those individuals are licensed medical professionals. The Department of Health’s own guidance emphasizes the importance of choice in maternity care, as supported by the federal *Patient Protection and Affordable Care Act (ACA)*, which recognizes a woman's right to make decisions regarding her birth plan.
HB1194, however, may criminalize or impose penalties on family members or friends who assist in childbirth without the proper licensure. This broad language raises significant concerns about the potential to penalize loved ones simply for supporting mothers during labor. According to the *American College of Obstetricians and Gynecologists (ACOG)*, family-centered care is essential for positive birth outcomes, and a supportive environment for the mother, including her choice of attendants, has been shown to improve mental health and well-being in both the mother and baby. Restricting this fundamental choice could result in emotional and logistical barriers for mothers seeking the support of those they trust most during one of the most important moments of their lives.
Additionally, the vagueness of the bill could make it difficult to distinguish between licensed providers and individuals who are providing informal assistance. This confusion could potentially lead to unnecessary legal and financial consequences for family members, friends, and even midwives who are currently providing essential care outside the framework of hospital-based systems.
The bill’s impact could disproportionately affect marginalized communities where home births with midwives, family members, and close friends are more common due to financial, cultural, and geographical barriers to accessing hospital-based care. This is an equity issue that must be carefully considered, as limiting a woman’s options for childbirth can disproportionately harm those without ready access to hospital settings or licensed professionals.
For these reasons, I urge the committee to reconsider HB1194, specifically as it pertains to midwives, family members, and the fundamental right of mothers to choose their birth attendants. I recommend clearer language that ensures the right of a woman to make informed, personal decisions about her birth, free from unnecessary legal constraints.
Mahalo for your time and consideration.

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:30:24 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Violet Aarona | HIHBC & Malama Na Pua o Haumea | Oppose | Remotely Via Zoom |

Comments:

Aloha mai kākou,

My name is Violet Napualei'ilima Kapōhaiali'iokamāmalu Moanaliha Aarona. I was born and raised on the island of Maui and currently reside in Waiohuli Hawaiian homes. I am an apprenticing pale keiki and traditional midwife under my Aunty Kii Kahoohanohano. I work in education and outreach for my community. I am a member of Hawai'i Home Birth Collective and Mālama Nā Pua 'o Haumea.

I am writing in opposition of bill HB1194.

Although made and amended with aloha, HB1194 still DOES NOT allow for cultural/religious practices or extend/hānai family other than "Hawaiian Healers" with specific definitions, which is a clear regulation. Still DOES NOT allow for local and accessible pathways such as the PEP process, we need accessible pathways to licensure. The MEAC is online which is uncomfortable to me and is not in Hawai'i. I learn better hands on like the PEP pathway and personally don't want to learn how to care for babies and people from a computer. I've learned so much in only 7 months of working with my Aunty. And to learn from foreigners about my very Traditional birthing practice seems so wrong to me. I would learn in a foreign way and come back to treat my cultural and traditional people. 'A'ole, that's hewa.

HB1194 also still does not allow for CM's and CPM's to practice to the full extend of their scopes, training, and education. This bill seeks to permanently regulate who you have attend your birth even in the privacy of your own home. It still criminalizes all tradition, religious, and cultural practitioners who are not considered "Hawaiian healers" and regulates them out of existence. It does not exempt extended or hanai family, meaning they cannot be there and makes midwife a proprietary term, wrongfully taking it from the community and cultures that use it and make it.

With all aloha, the amendments made to this bill did very little to nothing. We must make CLEAR solutions and amendments to this bill before it causes much harm not only to the community but to the state as well.

Please understand these are people's lives, my future as a midwife & as a mother & wahine. This is my Aunties and all our kupuna's livelihood. Not just work, it's their life. They have done this for decades and they've done it beautifully. All for the people. They just want to care for the wahine in their community as they wish others would do for them. They do some of the best care and they get treated as if they are obscure and odd because their ways are different. Different doesn't mean bad, it means there's whole other world of knowledge that you can work together to incorporate in your work and life to become even greater. So let us come together and fix these pilikia. Do some ho'oponopono!

Mahalo me ke aloha,

Violet Aarona

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:34:57 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Alex Amey | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am Alexandria Amey, RN, MS- Nurse Midwifery and WHNP. As a future certified nurse midwife of Georgetown Unviersity, I have been trained by a certified midwife (Margaret Ragen of Big Island Hawai'I) approved by Georgetown Unviersity to precept me to become a certified nurse midwife. My school, Georgetown Unviersity, understood her credentials to the fullest extent and was an appproved preceptor to train me. HB 1994 would restrict her scope and would be restrictive against her ability to practice and train future midwives. Also I have personally experienced the restrictive pathway of mainland schooling to becoming a licensed midwife in Hawai'i and this bill aims to restrict and further harm cultural practices in Hawai'i.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely

Alexandria Amey, RN, MS in Nurse Midwifery and WHNP

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:35:25 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

Aloha Chair Yamashita, Vince Chair Takenouchi and Members of the Committee on Finance,

My name is Morea Mendoza and I am a mother from Makawao, Maui. I am the Director of Pacific Birth Collective, though these views are my own and do not reflect the position of the organization. I am writing in **opposition of HB1194** as it creates unnecessary and discriminatory barriers for the student midwives of Hawai'i and hinders the accesibilty of quality reproductive health care for families like my own.

It is critical to recognize that licensure does not automatically equal safety. A license is merely a credential issued by the Department of Commerce and Consumer Affairs (DCCA), an agency focused on regulating business activities—not a guarantee of competency, cultural alignment, or individualized care.

HB1194 proposes that the North American Registry of Midwives (NARM) should serve as the accrediting body for Certified Professional Midwives (CPMs), as NARM has a comprehensive understanding of midwifery's scope—far beyond what the DCCA regulates. To sit for NARM's certification exam, a midwife must have either completed a Midwifery Education Accreditation Council (MEAC)-accredited program or undergone the Portfolio Evaluation Process (PEP), an apprenticeship-based training model.

Where HB1194 falls short is in its failure to recognize both pathways. Instead of aligning with NARM's standards and accepting either PEP or MEAC-trained midwives, HB1194 excludes the apprenticeship route entirely, creating unnecessary barriers for experienced midwives who are PEP-trained. Additionally, there are only 9 midwifery schools in the country, none of which are located in Hawai'i.

This exclusion disproportionately impacts practitioners from Hawai'i, further limiting access to trusted, community-based midwifery care. There are zero Native Hawaiian licensed midwives, and only one licensed midwife in the entire State that was born and raised here; facts which speak to the inaccessibility of MEAC training for the people of Hawai'i. As Hawai'i faces a critical shortage of maternal health providers, particularly in rural and underserved communities, it is essential that we maintain multiple, accessible pathways to midwifery licensure—including PEP, which allows experienced birth workers to demonstrate their competency through rigorous portfolio evaluation. As it is currently written, HB1194 would effectively limit the growth of the

midwifery workforce at a time when our communities desperately need more trained providers to improve maternal and infant health outcomes.

Please opposed HP1994 as it is written and instead amend this bill by striking the provision to require MEAC education. By doing so, you ensure that all qualified midwives—regardless of their training route—have the opportunity to serve Hawai‘i’s families safely and effectively.

Mahalo for your time and consideration.

Sincerely,

Morea Mendoza

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in **STRONG OPPOSITION** to HB 1194.

My name is Jena Funakoshi, and I am a PhD student in Public Health, a woman, and a fourth-generation local to Hawai‘i. My research and advocacy focus on health equity, Indigenous knowledge, and ensuring that our communities have access to culturally safe and effective healthcare. This bill threatens the autonomy of birthing people, disregards cultural and spiritual birthing traditions, and imposes unnecessary barriers to midwifery care that many families in Hawai‘i rely on.

I ask that this committee please consider the **financial issues** involved: **equity is much more cost-effective** and provides local work in rural areas. Also: if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many **unnecessary costs** to the State arising from the many problems it creates.

The following five points are the **minimum requirements** of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice.** This is especially important for safety in remote rural areas with poor hospital access.
- **The term “midwife” belongs to the community,** with culturally diverse protocols for its use. It is not a proprietary title and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,
Jena Funakoshi

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:38:47 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

I strongly oppose hb1194

Chair's and committee members you are held personally responsible for the future health and further disparities of my Hawaiian and non hawaiian people, our babies, and our sacred lineal cultural knowledge. And I urge you to make a fact based decison and oppose hb1194, and move to support apprentice based testing and certification and also support your native Hawaiian population and customs. You have been given scientific and fact based evidence, along with 100's of testimony's with majority opposing the dangerous hb1194, and yet your still in some kind of denialism and deliberately disregarding facts. Many of us are still uncertain if you came with hidden bias or outside motivated reasoning for creating and supporting such a flabby bill. Reminder you do owe it to the future of our state, to make a democratic decision, in favor of the citizens majority, that come with knowledgable fact based solutions, for our societial problems. When you fail to acknowledge this, this is what makes you personally culpable to the further decline of maternal health in Hawaii. If you continue to support such nonsense, you will be rememberd! For erasure of pale keiki 'ike and brilliant dedicated birth practioners and supporting the inadequate western medical system in Hawaii. This we will not forget and you can explain it to your grand daughers.

Wyonette Wallett.. An activatied and huge community participant of my island Maui

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:39:02 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sierra Dew | Individual | Oppose | Written Testimony Only |

Comments:

Dear Committee Members,

I am writing in strong opposition to HB 1194, Relating to Midwifery.

While I appreciate the intent behind this measure and the efforts to ensure safe birthing practices, this bill would cause great harm to our communities—particularly for those who rely on traditional, culturally grounded midwifery care. I have witnessed firsthand the importance of allowing families to choose the care they trust. In Hawai‘i, many families, especially Native Hawaiian and Pacific Islander families, seek midwifery services that align with their values, traditions, and needs. Restricting access to these trusted birth attendants would further marginalize communities already facing barriers to culturally competent healthcare.

Birth is an incredibly personal and vulnerable experience. For many, hospitals and clinical settings can be traumatic, particularly for those who have experienced medical harm or systemic inequities in healthcare. The ability to choose supportive, culturally informed care is essential for ensuring safety, autonomy, and well-being during birth.

Instead of restricting traditional midwifery, we should be working toward policies that uplift and protect these vital practices. For these reasons, I urge you to oppose HB 1194 and support measures that honor birthing autonomy, cultural traditions, and community care.

Mahalo nui for your time and thoughtful consideration.

Sincerely,

Sierra Dew

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:41:20 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kii Kahoohanohano | Malama Na Pua O Haumea, Homebirth Task force member, HMC-Maui chapter, HiHBC VP | Oppose | In Person |

Comments:

Aloha mai kakou,

Mahalo nunui for the opportunity to submit testimony again on this very important issue. Although I really do want the licensing program for the amazing midwives in Hawai'i to continue and thrive, I do have to oppose this bill as written. I realize wholehearted that this bill WILL continue to move forward as law in order for licensure programs to exist. That's why the intricate details of this bill must be addressed. There are countless errors and misunderstandings by the legislative body on how this law is able to function to protect cultural and religious practices, as well as pathways to licensure. On the floor vote Marten and others made false statements about this bill and specifically how the kupuna councils will cover even non Hawaiians... not something that they have any power or intention to do, and never have. So that is not the solution for non Hawaiians to be covered. I recommend putting the birth attendant exemption back in as Yamashita supported in his interview recently! It was clearly supported by DCCA, saying there were no problems with the way it functioned for the three years it was in existence. That way all people have clear informed consent and are clear about their providers education and training. There is a grievance process which we have also seen function well. This was written in hb1328, reviewed by lawyers as a valid option, and already functions in other states. We will not put this burden on Papa Ola Lokahi..,It is worth saying that there were barriers for them to even recognize ONE Hawaiian as there is no kupuna council to over see these practices, or a way to make this exemption function in real time. That is why in part, why we were granted an injunction in court.
Native Hawaiians and others from Hawai'i will suffer greatly with barriers to attain licensure without the PEP process which has the same requirements and national exam as MEAC CPMs. The apprenticeship model makes much more sense for us here in this isolated island chain, and hands on learning is ALWAYS better. This also makes it possible for licensed midwives to have access to more assistants which only increases safety and access to care which is imperative!!! We live in a maternal desert, 50 of 50 states in prenatal care, and the highest maternal mortality rates anywhere in our hospitals, which was deemed 80% preventable! WE FILL the gaps to care where there are NO resources because we LOVE our community, and care for them deeply. We are safe and increase safety everywhere we go.

CPMs should only have to live up to the standards of THEIR accrediting bodies, not anyone else's standards who don't practice as a CPM. CPMs should be able to practice to their full scope

of training and education and should be respected as the professionals they are. They are the answer to our current maternal healthcare crisis, and we need to protect them too. MAH does NOT represent the majority of licensed midwives in Hawai'i and they are mostly all not practicing midwives or experienced midwives that took over our organization as a lobbying tool. Please do not look to them for the answers, they speak for VERY few not practicing CPMs, where HiHBC has the highest membership of licensed midwives in our state, many who left MAH when taken over. Please look to the ones who hold life on our hands, the ones that will be affected by these laws in REAL life where we need the ability to help and not limit those we serve. This is what you will do if you are truly concerned with increasing safety and collaborative care that is needed for the best possible outcomes.

You notice I didn't even address the issue of reproductive rights, but as a body who states they support a women's right to choose an abortion, you must recognize her authority and autonomy in choosing with whom, where, and how she performs her rite of passage into motherhood! This IS a reproductive justice issue, and I pray you see it as such so we together can end this without further a battle.

As the VP of HiHBC, I stand on our organizations testimony as well as CRR, NHLC, ACLU, HMC and NARM.

Mālama,

Ki'i Kaho'ohanohano

Maui County Resident

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:48:39 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Reni Soon | Individual | Support | Written Testimony Only |

Comments:

Aloha - As an OBGYN serving Hawai'i communities for over 20 years, I strongly support HB 1194 which continues the midwifery licensure program. I provide prenatal care on Oahu, Maui, and Hawaii island and I have worked with several midwives who have been licensed under this program and can attest to how valuable this program is especially for providing care on our sister islands. We need to continue this program. Mahalo.

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:52:08 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Olivia Manayan | Individual | Support | Remotely Via Zoom |

Comments:

Dear Esteemed Committee Members,

My name is Olivia Manayan and I am an OB/GYN practicing in Honolulu, Hawaii. I take care of OB/GYN patients primarily at Kapiolani Medical Center and the Queen's Medical Center. I am writing today in strong support of HB 1194 HD 1, which upholds **proper licensure and educational requirements** for midwives in Hawaii.

Well-trained midwives are **valuable partners** in maternity care, but ensuring **consistent and accredited education** is key to successful collaboration between midwives and physicians. **HB1194 strengthens integration** by ensuring all midwives have the necessary knowledge and skills to work safely within our healthcare system, improving **communication, referrals, and emergency management**. I do not believe the intent of this bill is to discriminate against any cultural or traditional birth practices - people have a right to have whomever they choose at their birth. By making clear what is expected of a midwife, we seek to decrease patient confusion and empower our patients to make informed choices.

Midwives should be **trained through accredited programs**—just as other healthcare professionals, such as doctors and nurses, are expected to be trained and educated in a standardized manner to ensure clinical competency, so too should midwives, who oversee the high-risk process of labor and delivery. The **PEP pathway lacks standardization** and does not provide the level of clinical oversight necessary to ensure safe care. Allowing unregulated pathways weakens trust, **jeopardizes patient safety**, and creates unnecessary risks for mothers and babies.

I respectfully urge you to pass **HB1194 HD1** to support **a safer, more collaborative** maternity care system in Hawaii.

Thank you for your attention to this important matter.

Sincerely,

Olivia Manayan, MD MPH
University of Hawaii OB/GYN

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:52:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kamaile Puaoi | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am (describe self, especially emphasizing things that relate)

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

**Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

**Cultural and spiritual birth practices must be clearly protected.**This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

**Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

**Certified Midwives (CMs) and Certified Professional Midwives (CPMs)**must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

**The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Mahalo nui,

Kamaile Puaoi

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:57:45 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Makaela Smith | Individual | Oppose | Written Testimony Only |

Comments:

I am writring in STRONG OPPOSITION to HB 1194.

I am writing because I had births in the hospital that were extremely traumatic to me and so i chose a homebirth with a midwife to get my autonomy back. I had the most amazing experience with my midwife and I want every woman to be able to choose for herself what she wants for her birth.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully rewsolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.

Cultural and spiritual birth practices must be clearly protected. This is especially vital for indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway(PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives(CMs) and Certified Professional Midwives(CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Makaela Smith

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:58:05 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| adaure ezinne dawson | Individual | Oppose | In Person |

Comments:

I stand before you today, to oppose HB 1194

This bill does not honor All pathways to the midwifery licensure and it Restricts access to about 50% of those who are certified and credentialed CPM's. This effort to minimize the amount of practicing CPM's in a home birth setting is frustrating because the community has spoken repeatedly that they want to protect licensed midwives and native or cultural birth practictioners.

I became a midwife through the PEP process and today I can tell you that I'm so grateful for my training. My mentor taught me what signs to look for during a birth to ensure that if some was out of my scope that I knew appropriately well how to transport that client to a higher level of care. She also taught me how to hold my head high because in the moments that really matter the appropriate action to bring a laboring mother to the hospital was the right decision and that not everyone in the hospital would respect me or the birthing person during that difficult transition. IT has been not uncommon to be stared down by a nurse who felt her judgement call was most crucial at the time of a transfer rather than attend to the birthing person. With my preceptor I was able to learn under her guidance fetal palpation skills, methods of resuscitation, fetal heart monitoring, estimated blood loss, risks of high blood pressure, high quality diet and nutrition guidelines in pregnancy, Iv skills, suturing skills, culturally appropriate care and many many more lessons that have allowed me to have a thriving midwifery practice with low transfer rates. As a mom of 5 with limited resources this was the best pathway to midwifery and now I cant even pass on that knowledge to another student who may find themselves with similar low income situation. This bill is discriminatory and does not benefit our local community it diminishes the practice of midwifery and reduces the likelihood that these skills will be passed on for generations to come

Thank you

A. Ezinne Dawson

Testimony of: Daniela Martinez
Licensed Midwife, Certified Professional Midwife
Actively attending home births on Oahu.

*I am a licensed midwife and I OPPOSE HB1194.*

*I stand in support of the recommendations and testimony of the Hawai'i Home Birth Collective.* They have actively asked midwives and birthing families (the consumers of midwifery care) what they want and need. The recommendations of HiHBC are a reflection of the community. The Hawai'i Home Birth Collective is the largest membership of midwives in the state.

Midwives Alliance of Hawai'i DOES NOT represent me.
Their organization is directed by a Certified Nurse Midwife who does not actively attend home births in Hawai'i. Her organization does not reflect the community as they do not inquire with most midwives or the consumers of home birth midwifery care. CNM's are not CPM's. We can't allow a CNM to decide what is right for a CPM. Just like we don't have spine surgeons dictate what chiropractors can do- they both may deal with the spine but ultimately in a drastically different way.

I am one of only 4 Licensed Midwives on Oahu who has an active home birth practice.

In order for me to provide well safe, rounded, culturally appropriate, adequate care to the families I serve I need to count on birth attendants, Pale Keiki, naturopathic physicians, OB's, CM's, CNM's, and various cultural practitioners. HB1194 criminalizes my ability as a Licensed Midwife to work with such a diverse team which jeopardizes the wellbeing of women and babies. This is unacceptable.

The supposed "exemptions" that this bill creates for Hawaiian cultural practitioners and non Native Hawaiian practitioners is insufficient. That is made clear by the temporary injunction put on Act 32 by a Hawai'i court to allow Native Hawaiian Midwives to practice due to the insufficiencies of the Papa Ola Lokahi Kupuna Council exemption that Act 32 had in place to supposedly protect Hawaiian Midwives. (https://reproductiverights.org/court-rules-in-favor-of-native-hawaiian-midwives/)
And yet HB 1194 is trying to say that Hawaiian Midwives are protected by the Hawai'i constitution. If they were, then adding that sentence into the bill offers the community

ZERO additional protection than they already legally have. And if that already existant protection was sufficient- then why would Hawaiian midwives spend time taking the state of Hawai'i to court? And to then say that non Hawaiian Cultural Practitioners can go be approved by a Kupuna Council with Papa Ola Lokahi is an incredibly FALSE claim being spread by proponents of this bill. Not even Native Hawaiians Midwives are protected by a Kupuna Council through Papa Ola Lokahi. There is no Kupuna Council dedicated to Native Hawaiian cultural birthing practices. Again, the court injunction was possible due to the recognition that relying on a Papa Ola Lokahi Kupuna Council to exempt traditional Hawaiian Midwives is NOT a feasible path. Looks good on paper, but does not work in real life. Doesn't work for Native Hawaiians. Certainly won't work for non Native Hawaiians.

HB1194 creates more hurdles and further fragments an already strained maternity care system. Hawai'i has a shortage of nurses and Doctors. This bill makes it harder for people to become midwives, which will further exacerbate midwifery access.

Respectfully,
Daniela M.G, LM
danielamartinez.midwife@gmail.com

**HB-1194-HD-1**
Submitted on: 2/20/2025 2:59:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Sarah Radke | Individual | Oppose | Written Testimony Only |

Comments:

I'm out of time to explain my position, But I STRONGLY OPPOSE this bill!

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:00:00 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| nina millar | Individual | Support | Remotely Via Zoom |

Comments:

As a practicing homebirth midwife in Hawaii for over 40 years, I support the licensing of qualified midwifes utilizing standards set by national organizations and the processes established to acquire national certification( NARM, ACNM). I support extending greater access to quality community care for birthing families be it at home or in a birth center. I would encourage legislation to develop local pathways for those residents interested in becoming licensed midwives. I support disclosure of qualifications to attend chilbirth be it a licensed midwife or a cultural practitioner.

Thank you Nina Millar, LM

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:00:34 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

Aloha,

Finance committee members!

My Name is Alana Koa, I am a mother, a member of the Hawai‘i Home Birth Collective as well as a Haumana Apprenticing under Malama Na Pua O Haumea, I am an inspired Midwife and pale keiki.

I am in STRONG OPPOSITION of H.B 1194,

H.B 1194 does not include clear wording for cultural and religious birthing practices and family support during the whole birthing experience!

The proper Amendments needs to be made if not it should be DEFERRED!!

In H.B 1194 still falls short in expanding access to Midwifery licensure,

when there is the PEP pathway which is an accredited pathway in 26 other states and which existed here in Hawai‘i. So why can’t multiple pathways co-exist?

H.B 1194 gives us LESS access to critical reproductive care that our communities so desperately needs. Especially in Maui County, we still have only ONE hospital, ONE option and only ONE way to give birth! We also have Molokai and Lanai that is apart of Maui County and they DO

NOT have a hospital either. There is also many rural communities with families that live off grid on all three islands…

You guys could save a lot of money and give more of our people access to jobs and different pathways serving our community giving those families MORE access to care.

I grew up in Honokohau for 16 years of my life where I witnessed births and it was normal!! But at the time of my own pregnancy I was residing on Lahainaluna Rd. where Lahaina STILL doesn't have a hospital and is a hour and half dive to the closest hospital located on the opposite side of the Island, if there's no traffic.

My pregnancy was during Covid which made me terrified to be pregnant. Which my doctors didn't make me feel any better about during that time.

Long story short I gave birth by myself in the car…3 minutes outside of Lahaina. I was not educated by any of my medical providers or was able to have access to a Midwife, even though I knew they existed. I thought my medical providers were supposed to make me feel safe during my entire pregnancy, but that is not how I felt.

But when it came to my birth where I gave birth alone…

I made the choice to call aunties that provided all the right care i needed and they healed me up!!

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy!!

H.B. 1194 falls short of protecting our reproductive freedom, privacy, and religious and cultural birthing practices.

Please we ask you make the right decision!

Mahalo,

Alana Koa

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:01:14 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Taytum | Malama Na Pua o Haumea, Maui Medical Healers Hui, Hawaii Home Birth Collectivr | Oppose | Remotely Via Zoom |

Comments:

Testimony
Aloha Chair Yamashita, Vice Chair Takenouchi, and committee members.
My name is Taytum Herrick I am from Lahaina and currently living in Waikapu. I'm here to testify in strong opposition to HB 1194.
I am a pale keiki, haumana of Malaga Na Pua o Haumea, and an aspiring midwife.
Coming from Maui County and being a more rural community, accessing western medical care isn't always easy or even the best option. If we keep moving the way we are, it will only get worse. Currently we have one hospital, only one way to give birth, and limited funds to do so.

HB 1194 falls short to provide equality in multiple aspects, and choosing equity will save unnecessary money and time spent fixing the issues that will come up from this bill. Please consider deferring bill HB 1194 until these amendments are included:

1. Every and all birthing people have a right to choose who supports them and attends their birth.
2. Including the PEP model for licensure is locally accessible and creates jobs in our rural communities. It is a trusted pathway to licensure in 27 states. It also gives one the experience from which this knowledge comes from, "'A'ohe pau ka 'ike i ka hālau ho'okahi. All knowledge is not taught in the same school."
3. CLEARLY protect all cultural and spiritual rights. Kiko pau.

As a kanaka maoli, HB 1194 does not protect us and our 'ike kūpuna, instead it strips us further of our cultural identity. Article 12 section 7 of the Hawai'i State Constitution prohibits any state law that criminalizes our practices.
We need MORE access to care, not LESS.

Mahalo for this opportunity to testify.
Sincerely,
Taytum Herrick

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:02:00 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ashley Wong | Individual | Oppose | Written Testimony Only |

Comments:

I believe all women should have the right to choose who they have with them supporting them during child birth. There is ancient knowledge in this natural process that is not always passed on through college education or whatever the government deems sufficient. Let us be responsible for our own decisions and our own bodies.

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:06:51 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Laura Sawatzke | Individual | Support | Written Testimony Only |

Comments:

I support this bill. I'm a client of a licensed midwife and I strongly support HB1194 HD1. I recently gave birth with the support of a licensed midwife in addition to hospital based care. Her knowledge, professionalism, and support were above and beyond. I trusted her and felt very safe in her care, knowing she had the education and knowledge to pass me along to a higher level of care if needed. I had the birth experience I wanted thanks to her. I highly recommend midwifery care as I experienced it.

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:06:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| duffy casey | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Duffy Casey, MD and I am an OB/GYN practicing on Maui since 2013. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

Sincerely,

Duffy Casey, MD

OB/GYN

Community Clinic of Maui

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:08:15 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Mari Grief | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Dr. Mari Grief and I am a pediatric hospitalist practicing in Honolulu, Hawai‘i. I strongly support HB1194, as it ensures that midwives practicing in Hawai‘i meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawai‘i is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

Sincerely,

Mari Grief, MD

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:14:55 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Caterina Desiato | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

Mahalo for the opportunity to submit testimony. I am an educator and researcher with a doctorate in Communication and Information Sciences from UH Mānoa, and a mother who has greatly benefitted from midwifery practices.

I urge you to oppose this bill because the evidence is clear that midwifery practices provide benefits to mothers and babies that are not provided by and cannot be subsumed under current obstetric practices. Midwifery is an ancient, culturally rooted, and place-based practice that cannot be reduced to the, equally important, medical practice. The two practices work best and provide the safest conditions for families when they are independent and integrated in a mutually respectful collaboration between medical and traditional practitioners when needed by mothers and babies.

Mahalo,
Caterina Desiato, PhD

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:18:56 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Nicole Mosk | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB 1194.

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:24:19 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Mai Hall | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I am writing as a private citizen in OPPOSITION to HB1194. This bill would hurt our cultural practitioners from continuing with our traditional birthing practices. Mahalo

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:27:03 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| sara mcdiarmid | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a mother of four and a photographer here on Oahu. I have had 3 hospital births and my last was a homebirth and it was one of the best decisions I had made. I experienced difficulties in hospitals dealing with nurses and doctors who chose not to respect my wishes, a terrible epidural where I lost all feeling down the left side of my body. I decided to home birth and the midwife and doula by my side was the most supportive team that knew EXACTLY what my body needed even when I couldn't speak.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected.This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs)must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely

Sara McDiarmid

**HB-1194-HD-1**
Submitted on: 2/20/2025 3:27:42 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Melissa Natavio | Individual | Support | Written Testimony Only |

Comments:

Dear Chairperson and Members of the Committee,

My name is Melissa Natavio, and I am an OBGYN practicing in Oahu. I strongly support HB1194, as it ensures that midwives practicing in Hawaii meet rigorous educational and training standards to provide safe and competent maternity care.

By requiring midwives to complete an accredited education program HB1194 upholds the gold standard of midwifery training. Midwives play an essential role in maternal healthcare, and it is critical that they are properly educated and clinically prepared to manage both normal and complicated births.

We must not allow substandard training models that bypass accreditation and oversight, as seen in alternative pathways like the Portfolio Evaluation Process (PEP). A lack of uniform education puts both mothers and babies at risk.

I urge you to pass HB1194 to ensure that every licensed midwife in Hawaii is trained to the highest standards, ensuring safer birth outcomes for our families.

Thank you for your time and consideration.

Sincerely,

Melissa Natavio, MD

**HB-1194-HD-1**
Submitted on: 2/20/2025 4:04:12 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Michelle Bonk | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Michelle Bonk, retired Registered Nurse, and I am a resident of Kula. I am testifying **in opposition to H.B. 1194**, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please **defer H.B. 1194 unless** the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:**Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibitspersons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Michelle Bonk*

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

**HB-1194-HD-1**
Submitted on: 2/20/2025 4:28:39 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ann Young | Individual | Support | Written Testimony Only |

Comments:

I support clear licensing requirements for midwifery to protect our keiki!

**HB-1194-HD-1**
Submitted on: 2/20/2025 4:40:33 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amanda Taber | Individual | Oppose | Written Testimony Only |

Comments:

Hello,

I oppose bill HB 1194, women need more access to reproductive care and health, and all of the alternatives that work for them and their families. Taking away cultural access to women' health is just another way to oppress women and oppress the people of Hawaii.

Thank you,

Amanda Taber

**HB-1194-HD-1**
Submitted on: 2/20/2025 4:53:02 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Jessica Redford | Individual | Oppose | Written Testimony Only |

Comments:

Members,

My name is Jessica Redford, and I am an RN and a resident of Holualoa. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:

Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.
Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,
Jessica Redford, RN

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:05:36 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kaeo Kepani | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair and Members of the Committee,

Women need more access to reproductive care and health, and all of the alternatives that work for them, their religions, value systems, and their families.

Our traditional birthing practices are protected under Article XII of the Hawaii State Constitution and are integral to our cultural sovereignty. This bill prioritizes Western medical models over indigenous knowledge systems that have successfully supported Hawaiian families for centuries.

As a native Hawaiian, I strongly oppose HB 1194 as it imposes restrictive regulations on midwifery that undermine Native Hawaiian ancestral birthing traditions. By requiring licensure through Western institutions, this bill disregards the expertise of traditional birth practitioners who have safely guided generations of Hawaiian families through birth.

These practices are deeply rooted in cultural identity, and restricting access to them is a violation of indigenous rights. While the bill claims to protect traditional Hawaiian healing practices, its extensive regulatory framework creates barriers that could effectively criminalize traditional birth workers who don't meet the Western certification requirements.

Please vote no on HB1194.

Mahalo for your time.

- Kaeo

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:10:07 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Bianca Wentworth | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Strong Opposition to HB 1194

Dear Chair Yamashita, Vice Chair Takenouchi, and Members of the Finance Committee,

I am writing to express my STRONG OPPOSITION to HB 1194.

briefly mother who has birthed 3 perfect healthy children at home, I am deeply concerned about the implications this bill would have on the community, especially in rural areas. I urge this committee to carefully consider the financial impact of this proposal. A more equitable approach would not only be more cost-effective but also create local job opportunities, particularly in rural regions. Moreover, if the issues with HRS 457J and HB 1194 HD1 remain unresolved, they will lead to unnecessary and avoidable costs for the State due to the complications they will cause.

To ensure the bill is not harmful, the following five points must be addressed:

Support for the Right of Birthing People to Choose Attendants: Every birthing person must have the right to decide who attends their birth. Criminalizing any chosen attendant, including extended and hānai family, is unacceptable.

Protection of Cultural and Spiritual Birth Practices: Cultural and spiritual birth practices, especially those of Indigenous Kanaka Maoli traditions, must be clearly protected. This extends to all cultural practices surrounding birth.

Licensure Equity: A realistic local pathway for licensure (PEP) must be reinstated so local clinical students can access licensure without being forced to relocate or face other barriers like those imposed by MEAC.

Full Scope of Practice for Certified Midwives (CMs) and Certified Professional Midwives (CPMs): CMs and CPMs must be allowed to practice to the full scope of their profession, particularly in rural areas with limited access to hospitals, ensuring safety and care for all.

Cultural Ownership of the Term "Midwife": The term "midwife" belongs to the community and is used within various cultural traditions. It is not a proprietary title and should not be taken away from the cultures that have long used it.

I respectfully ask that this committee give full consideration to these points to ensure the safety, accessibility, and cultural integrity of birthing practices in our community.

Sincerely,

Bianca Wentworth

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:15:00 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amanda Kepani | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB1194. This bill represents a dual assault on women's autonomy and indigenous rights. While masquerading as safety regulation, it effectively restricts women's reproductive choices and alienates them from ancestral birthing practices that have sustained Hawaiian families for generations.

Forcing women to conform to Western medical models while criminalizing traditional birth attendants is both cultural erasure and female oppression. Women deserve the right to choose their birth experiences and practitioners without state interference. Our indigenous birthing traditions are protected by our State Constitution and, more importantly, are vital to both our cultural sovereignty and women's reproductive freedom. Please vote no on HB1194.

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:20:52 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Meredith Buck | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

My name is Meredith Buck and I am a cultural practitioner and resident of Kailua Kona, HI. I am writing in dire opposition to HB 1194.

The following testimony is provided by the Hawaii Home Birth Collective, and I copy it here to add my support to it. I would like to draw particular attention to the negative impacts this bill would have on native cultural lifeways, and medical access for the rural and/or impoverished among us.

Mahalo nui loa,

Meredith

Copied testimony below:

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:
• Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.
• Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
• Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
• Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
• The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:30:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Ron Bush | Individual | Oppose | Written Testimony Only |

Comments:

**Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,**

**I am writing in STRONG OPPOSITION to HB 1194.**

**I live on Kauai and am a 1st responder with the fire department. Please do not pass HB 1194 because it will remove a vital service for the families of Kauai and the rest of the state. As a result, there will be a gaping hole in the care and life safety of new born babies and their mothers.**

**I also ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.**

**The following five points are the minimum requirements of any bill to be considered not harmful:**

**Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.**

**Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.**

**Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.**

**Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.**

**The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.**

**Thank you for this opportunity to testify.**

**Sincerely ,**

**Ron Bush**

**HB-1194-HD-1**
Submitted on: 2/20/2025 5:46:01 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Alyssa Malley | Individual | Support | Written Testimony Only |

Comments:

Dear Members of the Committee,

I am Alyssa Malley, an obstetrician-gynecologist who has dedicated my career to improving maternal and newborn health outcomes. I strongly support HB1194 because it ensures that every midwife licensed in Hawaii has completed high-quality, accredited training that prepares them to provide safe, evidence-based care.

Every family deserves to have a birth attendant who is thoroughly trained and clinically competent. Unfortunately, the PEP pathway allows midwives to bypass formal, standardized education, creating a two-tiered system where some midwives meet national standards and others do not. This disparity is unacceptable and disproportionately affects families seeking home birth options.

HB1194 protects families by ensuring that midwives are fully prepared to manage both normal and emergency situations, work collaboratively with healthcare providers, and provide equitable, high-quality care to all birthing individuals.

For the health and safety of Hawaii's families, I urge you to vote in favor of HB1194.

Thank you for your time and commitment to maternal health.

Sincerely,
Alyssa Malley, MD
OB/GYN
Hawaii Pacific Health

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:03:33 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Christy Shaver | Individual | Oppose | Written Testimony Only |

Comments:

**Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,**

My name is Christy Shaver, and I am a resident of Lahaina. I am testifying in opposition to H.B. 1194, relating to midwifery.

Hawai‘i’s State Constitution upholds the fundamental right to reproductive autonomy, including the right to choose where and with whom to receive pregnancy and birth care. Unfortunately, H.B. 1194 does not adequately protect reproductive freedom, privacy, or the cultural and religious birthing practices deeply valued by our communities. It also fails to expand pathways to midwifery licensure, limiting access to critical reproductive care—especially in Hawai‘i’s rural areas, where reproductive healthcare is already scarce.

I urge you to defer H.B. 1194 unless the following amendments are made:

## Protecting Cultural and Religious Birth Practices

H.B. 1194 lacks clear statutory exemptions for cultural and religious birthing practices, birth attendants, and the role of extended family in supporting birth. Without these protections, families and birth attendants risk criminalization simply for upholding traditions that have supported safe and meaningful births for generations. I urge you to incorporate the statutory exemptions from H.B. 1328 (pages 34-35) into this measure to ensure cultural and religious birthing practices are recognized and protected while maintaining consumer protection standards.

## Expanding Pathways to Licensure

Currently, 27 other states and Washington D.C. allow apprenticeship or direct-entry pathways to midwifery licensure. However, H.B. 1194 prohibits individuals who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for licensure in Hawai‘i. This restriction disproportionately impacts aspiring midwives, particularly those from underrepresented communities, by eliminating a more accessible and affordable route to licensure. I support an amendment that includes an apprenticeship pathway, which would not only create opportunities for aspiring midwives but also expand midwifery care statewide.

Please vote against H.B. 1194 unless these amendments are incorporated to safeguard reproductive autonomy and privacy rights while expanding access to much-needed midwifery care. Many pregnant individuals cannot afford hospital-based care, lack transportation or childcare to attend appointments, or do not feel safe and respected in the traditional healthcare system. At its core, this issue is about reproductive choice—ensuring more care options, not fewer.

**Mahalo for your time and consideration.**

Warm regards,
**Christy Shaver**

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:09:25 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Carol Maxym | Individual | Support | Written Testimony Only |

Comments:

For the safety of our mothers and their babies, please support this bill.

Thank you

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:10:20 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Susan Sims | Individual | Support | Written Testimony Only |

Comments:

I strongly support HB1194HD.

Susan Sims CNM, APRN

**HB-1194-HD-1**
Submitted on: 2/20/2025 6:19:43 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kiley Adolpho | Individual | Oppose | Written Testimony Only |

Comments:

I oppose HB 1194.

Support Midwives, All of them. Support reproductive choice to have babies safely in the home with who they choose.

thank you

**HB-1194-HD-1**
Submitted on: 2/20/2025 7:21:14 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Marina Diaz | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Marina Diaz, and I am a resident of Honolulu (Salt Lake). I am testifying **in opposition to H.B. 1194**, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please **defer H.B. 1194 unless** the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:**Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibitspersons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Marina Diaz*

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:30:02 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Danielle Surface | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,
My name is Danielle Surface, and I am a resident of Halawa. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.
Please defer H.B. 1194 unless the following amendments are made:

- Amendments to protect cultural and religious birth practices: H.B. 1194 does notinclude clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
- Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons whoearned a Midwifery Bridge Certification from the North American Registry ofMidwives (NARM) after January 1, 2020, from applying for a midwifery licensure inHawai’i. I support an amendment that includes an apprenticeship pathway tomidwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,

Danielle Surface

96818

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:30:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Tiffany Merrick | Individual | Oppose | Written Testimony Only |

Comments:

I strongly OPPOSE this bill.

**HB-1194-HD-1**
Submitted on: 2/20/2025 8:47:17 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Halona Brooks | Individual | Oppose | Written Testimony Only |

Comments:

Subject: Opposition to HB1194

I am writing to express my strong opposition to H 1194 and any proposed legislation that would prohibit or restrict the right of parents to have a home birth in the privacy of their own home. Such a ban is not only an infringement on personal freedoms but also a direct violation of fundamental constitutional rights, including religious liberty and the right to make personal medical decisions for our families.

For many families, home birth is not simply a preference but a deeply held religious and spiritual conviction. Throughout history, childbirth has been an intimate and sacred experience, guided by faith and traditional beliefs. For those whose religious convictions dictate that birth should take place in a familiar and spiritually significant environment, a ban on home births would force them to violate their conscience in order to comply with government mandates. This directly contradicts the First Amendment and mguarantee of religious freedom.

Furthermore, such a prohibition disregards the constitutional right to personal autonomy in medical decision-making. The Supreme Court has consistently upheld the right of individuals to make deeply personal choices regarding their bodies and medical care. Choosing the location of childbirth is an extension of this right. A government-imposed restriction on home births would set a dangerous precedent by allowing the state to dictate private, family-centered medical decisions, undermining bodily autonomy and parental rights.

Additionally, there is no compelling justification for banning home births when evidence supports their safety under proper medical guidance. Many licensed midwives and healthcare professionals provide competent, effective care for home births, ensuring the well-being of both mother and child. Rather than banning this practice, policymakers should focus on improving access to skilled birth attendants and enhancing educational resources for expecting parents who choose home birth.

I urge you to reject any proposal that would strip families of their right to give birth in their own homes. Instead, I ask you to protect religious liberty, uphold constitutional freedoms, and respect the fundamental rights of parents to make decisions that align with their values and beliefs.

Thank you for your time and consideration. I look forward to your response and hope that you will stand in defense of personal and religious freedoms.

Sincerely,

Halona Brooks

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:06:03 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Tara Flynn | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill that will take rights away from individuals to choose their birthing process and choice of practitioners. This is government overreaching, unconstitutional control of individuals freedom to choose.

**HB-1194-HD-1**
Submitted on: 2/20/2025 9:41:21 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Nadine Ortega | Tagnawa | Oppose | Written Testimony Only |

Comments:

Aloha Chair, Vice Chair and Honorable Members,

As a Filipino-focused wildfire disaster recovery organization on Maui and O'ahu, Tagnawa wants safe and accessible high quality pre-natal, delivery, and post-partum care for Hawai'is women. COVID-19 and the Lahaina fire are clear warnings that we need a more expansive and agile maternal care system that can roll with the punches and catch vulnerable communities.

This is Trump's America. Hawaii has over 20,000 undocumented female immigrants who are avoiding hospitals and formal medical settings. We need more trained midwives and out-of-hospital care than ever.

**Tagnawa is compelled to oppose this measure unless amendments can be made** to provide a realistic path to midwifery for local aspirants, and to ensure there is no criminalization of traditional, cultural, and religious birthing practices. This Committee has the power to create a compromise that will not further divide health care workers along racial and class lines, and that will avoid further legal and political issues for the State.

We respectfully urge you to adopt the amendments proferred by the ACLU of Hawaii. Please **do not pass** HB 1194 without substantial amendments.

Thank you,

Nadine Ortega, J.D.

Executive Director

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:32:38 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments: Chair Yamashita, Vice Chair Takenouchi, and Committee Members, My name is Karin OMahony and I am a resident of Waimānalo. I am testifying in opposition to H.B. 1194, relating to midwifery. The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given many places in Hawai‘i that lack access to appropriate reproductive care. Please defer H.B. 1194 unless the following amendments are made: • Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure. • Amendment to expand access pathways to licensure for our communities: Twenty- seven (27) other states and Washington D.C. allow for an apprenticeship or direct– entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities. Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. Many pregnant women 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 in the birthing process. I had both of my children under the care of midwives and it was definitely the best care for my family. Mahalo for your consideration, Karin OMahony

**HB-1194-HD-1**
Submitted on: 2/20/2025 10:53:53 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Tehya Taylor | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a Native Hawaiian woman who strongly believes we should have the right to maintain our cultural practices and protocols, especially pertaining to birthing and raising future generations.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hanai family.
- Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access
- The term "midwife" belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Tehya Taylor

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:07:00 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Lokalia Mayo | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Lokalia Mayo, and I am a resident of Honolulu. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

As a Hawaiian mother of two whose children were both born in Hawai‘i, I have witnessed firsthand the lack of support for mothers during the prenatal, labor, and postpartum period. According to recent data, Native Hawaiian women face significant disparities in maternal health care, with higher rates of complications such as preterm births and low birth weights compared to the general population. For example, Native Hawaiian women have a preterm birth rate of 9.9%, higher than the state average of 9.2%. These statistics highlight the urgent need for more culturally competent, individualized care and support systems.

When learning and understanding the perspectives and practices of my kūpuna (ancestors) who have thrived on these ancient lands, it becomes clear that the well-being of mothers and their babies was once deeply nurtured by community and familial support. This cultural approach emphasized holistic care during the prenatal, labor, and postpartum stages, which allowed mothers to thrive physically, emotionally, and spiritually.

It is evident that individual support for all mothers—or any other type of support a mother is comfortable with—should be a priority and a right given to us all. If we are to move forward in a way that truly honors our heritage and addresses the current disparities, we must prioritize accessible, culturally informed care that aligns with the values and practices of our kūpuna.

Please defer H.B. 1194 **unless** the following amendments are made:

• Amendments to protect cultural and religious birth practices: H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family

support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this Measure.

• Amendment to expand access pathways to licensure for our communities: Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo nui for your time and consideration.

No ka pono o ka lāhui,

Lokalia Mayo

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:08:41 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Marisa Tyrell | Individual | Oppose | Written Testimony Only |

Comments:

Healthcare systems must recognize and respect the diverse needs of patients from different cultural, ethnic, and religious backgrounds. Criminalizing traditional birthing practices undermines this diversity and ignores the cultural significance that certain birth rituals or practices hold.

By respecting diverse practices and ensuring the safety of all birthing options, we can promote a more inclusive, equitable, and just approach to maternal healthcare. As a mother of 2 with experience in both hospital birth and  home birth. I STRONGLY OPPOSE HB 1194.

**HB-1194-HD-1**
Submitted on: 2/20/2025 11:10:05 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Rylan Leong | Individual | Oppose | Written Testimony Only |

Comments:

Healthcare systems must recognize and respect the diverse needs of patients from different cultural, ethnic, and religious backgrounds. Criminalizing traditional birthing practices undermines this diversity and ignores the cultural significance that certain birth rituals or practices hold.

By respecting diverse practices and ensuring the safety of all birthing options, we can promote a more inclusive, equitable, and just approach to maternal healthcare. As a father of 2 with my wife in experience in both hospital birth and home birth. I STRONGLY OPPOSE HB 1194.

**HB-1194-HD-1**
Submitted on: 2/21/2025 3:11:40 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kimmer Horsen | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I Kimmer Horsen am writing in STRONG OPPOSITION to HB 1194.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

Support for the right of every birthing person to choose who attends their birth; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.

Cultural and spiritual birth practices must be clearly protected. This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

Licensure equity: a realistic local pathway (PEP) must be reinstated for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.

Certified Midwives (CMs) and Certified Professional Midwives (CPMs) must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

The term “midwife” belongs to the community, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Kimmer Horsen

Sincerely

Kimmer Horsen

**HB-1194-HD-1**
Submitted on: 2/21/2025 6:51:49 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Paiden | Individual | Oppose | Written Testimony Only |

Comments:

Greetings Chair Yamashita, Vice Chair Takenouchi, and members of the Finance Committee,

I am writing in STRONG OPPOSITION to HB 1194.

I am a doula, massage therapist, and apprenticing midwife in Ocean View on Hawaii Island. I am currently following the PEP pathway for education which is a recognized pathway by NARM, north american registry of midwives. NARM follows the midwifery model of care and their standards for PEP pathway are congruent to that of a MAEC education. I am following this pathway because I believe in carrying cultural practices forward but also there is no MAEC accredited school in Hawaii Islands. How can a bill be passed requiring these credentials when the state does not provide a pathway of education for the next generation to then meet the proposed legislation? It creates a detrimental cycle of needing people to come from outside the islands rather than building resiliency within our communities. How does that support fair, equitable and sustainable maternal health? It does not. How does that create access for mothers and children to receive quality care? It does not. Ocean View is a very rural town with access to hospital care almost 2hrs away. There is no current midwives residing in the district of Ka'u. As someone up and coming to serve the community of Ka'u this bill does not create a pathway of wellness, maternal health or frankly healh and safety for the children in this community but gravely limits their already restricted access to care even further.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.**This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.

- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

paiden kennedy

**HB-1194-HD-1**
Submitted on: 2/21/2025 7:25:05 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

I Yvonne Alvarado Opposite to Bill HB1194 HD1

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:05:18 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Grace Alvaro Caligtan | Individual | Oppose | Written Testimony Only |

Comments:

I am writing in STRONG OPPOSITION to HB 1194.

I am a Reproductive Justice advocate, health educator, full spectrum doula and former student midwife under supervision who could not continue the PEP process due to time and costs.

I ask that this committee please consider the financial issues involved: guaranteeing health equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.
- **The term "midwife" belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely,

Grace Alvaro Caligtan

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:10:15 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Summer-Lee | Individual | Oppose | Written Testimony Only |

Comments:

There has been a misconception that the hospital is a place where ALL birthing people should birth their babies.

Research, statistics and birth professionals around the world, know that this simply is not true.

In our western society and specifically in the united states, the birthing statistics are staggering at how detrimental it is for birthing families to attempt or give birth in hospitals. They are not healing places but surgical place. Simply NOT the ideal place for a NORMAL event, such as birthing babies with no complications.

I am one of those women who had a traumatic birthing experience in the hospital 18 years ago. While laying on my back (not the ideal position for birthing in most cases) and I felt the need to turn before my baby crowned to get her out easier. Nurses were holding both my knees down and screamed at me, that I could not turn over. I yelled that they sucked and continued to try and push my baby out. When I opened my eyes, there were 10 nurse students standing there watching me push my baby out, and she came out with a little bruising on her eye. While attempting to clean me off, they used a spray bottle with ice cold water in it. I would later find that the hospital did not have hot water and I washed my hands and had NO hot water the entire 10 hours I was told I needed to stay there.

They 'allowed' me to take a few pictures with her in my arms, before they took her away to the nursery for 'monitoring' I wouldn't see her for 5 hours after her birth and I called for her every time a nurse came into my room. In the last hours before they finally brought her to me, I was standing and pacing waiting for them to bring her to me and said I could not go and get her in the nursery either.

I told them that I wanted to be discharged immediately and was told I had to stay in the hospital for at least 10 hours after birth.

The next morning I was packed and ready to get out of that hell hole as soon as my 10 hours was up.

I lived with a sense of being violated for a few years, until I realized that this unfortunately is not a unique incident, and that MANY women are left feeling violated after birthing in the hospital.

To try and regulate normal, natural births and the professionals who guide and support women through them, is a gross injustice to women's autonomy, family choice and cultual practices.

NO to HB1194 FOREVER as hospitals are NOT the safest place for all birthing families to have their babies.

Summer-Lee Yadao

Mother of 3, two birthed in a hospital and one happily, gladly and safely born at home in Ma'ili, O'ahu.

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:22:21 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Andrea Schmidt | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Andrea, and I am a resident of Kāne'ohe I am testifying* ***in opposition to H.B. 1194****, relating to midwifery. As it is currently written it fails to protect cultural birthing practices and it further fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve!*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities.* ***At***

***the heart of this measure is reproductive choice–and offering more, not less care in the birthing process.***

*Mahalo for your thoughtfulness on this issue,*

*Andrea*

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:27:06 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Melissa Kim | Individual | Support | Remotely Via Zoom |

Comments:

As a pediatrician on Maui, our parents and babies cannot continue to suffer from mismanaged care resulting in death or morbidity. The midwives need proper training and to know what they know and know when to go for help. Some do, but unfortunately unless they are a certified nurse midwife, many do not. The apprenticeship model of training when lives are at stake from someone who themselves do not recognize at what point their expertise ends is very dangerous. Support this bill as the first step in the right direction

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:40:41 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Yuka Polovina | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and committee members.

I opposed HB1194 in its current state. I request amendments that increase access to reproductive care and end the criminalization of traditional, cultural, and religious birthing practices.

Specifically amendments to protext cultuural and religiuos birth practices; and amendments to expand access pathways to licensure for our communities.

At the heart of this measure is preproductice choice and offering more, not less care in birthing processes.

Mahalo,

Yuka

**HB-1194-HD-1**
Submitted on: 2/21/2025 8:59:02 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Merrily Daly | Individual | Support | Written Testimony Only |

Comments:

I am in total support of this bill as I feel it is extremely necessary for midwives to be regulated

especially here in Hawaii  where we get so many transient midwives not knowing their past history.

i am an RN, CPM and LM in Hawaii since 1976 and I bring to the table much experience concerning issues with transient midwives from other states that stable licensed midwives here have had to deal with once these midwives move on.

We must protect our community as well in making sure families are getting safe care from our community midwives knowing they have been tested on their knowledge and keeping up with current events with CEU's

In Regards

Merrily Daly

**HB-1194-HD-1**
Submitted on: 2/21/2025 10:28:41 AM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Kealii Pooloa | Individual | Oppose | Written Testimony Only |

Comments:

Aloha mai kākou,

I am submitting testimony in OPPOSITION to bill HB 1194.

My name is Kealii Pooloa and I am an indigenous birth worker. I work diligently to teach and cultivate our Native Hawaiian birth practices to parents. I have experienced first hand thru my own births, all born in a hospital, and the loss of my first born child, a 41 week old stillborn baby girl how cruel and invasive hospital births can be. You cannot deny history and you cannot deny that the historical introduction of medical births that require an OBGYN to facilitate in a hosptial has created a toxic environment of fear around births. This fear mongering that nurses and doctors do to a mother in labor is the reason behind so many irresponsible and unnecessary cesarean births. The heavy handed baby only focused approach during birth ignores the mother‘s wellbeing and this is standard practice in hospitals. And this damaging behavior steals away the ceremonial aspect that birth actually is. The medical profession can act as though birth is just another medical procedure but when the mother is empowered during her birth ceremony, the outcomes are far greater and healthier. The hormones that required for bonding and successful breastfeeding are present, and the mother‘s identify of herself is strengthened by her empowered birth ceremony, allowing her to become a wonderful mother. Birth is transformative, not transactional.

I work to empower mothers and their partners to speak up and against all the little ways the nurses and doctors work to disempower the mothers. With midwives, the focus is on the mother. They work to establish a relationship (something OBGYNs consistently fail to do, or cannot do during their 15 minute time frame for appointments) they also attend to the mother before birth, during birth and AFTER birth, something, again, that does not happen with hospital births and with OBGYNs. The mother sees the doctor six weeks after birth and THATS IT. That in itself, is absolutely horrible because the mother does not get the attention she really needs in the days after the birth, with the healing and breastfeeding support that all work together to help the baby thrive. Where is that in this bill?

By restricting midwifery, you are taking away valid and necessary care for the mothers of Hawaii. You are limiting options and resources where there are already too little options to begin with. And the data and statistics all tell the story of the broken maternal healthcare system in Hawaii with the high statistics of maternal and infant loss.

PLEASE DO NOT PASS HB1194.  DO NOT DO THIS TO MOTHERS. And fathers, and all the children born in traumatic oppressive systemic failures.  This affects EVERYONE.

Mahalo nui.

Aloha Chair Yamashita, Vice Chair, and Committee Members,
I am writing to you in opposition of HB 1194. I am currently 15 weeks pregnant with someone else's baby. This is my first time serving as a surrogate and even though I thought I was well-educated about reproductive healthcare, I have learned so much more in the past few months. Not just about how reproduction works, but also how our healthcare system does and, sometimes, does not function.
I have been pregnant five times before this, with multiple miscarriages, and two healthy and successful home birthed babies. For my last birth, in 2018, I was attended and assisted by 8 people in my home, only two of whom wouldn't have been potentially subject to criminalization under the current laws and this proposed law.
As a person who has and will be again very soon be bringing new life into this world, I am pleading with you to not pass this bill. It will further hinder safe and equitable access to reproductive healthcare for those who are bringing babies forth as we have done for thousands of years, attended by those of our own choosing.
During my current birth I will be laboring and delivering in the hospital due to the terms of my contract. I willingly signed this contract, even though my preference is to avoid hospitals at almost all costs. I believe that birth is primarily a natural process, and while I am grateful for Western medicine in times of necessity, I do not believe that most healthy, uncomplicated births require any sort of medical intervention. I am well aware that my beliefs are not the current norm and I also firmly believe that every pregnant person deserves the right to choose with whom and how they bring life into this world. That is what we need to protect- the right to choose, and this bill actively reduces that right. I dream of a future where birth workers are welcome 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 allowing the PEP+ Bridge pathway that was allowed before 2020 and was initially included in prior legislation on this topic we are expanding accessibility and inclusion and thus creating safer options for our community to work towards licensure. This bill does not allow for that option.

This bill will result in contributing to the loss of native and cultural wisdom in our birthing practices. Carving out an exemption JUST for Native Hawaiian cultural practices is not enough. Without additional exemptions to protect ALL of our birth workers we are furthering the divide between modern medicine and cultural wisdom. We need legislation to bridge that gap to create more safety and support for our laboring and birthing community. Please 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 Island Resident

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Stella Caban, and I am a resident of Honomu, Hawai'i. I am testifying in opposition to H.B. 1194, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please defer H.B. 1194 unless the following amendments are made:

H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.

Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct-entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Additionally, recognizing the self-determination and Ea of Kanaka Maoli traditional midwifery practices, including *Pale Keiki*, as well as other Pasifika traditions, is especially important. This is part of the larger issue of recognizing the human rights of Indigenous peoples. Such recognition is crucial for the cultural continuity and well-being of our communities. The inclusion of these practices would affirm the rights of Kanaka Maoli and other Pacific Islanders to maintain and pass on their cultural heritage, ensuring that these traditional practices remain integral to the birthing process.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.

Mahalo for your consideration,

Stella Caban

**HB-1194-HD-1**
Submitted on: 2/21/2025 12:43:25 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Emily Sarasa | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

My name is Emily Sarasa, and I am testifying **in opposition to H.B. 1194**, relating to midwifery.

The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.

Please **defer H.B. 1194 unless** the following amendments are made:

- **Amendments to protect cultural and religious birth practices:** H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.
- **Amendment to expand access pathways to licensure for our communities:** Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licenssure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.

Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.**

Mahalo for your consideration,

Emily Sarasa, 96813

**HB-1194-HD-1**
Submitted on: 2/21/2025 1:25:04 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Toni Floerke | Individual | Oppose | Written Testimony Only |

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Toni Floerke, and I am a resident of Kapolei. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai‘i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai‘i’s reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai’i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities,*

*especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Toni Floerke*

**HB-1194-HD-1**
Submitted on: 2/21/2025 1:35:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Anna Ehinger | Individual | Support | Written Testimony Only |

Comments:

I was a client of a licensed midwife and had the absolute best prenatal and post natal care and I know this is because my midwife's extensive training and expertise. I am so grateful that she offered all the things that would have been offered with an OB, but in a way where I got much more support and guidance.

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

**HB-1194-HD-1**
Submitted on: 2/21/2025 1:45:00 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Felicia Banks | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose this bill

**HB-1194-HD-1**
Submitted on: 2/21/2025 1:46:54 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Rocio Bueno | Individual | Oppose | Written Testimony Only |

Comments:

I strongly oppose HB 1194 HD1.

**HB-1194-HD-1**
Submitted on: 2/21/2025 2:09:45 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Dr. Ye Nguyen | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

I strongly OPPOSE HB 1194 HD1.

I am a licensed naturopathic physician and home birth practitioner. I also help support women give birth in hospitals in my practice. My mentors were naturopathic physicians, CPMs, CNMs as well as traditional midwives. I also have had 2 home births.

I truly believe that every woman has a right to choose whom they may have as their birth team and where they want to give birth.

This bill is still highly restrictive and creates a dangerous situation at the end of the day.

From a financial perspective, there will be greater costs to our tax payers as we limit who our community chooses as their midwives.

The term "midwives" has been used since the beginning of time and should not used to describe practitioners that are only seen as such by the government.

The PEP process is another way of learning that has been part of the tradition & art, as well as science of midwifery for students that cannot be lost. A MEAC form of education is not the only way for midwives to be trained.

The government is giving the community a false sense of security of "safety" by making only certain "midwives" that they have regulated acceptable.

As we all know, midwifery is something that is very complex and an individual decision that only a birthing person can decide upon what is best for them...not by the government. We must trust our birthing persons in making the right decision for themselves. At the end of the day, no one or governing body can stand in the way of what a "mama" wants for their babies.

Please take this into consideration and do the right thing, representing the community's voice. If you are unsure about what "midwifery" is or have had your own "traumatic" birth experience, I urge you to take the time to speak to a midwife to understand what your biases are and take the time to learn about what the community wants.

Thank you for your time and energy...your service to our community.

Respectfully,

Dr. Ye Nguyen

**HB-1194-HD-1**
Submitted on: 2/21/2025 2:13:32 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Dani Dougherty BS, CPM | Individual | Support | Written Testimony Only |

Comments:

I am a Licensed CPM practicing in Hawai‘i for 15 years. Because I have a late response, I was able to sit and read through the 378 pages of testimony that were already submitted for HB1194. I read some viable and reasonable recommendations from both opposing and supporting points of view. Ultimately I believe that we can all come together to agree on an excellent bill that protects families, care providers and our community from experiencing traumatizing outcomes due to complications in home birth that they were not prepared for.

Of all of the recommendations read in the testimonies, here is what really stands out to me as a CPM who supports licensure.

In order to possess the title "Licensed Midwife" I believe that the PEP process is not adequate. Here's why:

Much of the islands of Hawai‘i are considered to be rural when it comes healthcare. There is an argument saying that midwives are the solution to the lack of care available in these communities, but I would also argue that BECAUSE we are "outer-island" we should be well prepared for scenarios that might require us to use our skills at full capacity.

I currently share a student with another CPM, which means she is apprenticing under 2 different preceptors. This happens often with midwifery students, because they are trying to get their required number of births. Our student is enrolled in a MEAC accredited school, which I appreciate because I can rest assured that she is learning from a comprehensive curriculum that includes current day practices, all while attending births and learning the hands-on skills from us. The truth is that there is not always enough time (between attending births and carrying the load of a private midwifery practice) to sit down and teach academic classes and concepts to our student. I fear that some knowledge might slip through the cracks of her understanding if we were her sole teachers, and some of our practices might be outdated. We have learned things from our students over the years, because their entire focus is to study midwifery, and they are constantly being exposed to the research that we might now know about yet.

I myself learned from an "Experienced Midwife" who had no formal schooling. There are many things I have learned over the years that she was not able to teach me, because she did not know them. This is inevitable if we rely only on passing down wisdom from generation to generation without seeking our higher knowledge. This is why after becoming a CPM, I sought out my Bachelors Degree in health science, because my midwifery training did not provide me with a

comprehensive knowledge of human anatomy and physiology, and I wanted to be able to understand the reasoning behind recommendations that I had memorized through my training as an apprentice.

Here's the thing:  Apprenticeship will never be lost as long as there is NARM certification for Direct Entry Midwives.  Whether a student does the PEP process and learns the academics on her own, or she attends a MEAC accredited school online or in-person; APPRENTICESHIP is REQUIRED either way.  Also - let it be known that our student has never had to leave the island once during her MEAC accredited midwifery program; making it a very viable option for student midwives. There are also scholarships and grants available for the same online schooling, making it more accessible as well.

I believe the accredited pathway to the title Licensed Midwife can help provide a standard of knowledge alongside apprenticeship, and I believe that both are essential to midwifery practice in a rural community.

Thank you for your time,

Dani Electa Dougherty BS, CPM, LM

**HB-1194-HD-1**
Submitted on: 2/21/2025 2:29:30 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| Amelia | Individual | Support | Written Testimony Only |

Comments:

Hello,

I am writing to vote YES on HB1194, in support of midwife licensure.

We need safe birthing for our mothers and Keiki and midwives need to be held to the highest standards in regards to this.

I myself had an at home birth with an extremely experienced midwife who held the correct licensing to do so, and if I didn't have her I'm not sure I'd be able to be writing this today.

I labored at home from Monday - Thursday and ultimately decided to go to the hospital because I was not progressing to 10 CM and I could feel my body starting to struggle. In those few days of laboring at home, my midwife went above and beyond to make sure mine and babies stats were ok by constantly and consistently checking our heart rates, oxygen levels, etc and making sure we were doing well on the medical side of things. She also offered techniques to move baby as well as manually help my cervix dilate during a contraction. Nothing was working and we ultimately ended up going to the hospital, getting on pitocin and an epidural for about 18 hours before making the call to get C section because baby still wasn't budging. She stayed with us until after the C section and was in the room advocating for me and my baby the entire process. Without her knowledge and background, I know that my birth could've gone a completely different direction.

Women and babies used to die all the time during birth because there wasn't proper tools and midwives with the correct experience and knowledge of what to do if things do go as smoothly as we hope.
with the correct laws in place, we can avoid deaths and keep our mothers and Keiki of Hawaii safe.

I am writing in STRONG OPPOSITION to HB 1194.

I am Dr. Paige Yang and I am a doctor of Chinese Medicine and Acupuncture. I was someone who did a home birth, like many other women, and was able to have a safe delivery of my beautiful son, Noah. When I chose to have a home birth, my midwife provided safe, personalized care that made me feel secure and empowered—feelings I never experienced within the intimidating, impersonal environment of Western medical settings. The attempt to restrict midwifery not only threatens the safety and autonomy of birthing women but also represents an act of suppression and discrimination against Native Hawaiians by undermining traditional cultural birth practices. Midwifery should be preserved as a vital option for birthing women, especially in Hawaii, where it holds deep cultural significance. This disregard for indigenous knowledge and the removal of birthing options is a violation of women's rights, denying them the freedom to choose how and where to give birth. Preserving midwifery in Hawaii is about safeguarding women's rights, cultural identity, and the power of safe, compassionate care. As representatives of Hawai'i think about the culture you would be taking away from Native Hawaiian and the many women that will be affected by this. It's disappointing to see the place where I was born and raised try to pass a bill this extreme. I grew up seeing the revitalization of Hawaiian culture and seeing it be suppressed is incredibly disheartening.

I ask that this committee please consider the financial issues involved: equity is much more cost-effective, and provides local work in rural areas. Also, if the problems with HRS 457J and HB1194 HD1 are not fully resolved, there will be many unnecessary costs to the State arising from the many problems it creates.

The following five points are the minimum requirements of any bill to be considered not harmful:

- **Support for the right of every birthing person to choose who attends their birth**; criminalization of any chosen attendant is not acceptable. This includes all extended and hānai family.
- **Cultural and spiritual birth practices must be clearly protected.** This is especially vital for Indigenous Kanaka Maoli traditions but applies to all cultural practices.
- **Licensure equity: a realistic local pathway (PEP) must be reinstated** for local clinical students to access licensure without being forced to relocate, or overcome other MEAC obstacles.
- **Certified Midwives (CMs) and Certified Professional Midwives (CPMs)** must be able to practice to their full scope of practice. This is especially important for safety in remote rural areas with poor hospital access.

- **The term “midwife” belongs to the community**, with culturally diverse protocols for its use. It is not a proprietary title, and should not be taken from the cultures who use it.

Thank you for this opportunity to testify.

Sincerely Dr. Paige Yang

February 21. 2025

Committee on HB 1194
Hawai‘i State Legislature

Subject: Opposition to HB 1194 – Protecting Accessible Cultural, Spiritual, and Trauma-Informed Birthing Practices

Dear Chair Yamashita and Members of the Committee,

I am writing as a private citizen and long-time resident of Maui with over 20 years of experience in mental health and social work. I strongly oppose HB 1194, as it threatens access to culturally competent, trauma-informed birthing choice, and community-based midwifery care, which is essential for the health and well-being of mothers, infants, and families in Hawai‘i.

**Cultural Alignment, Safety, and Trauma-Informed Care**

Allowing mothers to align their birthing practices with cultural and spiritual traditions is an essential component of **trauma-informed care**. Integrating cultural safety into maternal healthcare strengthens the bond between mother and child, enhances emotional well-being, and fosters stronger family and community support systems. Cultural safety is particularly critical for women and minorities, especially Native Hawaiian and Pacific Islander communities, who have historically experienced systemic barriers in healthcare settings.

**Prevention of Child Abuse and Neglect**

Trauma-informed birthing practices emphasize safety, emotional well-being, and culturally aligned choices, such as place-based birthing. Empowering mothers in their birthing experience leads to lower postpartum depression rates and reduced maternal stress—both of which are linked to the prevention of child abuse and neglect. A nurturing birth environment fosters secure attachment between mother and child, forming the foundation for lifelong emotional health and resilience.

**Building Resilience and Support Systems**

Access to culturally aligned midwifery care strengthens family support networks and psychological resilience. By fostering relationships grounded in trust, continuity of care, and respect for individual birthing preferences, we enhance overall well-being and mitigate the impact of adverse childhood experiences (ACEs).

**Empowerment Through Choice**

Providing women with the autonomy to choose their birthing experience reduces the risk of re-traumatization and fosters a sense of control. Research confirms that empowerment during

pregnancy and childbirth contributes to healthier maternal and infant outcomes. Restricting midwifery care through HB 1194 contradicts trauma-informed principles and limits access to crucial perinatal services.

**Reducing Maternal Mortality**

Hawai‘i faces alarming disparities in maternal mortality, particularly among Native Hawaiian and Pacific Islander women. Data from 2015–2017 indicate that 44% of maternal deaths occurred in this population, despite comprising only 22% of the female demographic. Expanding access to midwifery care is a proven strategy to reduce unnecessary medical interventions, improve birth outcomes, and provide culturally responsive, trauma-informed support.

**Midwifery-Led Continuity of Care**

Midwifery-led care, where midwives provide comprehensive support throughout pregnancy, birth, and postpartum, has been shown to significantly improve maternal and infant health outcomes. This model prioritizes personalized care, fosters trust, and aligns with trauma-informed best practices.

**Addressing Racial Disparities**

Systemic healthcare disparities disproportionately impact Black, Indigenous, and Pacific Islander women. Provider bias, inequitable access to care, and broader social determinants of health contribute to adverse maternal outcomes. Expanding culturally responsive, midwifery-led care is essential in addressing these disparities and ensuring all mothers receive equitable, respectful, and safe healthcare.

**Enhancing Patient Satisfaction and Reducing Medical Interventions**

Women who receive midwifery-led care report higher satisfaction levels due to the trust, empowerment, and personalized attention provided. Additionally, midwifery care is associated with lower rates of unnecessary cesarean deliveries, reduced need for epidurals, and fewer episiotomies—all of which contribute to better maternal and infant health outcomes.

**Improving Communication and Trust in Healthcare**

Trauma-informed care emphasizes relational safety, communication, and trust. Midwifery-led models, which prioritize personalized and culturally sensitive care, enhance patient-provider relationships, leading to improved maternal health experiences and outcomes.

As a state committed to trauma-informed principles, Hawai‘i has taken steps to integrate these values into government agencies and healthcare services (Office of the Governor, State of Hawai‘i Executive Order No. 24-01). HB 1194 runs counter to these efforts by restricting access to essential, culturally responsive birthing care.

*I urge you to **oppose HB 1194** and instead support policies that uphold culturally aligned, trauma-informed maternity care that fosters empowerment, resilience, and equitable health outcomes for all families in Hawai‘i.*

Thank you for your time and consideration.

Sincerely,

Jessica Brazil
Maui Resident, Social Worker, and Mental Health Professional

**Sources**: American College of Nurse-Midwives, Child Welfare Information Gateway (CWIG), Common Wealth Fund, Journal of Midwifery & Women's Health, National Child Traumatic Stress Network (NCTSN), National Library of Medicine - BMC Psychology, National Library of Medicine-The Lancet Global Health, National Library of Medicine-Scientific Reports, Psychology Today (Obstetrics Violence), Trauma-Informed Care - Wikipedia, Trauma-Informed Practice (CWIG)
Click here for a comprehensive source list.

**HB-1194-HD-1**
Submitted on: 2/21/2025 4:30:06 PM
Testimony for FIN on 2/21/2025 3:00:00 PM

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

Comments:

*Aloha Chair Yamashita, Vice Chair Takenouchi, and Committee Members,*

*My name is Leah Morse, and I am a resident of Honolulu. I am testifying* ***in opposition to H.B. 1194****, relating to midwifery.*

*The Hawai'i State Constitution guarantees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. The midwifery bill H.B. 1194 falls short of protecting reproductive freedom, privacy, and religious and cultural birthing practices. It fails to expand recognized pathways to midwifery licensure. This means less access to the critical reproductive care that our communities need and deserve, given Hawai'i's reproductive care deserts.*

*Please* ***defer H.B. 1194 unless*** *the following amendments are made:*

- 
  - ***Amendments to protect cultural and religious birth practices:*** *H.B. 1194 does not include clear statutory exemptions for cultural and religious birthing practices, birth attendants, and family support in the birthing experience. This creates the real possibility of criminalizing cultural and religious birthing practices and extended family who provide support during birth. Please incorporate the clear statutory exemptions from H.B. 1328 (pages 34-35) to protect cultural and religious birthing practices and birthing attendants with consumer protection requirements into this measure.*
  - ***Amendment to expand access pathways to licensure for our communities:*** *Twenty-seven (27) other states and Washington D.C. allow for an apprenticeship or direct–entry pathway to licensure. However, H.B. 1194 currently prohibits persons who earned a Midwifery Bridge Certification from the*

*North American Registry of Midwives (NARM) after January 1, 2020, from applying for a midwifery licensure in Hawai'i. I support an amendment that includes an apprenticeship pathway to midwifery licensure, which is more accessible and affordable to aspiring midwives in our communities. In turn, this will increase midwifery care in our communities.*

*Please vote against H.B. 1194 unless amended as requested to safeguard reproductive autonomy and privacy rights, and expand access to critically needed midwifery care in our communities, especially in rural areas and the neighbor islands. 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 in the birthing process.***

*Mahalo for your consideration,*

*Leah Morse*