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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health and the
House Committee on Consumer Protection and Commerce
Monday, February 10, 2025
2:00 p.m.
Conference Room 329 and Videoconference

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

Chair Takayama, Chair Matayoshi, and Members of the Committees:

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

The purposes of this bill are to: (1) make midwife regulatory laws permanent; (2) clarify the scope for the practice of midwifery; (3) establish licensure requirements for certified midwives and certified professional midwives; (4) grant global signature authority to licensed midwives; (5) establish continuing education requirements; (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) clarify exemptions from licensure and grounds for refusal to renew, reinstate, or restore licenses; and (9) clarify medical record availability and retention requirements for the purposes of medical torts.

The Department appreciates this bill's intent to make midwifery regulatory laws permanent in the interest of public protection. The Department also appreciates the bill's intent to clarify the scope of practice of midwifery.

The Department notes that the proposed amendments of Hawaii Revised Statutes (HRS) section 457J-11 allow midwives to administer "nitrous oxide for pain relief when used in an accredited birth facility and in accordance with facility policies." Further clarification is necessary as to what qualifies as an "accredited birth facility."

Under the proposed HRS section 457J-H, licensed midwives are required 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 in order to renew their license. The Department has not yet 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 a few other states. However, the Community Birth Data Registry anticipates going live in full capacity in 2026. The Department has concerns about relying on the successful launch and continued existence of a third-party data registry in order to make this data submission requirement practicable. The Department will not be able to verify compliance with data submission requirements if it is unable to guarantee an organization that will accept data submission. As a consequence, licensed midwives will not be able to comply with the data submission requirement and renew their licenses. Thus, the Department requests deleting subsection (d) on page 15, line 9 through page 16, line 9 and page 35, lines 12 to13.

The Department also has concerns about the peer review requirement in the proposed HRS section 457J-G. As with data submission, the Department has not identified an organization that can facilitate peer review for Hawaii midwives and lacks any structure to facilitate peer review for midwives on its own. Further, the purpose of 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 in the Department offering peer review for midwives. Therefore, the Department requests removing the requirement for peer review in its entirety on page 13, line 18 through page 15, line 8; and page 35, lines 10 to 11.

Thank you for the opportunity to testify on this bill.

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

COUNTY COUNCIL
COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
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February 10, 2025

MEMO TO: SENATE COMMITTEE ON HEALTH
Chair Gregg Takayama and Vice Chair Sue L. Keohokapu-Lee Loy

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Chair Scot Z. Matayoshi and Vice Chair Cory M. Chun

F R O M: Councilmember Keani Rawlins-Fernandez

SUBJECT: **OPPOSITION TO HB1194 – RELATED TO MIDWIVES**

Mahalo for this opportunity to provide testimony in opposition of HB1194, relating to midwives.

- For the past two years, the Maui County Council has unanimously supported the right for our constituents to have the option of choosing traditional and customary midwives to attend their births, and provide care before and after labor.

- Without a viable option for Native Hawaiian traditional and customary healing and birthing practitioners to practice under Hawaii law, the legislature is regulating this practice out of existence, violating our constitution.

I respectfully request that both committees defer HB1194.

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 Health and Committee on Consumer Protection and Commerce
2/10/25 2:00 p.m.
State Capitol, Via Video Conference, ROOM #329 HB 1194, Relating to Midwives

Aloha Chair Takayama, Chair Matayoshi and Members of the Health and Consumer Protection and Commerce 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.**

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 task force was created to incorporate all birth practitioners over a three year period. This is the time to end criminalization of others who assist, supervise and attend births to support reproductive rights, yet HB 1194 does not do this.

Now we have the opportunity to pass a law that will allow for reproductive freedom and bodily autonomy to give back a pregnant person‘s right to have broad access to licensed midwifery, traditional birthing practices and maternal healthcare.

HB 1194:

- Fails to fulfill the original intent of HRS 457j and does not allow for reproductive freedom or bodily autonomy
- Restricts access to all qualified midwives to seek licensure (HB 1194 Page 34 Lines 6-10) by removing pathways for licensure in place from 2019-2025 (HB 1194 Page 30 line 19- Page 31 Line 4 and page 34 Lines 6-10)
- Likely violates the Hawai‘i Constitution Article 12, Section 7 (HB 1194 Page 16 line 10- Page 18 Line 10)
- Discriminates against Hawai‘i Residents (HB 1194 Page 30 line 19- Page 31 Line 4 and page 34 Lines 6-10)
- Does not provide clear statutory protection for religious or cultural protections for those who attend births in the community and will likely be ruled unconstitutional (HB 1194 Page 26 line 15- Page 30 Line 3)

- Criminalizes grandparents, other family members, hānai family for giving support (HB 1194 Page 26 line 15- Page 30 Line 3)
- Continues to criminalize birth attendants who attend, supervise or assist birthing people in the community (HB 1194 Page 26 line 15- Page 30 Line 3)
- Does not authorize licensed midwives to legally practice to the fullest extent of their scope based on training, education and credential

    - **For the Certified Midwife:**HB1194 does not align with HAR-89-C as it does not establish equivalence for the CM with the APRN/CNM in the provision of Midwifery care even though CMs are equivalent to the CNM in the provision of midwifery care**.** .There are differences in definitions of scope, continuing education requirements, prescriptive authority, Powers bestowed on the Director of DCCA for peer review and data submission are not reflected in responsibilities mandated to the board of nursing or APRN/CNMs.

    - **For the Certified Professional Midwife**: HB1194 does not align with NARM/NACPM standards. It will reduce the length of time a CPM may provide their client with care, and further limits the CPM in the provision of full scope midwifery care. It disallows CPMs trained by the portfolio evaluation process after 2019 from receiving a license. There are also differences in definitions of scope of practice, continuing education requirements, and prescriptive authority that are not consistent with NARM/NACPM standards.

We recommend use of the language in HB 1328. **HB 1328 is the most comprehensive bill introduced which expands access to midwifery licensure and maternal health.**

HB 1328:

- Fulfills the original intent of HRS 457J and allows for Reproductive Freedom
- Expands Access to Licensure
- Provides Hawai‘i Residents and Out of State Midwives who move to Hawai‘i equal access to multiple pathways to midwifery licensure
- Does not discriminate against Hawai‘i Residents
- Fulfills intent of HRS 457j to incorporate all birth practitioners
- Creates a clear exemption for Native Hawaiian Traditional and Customary birthing practices that affirm Article 12 section 7 under the Hawai‘i Constitution
- Fulfills intent of HRS 457j by providing religious and cultural protections relating to birthing practices
- Does not criminalize family and other birth professionals
- Does not criminalize the birth attendant
- Authorizes licensed midwives to legally practice to the full extent of their scope based on training, education and credential

We are deeply concerned about the language in HB 1194 as HIHBC represents the largest group of licensed midwives (under HRS 457j) in the entire state.

For further understanding on the impact this bill will have on our Certified Professional Midwives, please see chart below.

Certified Professional Midwife Comparison Chart on 2025 Midwifery Bills

HB1194 does not align with NARM/NACPM standards. It will reduce the length of time a CPM may provide their client with care, and further limits the CPM in the provision of full scope midwifery care. It

disallows CPMs trained by the portfolio evaluation process after 2019 from receiving a license. There are also differences in definitions of scope of practice, continuing education requirements, and prescriptive authority that are not consistent with NARM/NACPM standards.

HB1328 is aligned with NARM practice standards for the CPM for the provision of midwifery care, matching existing definitions for scope, peer review requirements, and continuing education requirements. It further follows Washington State's precedent by creating eligibility for CPMs to obtain limited prescriptive authority.

Bill #	HB 1194	HB 1328
Cultural Practices	**Restricts cultural birth practices and displaces Indigenous and traditional practices.** ● Affects licensed midwives by knowing that the restriction of cultural birthing practices in this bill is displacing other people's cultures. ● Restriction & displacement of Indigenous practitioners of this land is especially harmful. ● This bill will make it illegal for ALL PEP student midwives, Native Hawaiian student practitioners, and other cultural/religious midwife students who are not currently enrolled in a MEAC accredited education program to learn midwifery from any qualified midwife preceptor.	**Protects cultural birth practices** ● Allows all students to be trained by a qualified midwife preceptor ● Allows collaboration with cultural practitioners. Licensed midwives will benefit in their practice knowing the legality of other cultural birthing practices are not being restricted and displaced
License Renewal Requirements	**Adds additional requirements:** ● Hawaii-based peer review committee ● Mandatory data collection (even for those who decline), and extra documentation; this data collection requirement may have conflicts with institutions that hire you	**Based on NARM standards, without extra burdens.** ● Requirements to renew are aligned with the National credentialing body (North American Registry of Midwives- NARM) and their requirements to certify and renew the

	• Continuing education is to be submitted to the DCCA, including six hours of continuing education for the treatment of shock/intravenous therapy and suturing	Certified Professional Midwife Certificate: • 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
Supervision, Delegations and Assistants	**Does not provide protections for CPMs utilizing unlicensed assistants and threatens license revocation**. • Does not provide statutory ability for the CPM to utilize unlicensed assistants • Does not provide clear protections for licensed midwife when supervising or delegating tasks to unlicensed assistants and threatens loss of license • 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	**Provides clear protections to delegate, supervise and have unlicensed assistants** • Provides clear statutory protection for CPMS to supervise unlicensed personnel • Recognizes the licensed midwife‘s professional judgement to delegate tasks to assistive persons during a client‘s care
Health equity	**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.** • Clients will continue to be forced to pay for necessary	**Expands 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

	medications (like Rhogam) out of pocket, only allowing the CPM to obtain and administer a narrow list of medications from a very limited formulary. ● Continues to force clients to pay out of pocket for over the counter medications , rather than utilizing their insurance coverage to cover them. ● It restricts CPMs to a limited formulary that is not equivalent to their level of training, education and certification. ● CPMs will no longer be allowed to access non-hormonal contraceptives for clients.	● Allows CPMS to have the option to apply for limited prescriptive authority based on precedent of Washington State ● Benefits clients to not pay out of pocket for these necessary medications that are covered by their health insurance.
Affects the ability to give postpartum and infant/newborn care	**Reduces care by:** ● Restricting postpartum care to 6 weeks ● Not allowing CPMs to provide care to infants, only newborns (up to 6 weeks).	**Expands care to:** ● allow CPMs to provide care to newborns and infants up to 12 weeks; ● Allow CPMs to provide postpartum care from 8 weeks to 12 weeks.
Standard of Care	**Standards are not aligned with the Certified Professional midwife Practice:** ● The CPM scope of practice follows International Confederation of Midwives (ICM) standards rather than NARM ● It holds CPMs to ACNM standards for planned home birth locations. CPMs are <u>not</u> CNMs.	**Allows CPMs to practice fully within their scope, training, and education in alignment with NARM, their national certifying body.**

We are deeply concerned about the language in HB 1194 as HIHBC is dedicated to the preservation, perpetuation, and diversity of home birth practices and autonomy in home birth midwifery care. We continue to support and maintain a family's right to select a home birth provider of their choice.

2025 Midwife Licensure - Kanaka Maoli Impacts

Areas of Effect	HRS 457J (existing law)	HB 1194	HB 1328
Focus	Licensure of "midwifery," meaning *any* care or advice given to any pregnant, birthing, postpartum person	Continues HRS 457J with amendments. Licensure of "practice of midwifery," meaning care provided independently to a pregnant, birthing, postpartum person	Licensure of clinical professionals: Certified Midwives (CM) & Certified Professional Midwives (CPM), including PEP
Reproductive Choice/ Self-Determination	Reduced	Further reduced	Increased
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 is accessible in Hawai'i
Access to Care	Legal access to care is severely reduced	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	Cultural practitioners are required to comply with technical, potentially humiliating tasks (eg stating orally and via State form that the practitioner is "not a midwife," etc) and 10-year record keeping in order to qualify for their exemption	Cultural practitioners exempt.
Extended Family	Only parent, child, spouse, sibling exempt	Only parent, child, spouse, sibling exempt	All family exempt, including extended and hānai
Other Cultural Practices	Not legal to practice. *This is 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)	MAH	OHA, ACLU, HHBC, Hawaiian Rights Orgs
Main effects	- licensure in effect for CPMs, CMs - all others made illegal unless exempt - reduced access to care - increase (40%) in unassisted births - significant increase in underground care - hospital transport communication and willingness to be transported reduced when attendant = illegal.	- licensure made more restrictive for CPMs/CMs - no clear protections for any traditional attendant - reduced access to care - further increase in unassisted births probable - increase in underground care probable - hospital transport communication further reduced due to mandatory protocols that birthing families oppose	- licensure for CPMs/CMs with PEP (apprenticeship/ testing) local pathway - CPMs/CMs allowed to practice to their full scope of training - protects cultural practice - increased access to care - reduction in unassisted births probable - hospital transport communication increased with task force for solution-building

We are deeply concerned about the language in HB 1194 as HIHBC represents the ONLY certified midwife in the entire state.

For further understanding on the impact this bill will have on the Certified Midwife , please see chart below.

Act 32 (2019) HRS 457J	RESTRICTIONS	REQUIREMENTS	**ADDRESSED IN HB 1328 (2025)**	**ADDRESSED IN HB 1194 (2025)**
	Act 32. SECTION 3(d) Chapter 457J (midwives) shall be repealed on June 30, 2025.	**PRESERVE LICENSURE** for CM based on ACNM Standards & HAR 89-C for APRN/CNM in the provision of midwifery care.	**YES** **SECTION 1** *"**Purpose**: (1) Provide for the continued licensure of certified midwives and certified professional midwives by the department of commerce and consumer affairs;"*	**MIXED** Though this bill represents a replacement bill to extend licensure for the CM, it does not uniformly reflect ACNM Standards nor HAR 89-C *See discussion below*
457J-1 Findings and purpose.	**RESTRICTIONS:** 1) Midwives' scope is identified as only AP, IP, PP care; and 2) Lacks language which indicates this bill only applies to non-nurse midwives or 'licensed midwives.' ***"457J-1** (1) Midwives offer maternity and newborn care from the antepartum period through the intrapartum period to the postpartum period;"*	**ESTABLISH:** a statute for non-nurse midwives as 'licensed midwives'	**YES** *"**SECTION 1. Purpose**: (2) Identify the scope of practice for a **licensed midwife**, including the ability to provide independent midwifery services in hospitals, clinics, freestanding birthing facilities, community birthing settings, and the home;"* See also: 1) **Definitions:** include "Certified Midwife," "Licensed Midwives," "Midwifery," "Practice of Certified Midwifery;" and 2) **Scope of Licensed Midwives** & **Scope of Certified Midwife**	**MIXED** ***"SECTION 5. 457J-1 Findings and purpose:*** *(1) **Midwives** offer reproductive health care and maternity and newborn care to clients seeking midwifery services;"* See also comparisons: 1) **Definitions:** lack "Certified Midwife," "Licensed Midwives," "Midwifery," "Practice of Certified Midwifery;" and 2) **Amended sections :** "Scope of practice of midwifery,"and Scope of Certified Midwife
	LACKS: language	**ESTABLISH:** the need	**HB 1328 YES**	**HB 1194 N/A**

	regarding eligibility for insurance reimbursement for 'licensed midwives'	for 1) eligibility for insurance reimbursement for 'licensed midwives' services; and 2) distinguishing 'licensed midwives' from other related services, e.g. lactation counselors & doulas.	***"SECTION 1. Purpose:*** *(3) Clarify that the services of licensed midwives are eligible for insurance reimbursement"*	
457J-1 Findings and purpose.	**LACKS**: 1) language to what standards these licensed midwives are held with a distinction between the CM and CPM credentials. ***"457J-1****.(2) The improper practice of midwifery poses a significant risk of harm to the mother or newborn, and may result in death;* *(3) The regulation of the practice of midwifery is reasonably necessary to protect the health, safety,* *and welfare of mothers and their newborns."*	**ESTABLISH:** 1) clarify language for the "practice of midwifery" under this Act, 2) identify the two credentials of licensed midwives under this Act, and 3) the requirements for them to be licensed.	**HB 1328 YES** ***"SECTION 1. Purpose:*** *(4) Prohibit persons from identifying as certified midwives or certified professional midwives, unless those persons are appropriately licensed"* See also: Definitions of "Certified Midwife," "Licensed Midwives," "Midwifery," "Practice of Certified Midwifery" below	**HB 1194 NO** **"*SECTION 5. 457J-1 Findings and purpose:*** *(2) The improper* ***practice of midwifery*** *poses a significant risk of harm to any client receiving midwifery services and may result in death; and* *(3) The regulation of* ***the practice of midwifery*** *is reasonably necessary to protect the health, safety, and welfare of persons choosing midwifery services and their newborns."* See also: Definition of "Practice of Midwifery"
457J-2 Definitions	**RESTRICTIONS:** "Midwifery" definition via ***"457J-2. Definitions.*** *"Midwifery" means the provision of one or more of the following services:* *(1) Assessment, monitoring, and care during pregnancy, labor, childbirth,*	**ESTABLISH:** distinction of the CM from CPM.	**HB 1328 YES** ***"457J-A Definitions.*** *"Midwifery" means the independent provision of care consistent with a midwife's training, education, and experience."*	**HB 1194 NO** ***SECTION 6. 457J-2 Definitions amendment:*** *Repeals definition of "Midwifery"* without replacement.

	postpartum and interconception periods, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary: (2) Supervising the conduct of labor and childbirth; and (3) Provision of advice and information regarding the progress of childbirth and care for newborns and infants."			
457J-2 Definitions	**LACK:** definition that clarifies differences in practice between a CM & CPM	**ESTABLISH:** Definitions for the CM based on ACNM language.	**HB 1328 YES** **"SECTION 2. *457J-A Definitions.*** *"Practice of certified midwifery" means midwifery as practiced by a CM 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 CM 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."*	**HB 1194 NO** ***"SECTION 6. 457J-2 Definitions amendment:*** *"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 responsible to the client for the quality of midwifery care rendered. Pursuant to article XII, section 7 of the Hawaii state constitution, "practice of midwifery" does not include healing practices performed by traditional Hawaiian healers engaged in traditional practices of pale keiki, hoohanau, or other hanau practices established in existence before November 25, 1892, which may incorporate but are not limited to the practices of laau lapaau, laau kahea, lomilomi, hooponopono, kilo, pule, and ai pono, and are intended to

				assist pregnant people during pregnancy, birth, and the postpartum period."
457J-2 Definitions	**LACK:** definitions to clarify "practice of certified midwifery"	**ESTABLISH:** additional definitions for the "practice of certified midwifery" based on ACNM & AMCB Standards for the CM	**HB 1328 MIXED** **YES** ***SECTION 3. 457J-A*** *"American College of Nurse-Midwives"* *"Certified midwife"* *"Collaborate"* *"Expedited partner therapy"* *"Legend drug"* *"Licensed midwife"* *"Midwife preceptor"* **NOT INCLUDED** "Community birth" "Telehealth"	**HB 1194 MIXED** **YES** ***SECTION 6. 457J-2. 1. Definitions amendments:*** *"American College of Nurse-Midwives"* *"Community birth"* *"Telehealth"* **NOT INCLUDED** "Certified Midwife" "Collaborate" "Expedited partner therapy" "Legend drug" "Licensed midwife" "Midwife preceptor"
457J-4. Powers and duties of the director	**FAILURE:** DCCA Director was unable to 1) adopt rules, and 2) amend HRS457J to establish equivalence of the CM with the APRN/CNM in the provision of midwifery care as AG deemed it was not within the authority of the Director. ***"457J-4. The director shall have the power and duties to:*** *(2) Adopt, amend, or repeal rules pursuant to chapter 91 to carry out the purposes of this chapter."*	**ESTABLISH:** requirements of within established authority to the Director to establish rules. **Concern:** Per AG ruling, DCCA Director could not implement scope in administrative rules not already established in the Act.	**HB 1328 YES** ***"SECTION 3. 457J-C*** *(2) Shall adopt, amend, or repeal rules pursuant to chapter 91 to carry out the purposes of this part"*	**HB 1194 YES** ***"SECTION 1. 457J-A Scope of practice of midwifery (a)*** *designates authority of the director to determine scope of practice, rules, and midwifery standards."*
457J-4.	**FAILURE:** DCCA	**ESTABLISH:**	**HB 1328 YES**	**HB 1194 N/A**

Powers and duties of the director (cont'd)	Director as administrator, 1) waited 3 years to schedule the first meeting of the Midwives Advisory Committee to establish interim rules (Nov '22), 2) did not establish interim rules in the 5 year program, 2) declined requests to meet with the CM licensed through this program with questions regarding Medicaid credentialing and bylaw revision required by institutions to establish equivalence with APRN/CNMs in the provision of midwifery care, 3) declined to meet with the HAA Board regarding advocacy efforts for the CM credential. ***"457J-4. The director shall have the power and duties to: The director shall have the power and duties to:*** *(3) Administer, coordinate, and enforce this chapter and rules adopted pursuant thereto"*	requirements of within established authority to the Director to administer this chapter.	***"SECTION 3. 457J-C*** *(3) Shall administer, coordinate, and enforce this part and any rules adopted pursuant to this part;* *(6) Shall appoint an advisory committee pursuant to section 457J-D to assist with the implementation of this part and any rules adopted pursuant to this part."*	
Scope of Practice not included in 457J	**LACK:** beyond a definition of 'midwifery,' Scope of practice for the licensed midwife and CM is not described in HRS457j	**ESTABLISH:** Scope of practice for the CM based on ACNM standards, equivalent to the APRN/CNM in the provision of midwifery care reflective of HAR-89-C, specifically: establishing authority to	**HB 1328 YES** ***"457J-E Scope of practice; licensed midwife*** *(e) (2) Provide comprehensive initial and ongoing assessment,* ***diagnosis****,*	**HB 1194 MIXED** **YES** ***"SECTION 1. 457J-A Scope of practice*** *(b)(1) Assessment and the* ***diagnosis****, prescription,*

		diagnose, obtain prescriptive authority, to provide expedited partner therapy, to admit, manage, discharge from hospital, & to assist in surgery. From **HAR-89-C:** **16-89-81 (c)** *"The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:* *(3) Certified nurse-midwife scope of practice:* *(A) Provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women;* *(B) Practice in accordance with the standards for the practice of nurse-midwifery of the American College of Nurse- Midwives, unless otherwise indicated by the board (BON). The standards include but do not limit the nurse midwife to:* *(i) Provide primary care services for women and newborns;* *(ii) Take histories and perform physical exams;* *(iii) Order and interpret diagnostic tests;* *(iv) Operate within a health care system that*	*and treatment;* *(f) Notwithstanding any law to the contrary, a licensed certified midwife may, in addition to practicing within the scope of subsection (e):* *(1) Obtain **prescriptive authority** to independently prescribe medications, including controlled substances, medications for the treatment of a substance use disorder, and medications for **expedited partner therapy**;* *(2) **Admit, manage, and discharge** patients to or from a hospital or freestanding birthing facility;* *(3) **Assist in surgery**; provided that this paragraph shall apply only to certified nurse midwives"*	*selection, and administration of therapeutic measures, including over the counter drugs; legend drugs; the provision of **expedited partner therapy** pursuant to section 453-52; and controlled substances within the licensed midwife's education, certification, and role; and (d)(10) **Assisting in surgery**; provided that this paragraph shall only apply to licensed midwives practicing as certified midwives; (d) (11) **Admitting and discharging** clients for inpatient care at facilities licensed in the State as: (A) Birth centers; and (B) Hospitals; provided that this subparagraph shall only apply to licensed midwives practicing as certified midwives;"* **NO** ***"457J-A: requirements under scope*** ***(d)(12)(e)** to "participate in data submission and peer review requirements adopted by the department; provided that peer review conducted outside of the department may not be used to*

		provides for consultation, collaborative management, or referral as indicated by the status of the client; and *(v) Admit clients for inpatient care at facilities licensed as hospitals or birth centers in the State"*		*replace investigations against licensed midwives by the regulated industries complaints office."* See also below: **457J-E Prescriptive authority** not equivalent to APRN/CNM
Authority to delegate tasks not included in 457J		**ESTABLISH:** authority to delegate tasks to unlicensed assist	**HB 1328 YES** ***"SECTION 3. 457J-F Delegation of tasks."***	**HB 1194 N/A**
457J-11 Authority to purchase and administer certain legend drugs and devices	**RESTRICTIONS:** Limits CMs authority to that of a CPM with no option to apply for prescriptive authority or or DEA **"457J-11. Authority to purchase and administer certain legend drugs and devices.** (a) A midwife licensed under this chapter may purchase and administer non-controlled legend drugs and devices that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation, and that are deemed integral to providing care to the public by the department. (b) Legend drugs authorized under subsection (a) are limited for: (1) Neonatal use to prophylactic	**ESTABLISH PRESCRIPTIVE AUTHORITY:** for the CM based on HAR-89-C for the APRN/CNM in the provision of midwifery care including for controlled substances	**HB 1328 YES** ***"SECTION 3. 457J-G Prescriptive authority; certified midwives.*** *(a) The department may authorize a certified midwife to prescribe certain controlled substances or prescription drugs"*	**HB 119 NO** **SITE** ***"457J-E Prescriptive authority."*** Limits authority

	ophthalmic medications, vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and (2) Maternal use 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, amino amide local anesthetic, and oxygen. (c) Legend devices authorized under subsection (a) are limited to devices for: (1) Injection of medications; (2) The administration of intravenous fluids; (3) Adult and infant resuscitation; (4) Rupturing amniotic membranes; (5) Repairing vaginal tears; and (6) Postpartum hemorrhage.”			
457J-6 Exemptions		**PROTECT:** exemption of CNM from non-nurse midwifery regulations	**HB 1328 YES** **“SECTION. 457J-J Exemptions.** This part does not require a	**HB 1194 N/A**

			midwifery license if the person is a: (1) Certified nurse-midwife holding a valid license under chapter 457"	
457J-10 License Renewal Requirements of peer review, CEU, and data analysis not included		**MAINTAIN ACNM STANDARDS OF PRACTICE:** Peer review & data collection are described within Standards of Practice for the CM established by ACNM **ESTABLISH EQUIVALENCE:** Per HAR-89-C, there is no requirement for BON to establish peer review committees nor data collection for APRN/CNMs. Maintenance of practice standards are optional in HAR-89-C for the APRN/CNM: *"**16-89-81(b) MAY** perform the following generic acts which include, but are not limited to:* *(5) Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;* *(10) Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors*	**HB 1328 YES** ***"SECTION 3. 457j-E Scope of practice** (e) (10) Participate in quality management practices, such as peer review, continuing education, and data analysis to improve the practice of midwifery."* ***"SECTION 3 457J-M Renewal of a license."*** (No additional requirements beyond credential qualifications by the State for license, congruent with APRN/CNM licensing requirements)	**HB 1194 NO** ***"SECTION 1. 457J-C** License renewal continuing education requirement* (every 3 years - not in congruence with AMCB 5 yrs cycle) ***457J-G** Peer review requirements; license renewal;"* (not in congruence with requirements for APRN/CNMs) ***457-H** Data submission requirements; license renewal* (not in congruence with requirements for APRN/CNMs) **SECTION 1 457J-G** Further establishes mandatory requirements for DCCA Director to create programs for peer review committees and data collection. Mandatory participation in peer review & data submission for the CM is not in alignment with optional participation for APRN/CNMs which may disadvantage a CM as a prospective employee for a

		which foster health and prevent illness; *(11) Participate in policy analysis and development of new policy initiative in the area of practice specialty; and* *(12) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services."*		midwifery position with additional regulation not required of a APRN/CNM.
Reimburse-ment not included in 457J		**ESTABLISH:** eligibility of licensed midwives for insurance reimbursement	**HB 1328 YES** ***"SECTION 3. 457J-O*** *Reimbursement for licensed midwives. 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."*	**HB 1194 N/A**
Annual reporting from DCCA requirement not included in 457j		**ESTABLISH:** Requirements of DCCA to maintain data annually on the Midwives Licensing Program made available to the public	**HB 1328 YES** ***"SECTION 3. 457J-Q*** *Annual reporting requirement"*	**HB 1194 N/A**
ACT 32	**FAILURE:** The 2019 Hawai'i Home Birth Task Force Report was not integrated	**ESTABLISH COMMUNITY OVERSIGHT:** 1) As the 2019 Hawai'i Home Birth	**YES** ***"SECTION 1. Purpose:*** *(5) Temporarily*	**N/A**

	into development of amendments nor interim rules for the DCCA Midwives Program ***"PART II. SECTION 8:*** *(h) The task force shall submit a report of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2020."*	Task Force Report was not integrated into the Midwives Advisory Committee discussions on establishment of interim rules, and 2) as this act will become permanent, a provision for community recommendations need to be protected.	*re-establish the home birth task force to provide additional recommendations on issues related to home births."* *"**SECTION 4. (a)** There is established a home birth task force, within the department of health for administrative purposes"*	
Global signature authority not included in 457j	**LACKS:** authority for global signature	**ESTABLISH:** authority for global signature for 'licensed midwives in alignment with ACNM Standards & HAR-89-C.	**HB 1328 NO**	**HB 1194 YES** ***"SECTION 1 457J-D** Global signature authority"*

Respectfully,
Kristie Duarte
Hawaii Home Birth Task Force Chair
Board President of Hawai'i Home Birth Collective

Hawai`i
AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES

02/08/25

Written Testimony presented before the Committee on Health & the Committee on Consumer Protection & Commerce
From the Hawai'i Affiliate of the American College of Nurse-Midwives

Re: HB 1194 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 OPPOSITION TO HB 1194

Thank you for the opportunity to testify on HB 1194.

Thank you for the opportunity to testify on HB 1194. We provide this testimony on behalf of our professional member organization and members 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 purpose, we also work to establish cooperation with other groups and organizations in promoting the health and well-being of Hawai'i families. We work to achieve legislation and regulation that is favorable to midwifery practice. We support and foster appropriate professional licensure regulations and legislation related to midwifery and women's health issues.

We have a number of concerns regarding HB 1194.

For the benefit of public interest, the HAA Board supports continuation of a licensing program with modification for non-nurse midwives. Preservation of this program must also maintain protections for reproductive, religious, and constitutional rights. Our testimony focuses on our concerns with HB 1194 in its ability to establish ACNM Standards and equivalence of the CM with the APRN/CNM in Hawai'i in the provision of midwifery care as reflected in Hawai'i Administrative Rules (HAR 89-C).

A review of the HAA website midwife directory reflects a wide array of practice environments for APRN/CNMs, e.g. hospitals, clinics, and home birth services. A replacement midwifery bill must correct Act 32/456J so that the CM credential is eligible to seek employment and provide services in all of these environments. We are concerned as HB 1194 not only does not establish adequate standards and distinguish it from other licensed midwives as Certified Professional Midwives (CPMs) it further restricts the CM in its amendments.

REGARDING ACNM STANDARDS

Beyond the impact of public interest, if a profession is going to be regulated, the specifics of standards for that profession must be well understood. As a representative of the CM, The HAA Board identified specific omissions in Act 32/HRS457j which have negatively impacted the CM which were not able to be addressed through legislative amendment nor administrative rules these past five years, addressed them in HB 1328. HB 1194 does not.

The importance of establishing national standards has been recognized as far back as 1989 in response to the SUNSET EVALUATION regarding regulation of the CNM wherein the auditor recognized 'ACNM wants uniform regulation…throughout the United States.' What is at issue in both Act 32/HRS457j, HB 1194, and the current Auditor's posted preliminary summary, is in how they continue to associate non-nurse CM midwifery care to that of a Certified Professional Midwife (CPM). There is a continued lack of understanding of what ACNM Standards embody for the CM, as well as lack of acknowledgement of Hawai'i standards and rules for the APRN/CNM.

HB 1194 fails to recognize that the profession of midwifery has been regulated in Hawai'i as the CNM for almost 50 years. The CM should be included in this well established credential.. Similarly, in previous auditor's reports, again, the CM remains obscured in a nebulous grouping a non-nurse or direct entry or lay midwives, not simply identifying and establishing its original purpose as a practice specialty, equivalent to a CNM. Both culminating in a MS in Midwifery. Both have a requirement to sit for the same American Midwifery Certification Board (AMCB) exam . Both have the same credential maintenance requirements.

HB 1194 continues with a focus to regulate midwifery, not clarifying this bill is for non-nurse midwives and does not clearly define who are those non-nurse midwives ('licensed midwives').. As with the current posted Auditor's Report, HB 1194 is essentially directed to regulation of midwifery in a home birth setting, with maps only of CPM practice, and numbers of licensed midwives in Hawai'i with no distinction to credential. The HAA Board has reached out in effort to address the limitations of the Auditor's Summary. The HAA Board has spoken with a representative involved in the introduction of this bill in request for clarity around the CM.

It is our strong recommendation that HB 1194 not be used as a template of merger between two midwifery bills. There are too many inconsistencies and points of discrimination against the CM.

Some specific concerns include:

HB 1194 in its purpose indicates what services 'midwives' offer. ACNM Standards of definitions and scope of practice for the CNM and CM go far beyond maternity & newborn care identified in this description of midwifery.

HB 1194 in its definitions continue in utilizing language such as 'scope of midwifery practice' and 'practice of midwifery' without clearly stating: 1) this bill is for non-nurse midwives, 2) they are both deemed 'licensed midwives' though have distinct scopes in their provision of midwifery care, and 3) these standards are based the national standards of their accrediting bodies. HB 1194 has no definition

for “Certified Midwives,” “Licensed Midwife,” “Midwifery” nor “Practice of Certified Midwifery.”

Further sections will go into detail regarding prescriptive authority, insurance reimbursement, and license renewal requirements.

REGARDING FULL PRESCRIPTIVE PRIVILEGES AND ELIGIBILITY FOR INSURANCE REIMBURSEMENT

HB 1194 does not establish equivalence with APRN/CNMs in prescriptive authority. There have been significant issues in DCCA meeting administrative requirements in regulation of licensed midwives. The statute must be crystal clear as to how these additional duties of the Director will function and how a CM can obtain equivalent authority to their APRN/CNM counterpart. HB 1194 does not reflect exactly what is required with ARPN/CNMs under the Board of Nursing for the best hope of success.

HB 1194 does not in any way establish eligibility for insurance reimbursement including Medicaid for the CM. As insurance reimbursement has not been a part of the CPM practice in Hawai’i, again HB 1194 caters to the history of unlicensed and unregulated CPMs. Insurance reimbursement should be an option for any licensed healthcare provider in the State. As we have seen with Act 32/HRS457j, as this was not addressed in the statute, Med-Quest was reliant on DCCA to establish scope, which never happened. To prevent another delay and barriers to practice for both the CM and the CPM seeking credentialing via Medicaid, the grounds for this eligibility must be clearly stated in the statute.

Returning back to the impetus of regulation, for public interest. Regulation of midwifery cannot be only seen through the lens of protecting society from unsafe practices. Regulation of a health profession must also consider what structures need to be in place so that this profession can provide care. The HAA Board challenges the presumption that public interest is not tied to access to health care. Anyone working in the field knows how desperately healthcare providers are needed. Over 40 licensed providers have complied with licensing laws and yet they are not integrated into the system. A replacement midwifery bill must have both clear prescriptive authority and insurance reimbursement which reflects equivalence for the CM with the APRN/CNM.

We need a comprehensive non-nurse midwifery bill! We support HB 1328.

Limitations in HB 1194
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) The improper practice of midwifery poses a significant risk of harm to [~~the mother or newborn,~~] any client receiving midwifery services and may result in death; and

(3) The regulation of the practice of midwifery is reasonably necessary to protect the health, safety, and welfare of [~~mothers~~] persons choosing midwifery services and their newborns.”, safety, and welfare of [mothers] persons choosing midwifery services and their newborns."

REGARDING POWERS AND DUTIES OF THE DIRECTOR

DCCA has faced many challenges in establishing the Midwives Licensing Program and the CM credential. The HAA Board is concerned with additional powers granted the DCCA Director which 1) may not be authorized; 2) may not be achievable; and 3) may prove to be restrictive for the CM not matching requirements for the APRN/CNM in HAR 89-C. We strongly urge committee members to carefully review the history of the past 5 years in the effectiveness of DCCA administration of this complex licensing program under a problematic statute.

Also, as far as receptivity of DCCA for conversation regarding midwifery licensing, in contrast to responses we have received from Med-Quest, DOH, BON, the Legislative Auditor's office, Hawai'i Center for Nursing, the Hawai'i Home Birth Collective, the Midwives Alliance of Hawai'i, and many legislators who pick up their phones, the Director of DCCA has hesitated to meet with the HAA Board. We do not feel confident CMs who obtain licensing through DCCA will be able to have their licensing concerns addressed. Furthermore, the Midwives Advisory Committee (MAC) remains elusive. Its members are not made public, nor their qualifications, nor the timing or timeline of their service. HB 1194 does not address any accountability to DCCA for transparency nor for data collection of their program. HB 1328 does.

Additionally, the Hawai'i Home Birth Task Force, whose report was never publicly brought into any MAC meetings nor a point of reference in any discussions in proposed adoption of administrative rules nor yearly discussion of proposed amendments to Act 32/HRS457j. HB 1194 has not included community oversight in any way nor temporarily reinstating a Home Birth Task Force for this next bill which will be a permanent bill. HB 1328 does.

The HAA Board seeks a replacement midwifery bill which is achievable in DCCA. This will require very clear language regarding powers and duties which can be met.

CONSIDERED AMENDMENTS

We appreciate all time and energy dedicated by all committee members to come to a consensus on the best pathway forward. As this is a time of debate and collective effort to get this bill right, we encourage consideration of adopting amendments of all parts of HB 1194 related to establishing licensed midwives and/or certified midwives as healthcare providers in other statutes. Most certainly, if these additions are deemed significant, please consider amending HB 1328. An addition of telemedicine could also be added:

HB 1328 SECTION 3. 457J-A Definitions amended to include:
"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."

The ACNM reference for this definition and a number of other references we are attaching for your review.

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
acnmhawaiiaffiliate@gmail.com
https://hawaiimidwives.org/

Attached:
1) ACNM: DEFINITION OF MIDWIFERY AND SCOPE OF PRACTICE OF CERTIFIED NURSE-MIDWIVES AND CERTIFIED MIDWIVES (2021)
2) ACNM: CNM-CM-CPM COMPARISON CHART (2022)
3) Hawai'i Administrative Rules NURSES (HAR-89-C)
4) ACNM: POSITION STATEMENT ON PLANNED HOME BIRTH (2016)
5) ACNM POSITION STATEMENT USE OF TELEHEALTH IN MIDWIFERY (2022)

AMERICAN COLLEGE of NURSE-MIDWIVES

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

Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.

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

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

REFERENCES:

1. American College of Nurse-Midwives. ACNM core competencies for basic midwifery practice. Published March 20, 2020. Accessed April 13, 2021. https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020_final.pdf
2. American College of Nurse-Midwives. Standards for the practice of midwifery. Published 2011. Accessed April 13, 2021. http://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000051/standards_for_practice_of_midwifery_sept_2011.pdf
3. International Confederation of Midwives. Essential Competencies for Midwifery Practice: 2019 Update. Published October 2019. Accessed April 13, 2021. https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf

Source: Scope of Practice Taskforce
Approved: ACNM Board of Directors, Dec. 2011. Updated: Feb. 2012, Dec. 2021

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

Clarifying the distinctions among professional midwifery credentials in the United States

International Confederation of Midwives' Definition of MIDWIFE	**While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:** The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
EDUCATION			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification. There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
	Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM/CM supervision.		NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification. CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
EDUCATION PROGRAM ACCREDITING ORGANZATION			
	The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.		The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.
SCOPE OF PRACTICE			
Range of care provided	Midwifery as practiced by CNMs and CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CNMs/CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CNMs and CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.		Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period. CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

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

Updated: ACNM Government Affairs | April 2022

SUBCHAPTER 14
ADVANCED PRACTICE REGISTERED NURSE

§16-89-81 Practice specialties. (a) The four areas of advanced practice registered nurses recognized by the board from which the practice specialties are derived are:

- (1) Nurse practitioner ("NP");
- (2) Certified registered nurse anesthetist ("CRNA");
- (3) Certified nurse-midwife ("CNM"); and
89-36

(4) Clinical nurse specialist ("CNS").

(b) In addition to those functions specified for the registered nurse, and in accordance with appropriate nationally recognized standards of practice, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

- (1) Provide direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
- (2) Provide indirect care. Plan, guide, evaluate and direct the nursing care given by other personnel associated with the health care team;
- (3) Teach, counsel, or plan care for individuals or group, utilizing a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives;

- (4) Serve as a consultant and resource of advanced clinical knowledge and skills to those involved directly or indirectly in patient care;

- (5) Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;

- (6) Establish collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an APRN shall be referred to an appropriate health care provider;

- (7) Manage the plan of care prescribed for the patient;

- (8) Initiate and maintain accurate records and authorize appropriate
  regulatory and other legal documents;

- (9) Recognize, develop, and implement professional and community
  educational programs related to health care;

- (10) Conduct research and analyze the health needs of individuals and
  populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;

- (11) Participate in policy analysis and development of new policy initiative in the area of practice specialty; and

- (12) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.

(c) The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:(3) Certified nurse-midwife scope of practice:

(A)

(B)

Provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women;

Practice in accordance with the standards for the practice of nurse-midwifery of the American College of Nurse- Midwives, unless otherwise indicated by the board. The standards include but do not limit the nurse midwife to:

- (i) Provide primary care services for women and newborns;
- (ii) Take histories and perform physical exams;
- (iii) Order and interpret diagnostic tests;
- (iv) Operate within a health care system that provides for consultation, collaborative management, or referral as indicated by the status of the client; and
- (v) Admit clients for inpatient care at facilities licensed as hospitals or birth centers in the State; and

Includes all of the functions listed in paragraph (1) relating to nurse practitioner scope of practice.

SUBCHAPTER 16

ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY

§16-89-116 Purpose. The purpose of this subchapter is to establish the requirements of the board for APRN prescriptive authority. APRNs who are granted prescriptive authority shall only prescribe drugs appropriate to their practice specialties as recognized by the board and in accordance with the exclusionary formulary. [Eff 12/27/10; comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9 (k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-117 Prescriptive authority. Only an APRN granted prescriptive authority by the board shall be able to practice as an APRN with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an APRN who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-119 Prescriptive authority eligibility requirements. (a) The requirements for prescriptive authority are as follows:

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

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

- (3) Proof of a current, unencumbered license as an advanced practice registered nurse in this State and in all other states in which the nurse has a current and active license as an advanced practice registered nurse or similar designation;

- (4) Proof of a current, unencumbered certification for specialized and advanced nursing practice from a national certifying body recognized by the board;

- (5) Proof of successful completion of an accredited graduate-level nursing program with a significant educational and practical concentration on the direct care of patients, recognized by the board, leading to a graduate-level degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner. A graduate-level degree in nursing education or nursing administration does not qualify an applicant for prescriptive authority.

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

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

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

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

89-47

§16-89-119

Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the board shall grant prescriptive authority to the APRN.

(b) Nothing in this section shall preclude a registered nurse, a licensed practical nurse, or an APRN 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.

(c) Nothing in this chapter shall require a certified registered nurse anesthetist 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)

POSITION STATEMENT

Planned Home Birth

The number of families in the United States choosing to stay home to give birth has increased significantly in the past decade.[1, 2] For the essentially well woman experiencing a healthy pregnancy, intrapartum, postpartum, and newborn course, childbirth with qualified providers can be accomplished safely in all birth settings, including home, birth center, and hospital.[3-12] The American College of Nurse-Midwives (ACNM) affirms that:

- Every family has a right to give birth in an environment where human dignity, self-determination, and the family's cultural context are respected.
- Every woman has a right to shared decision-making regarding place of birth, and planned home birth should be accessible to healthy women who desire to give birth at home.
- Women who plan home births experience a course of care that facilitates normal, physiologic birth and reduces the need for obstetric and neonatal interventions.[6-8,11,12]
- Certified midwives and certified nurse-midwives are qualified to provide antepartum, intrapartum, postpartum, and newborn care in the home.
- Home birth is best accomplished in an integrated, supportive system of safe, seamless care with respectful collaboration among all health care providers and institutions if a transfer of care from home to hospital becomes necessary.[13-20]
- States and jurisdictions are responsible for creating a climate of respect for women's autonomy and authority through laws and regulations that support childbirth in home, birth center, and hospital settings.
- Reimbursement from third party payers should be available to licensed maternity care providers for comprehensive home birth services.
- Professional liability insurance carriers should provide coverage at actuarially appropriate premiums for licensed maternity care providers who attend home births.

Background

While more than 98% of women in the United States give birth in hospitals, some families prefer to give birth at home.[1, 21] The safety of birth in any setting is a primary concern and has

been the focus of home birth research.[3-12] Planned home birth refers to care by qualified providers of well women experiencing a healthy maternity cycle within a system that provides for hospitalization if necessary. Large observational studies have demonstrated excellent perinatal outcomes for planned home births.[3-12] Planned home birth is also credited with reduced use of medical interventions that are associated with perinatal morbidity for both women and their infants. The safety of home birth is optimized by assessing appropriateness of the woman and family for planned home birth, attendance by a qualified maternity care provider, and integrated systems that support collaborative care.[13-20]

In the context of midwifery care, women are encouraged and supported to make informed choices regarding where they wish to give birth.[22-25] The process of informed choice for the selection of birth site includes consideration of:

- Evidence-based delineation of potential risks and benefits of each available birth site,
- Assessment of maternal and fetal health,
- Access to qualified home birth attendants,
- Mechanism for transport of mother or newborn if need is indicated for personnel or equipment available only in the hospital setting

The home birth setting provides an unparalleled opportunity to study and learn from physiologic birth.[26, 27] Insights into best practices for pregnancy and childbirth in all settings may be derived from further research of birth within the home.

For further guidance regarding evidence-based maternity care in the home setting, ACNM maintains several resources including the *Midwifery Provision of Home Birth Services ACNM Clinical Bulletin*[13] and the Home Birth Practice Manual 3rd Edition.[28]

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* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Division of Standards and Practice: Clinical Practice and Documents Section and Homebirth Section
Approved by the ACNM Board of Directors: December 2005,
Revised: May 2011, Updated: December 2016

AMERICAN COLLEGE of NURSE-MIDWIVES

POSITION STATEMENT

The Use of Telehealth in Midwifery

The American College of Nurse-Midwives (ACNM) affirms the following:

- Blending traditional care and telehealth care is a viable option for providing primary, sexual, reproductive, perinatal, and newborn care services.
- The use of telehealth should be individualized based on patient preference, access to necessary technology, risks, and benefits.
- The principles of transparency, informed consent, privacy, and confidentiality are paramount to the provision of telehealth.
- Fully informed consent and decision-making about the use of telehealth, including its benefits and the limitations, must be communicated to the individual receiving telehealth services.
- ACNM acknowledges that the "digital divide" may lead to inequity in telehealth services. Thus, ACNM supports ongoing work to develop solutions to ensure the equitable distribution of access to and use of digital resources.
- ACNM supports continued efforts to determine an evidence-based structure of prenatal care, including the utility and application of telehealth in its effects on sexual, reproductive, perinatal, and primary care health outcomes.

Background

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." The Telehealth Resource Center is a leading group of telehealth networks.[1] Telehealth encompasses a variety of technologies that can include mobile applications, remote monitoring, web-based education, and both individual and group provider visits. Provider visits via telehealth as a way of health care delivery have been particularly valuable for those living in remote areas and for those who may have transportation difficulties, physical or financial limitations, and other factors. The COVID-19 pandemic has highlighted the benefits of telehealth for both providers and the people for whom they care, and it has illuminated potential health equity pitfalls stemming from access to and the use of telehealth.

The use of telehealth in reproductive health care did not start during the COVID-19 pandemic. A systematic review of 47 articles, which included more than 30,000 participants with a broad scope that included low- and high-risk pregnant people, family planning, and gynecology reflected the wide reach of telehealth services available prior to the pandemic. This review concluded that telehealth interventions were associated with improvements in obstetric outcomes, perinatal smoking cessation, breastfeeding, adherence to contraception use, and early access to medical abortion services.[2] In rural areas, telehealth visits have been used in caring for both low- and high-risk pregnant people. Higher-risk people may benefit from remote

monitoring from maternal-fetal medicine specialists in large medical centers, whereas lower-risk people may benefit from nutritional and other counseling done through telehealth; this can decrease barriers to care for working people, parents, and those with transportation challenges.[3] One large academic medical center implemented a maternal-fetal telehealth program to eliminate barriers to access; it provided financial and experiential benefits to the recipients, with an average of $90.28 saved per consult.[4]

The COVID-19 pandemic exacerbated the need for telehealth services because of social distancing, school and daycare closures, and staffing shortages in health care settings. People seeking care were also fearful of coming into health care facilities.[5] Providers mentioned an "intimacy" provided by video visits because of seeing patients in their own homes, with an opportunity to meet partners, children, and pets.[5] A recent review of telehealth in obstetric care confirmed these positive outcomes. Barriers were mostly technical in nature, regarding virtual platform setup, internet strength, and user education.[6] A study of patient and provider satisfaction with telehealth in prenatal care demonstrated that it was a positive experience for both patients and providers. This was a result of the increased time spent in the visit, the absence of travel and wait times to be seen, and not needing to worry about childcare. These visits also allowed partner and family involvement. Providers felt that telehealth was a good option "for the right patient."[7] It must be noted that this same satisfaction was not noted in urban settings with non–English-speaking patients, populations in which telehealth was viewed with distrust.[8]

A systematic review of studies looking at the outcomes associated with telehealth demonstrated improvement in smoking cessation, early access to medical abortion services, improvement in breastfeeding success, and better access to care for those people who need high-risk-obstetrics providers.[9] However, more studies need to be performed to obtain additional evidence as this modality of care is incorporated into routine practice.

Practice Issues

The first telehealth requirement is a secure, high-powered internet connection.[10] Also, both the patient and provider need privacy and safe space for the visit. To be classified as a telehealth visit according the Centers for Medicare & Medicaid (CMS) rules, the visit must include a 2-way audio and video communication, using a virtual platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).[9] However, even if the provider's internet connection is strong, the patient's may not be.[11] The American College of Obstetrics and Gynecology (ACOG) published recommendations for telehealth use in February 2020 in response to the COVID-19 pandemic to address issues of licensure, privacy, and liability.[12] Some states have laws that require the visit to be recorded; however, even if this is not the case, the visit must be documented in the electronic medical record.[9] Insurance reimbursement for telehealth services is also an issue. Smaller, rural hospitals and health systems that are not affiliated with major universities or that lack electronic clinical documentation were less likely to adopt telehealth policies that would allow reimbursement.[13] Telehealth has the potential to improve existing health inequities through increasing access and removing barriers to traditional health care. However, it is imperative that the contributions telehealth may make to worsening health inequity be acknowledged and addressed. There is a risk that telehealth may add another

layer of inequity to the health care system, because historically marginalized populations are more likely to experience disparities in access to or the use of digital technology, known as the "digital divide."[13] In addition, persons with disabilities have experienced challenges with the transition to telehealth.[14]

The COVID-19 pandemic also highlighted the issue of licensure requirements to practice across state lines. There is an existing system that 17 states and the District of Columbia have enacted to deal with emergency needs for health care providers; those states enacted the Uniform Emergency Volunteer Health Practitioner Act. Many states are now amending their licensure requirements in various ways, such as expedited approvals for licensure.[15] Liability exposure is another issue that needs to be addressed. Two main issues to think about are whether the provider's malpractice insurance covers telehealth visits and care provided outside the state in which the provider practices. Policy documents should declare telehealth-related claim coverage.[16, 17]

Although telehealth was used before the COVID-19 pandemic, this situation significantly increased its use and highlighted its benefits and challenges. As midwifery practice continues to incorporate telehealth, there needs to be more research on patient outcomes. Midwives must also be aware that this modality of care may not be appropriate or acceptable for all people for whom we care.

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Note. Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

Original Source: Clinical Standards and Documents Committee
Approved by the ACNM Board of Directors: 2022

HB-1194
Submitted on: 2/8/2025 3:47:07 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
M. Chong	Zen Den Midwifery	Support	Written Testimony Only

Comments:

IN SUPPORT

As a community Licesened midwife, my clients and I, resepctfully ask you to **vote YES to HB 1194**!!! This is the only measure that holds the original intent of HRS 457J intact, requires Accredtied education, makes licensure manditory to sell your services as a 'midwife' and adds a layer of consumer protection and safety. **We do not support reducing the current licensure requirements.** This measure supports the national trend of midwifery licensure programs. Since MEAC schools were estabilish, in 2002, 15/20 recognize that PEP is not enough and required additional accredited education for licensure and 13/20 only ALLOW MEAC ACCREDITED EDUCATION including Hawaii's current statute. Please consider the longevity of the program and require that midwives (like all other health professionals) complete accredited education. The education is readily available via online programs, the same way majority of the continental US midwfiery students attend MEAC schools as well.

Our community deserves the best. Don't settle for less.

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

HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Representative Scot Z Matayoshi, Chair
Representative Cory M Chun, Vice Chair

Date: February 10, 2025
From: Hawaii Medical Association (HMA)
Jerald Garcia MD - Chair, HMA Public Policy Committee

RE HB 1194 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.

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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
Submitted on: 2/8/2025 8:01:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Camille Shelton	More Than Maternity LLC	Oppose	Written Testimony Only

Comments:

Midwifery, and other terms referring to its likeness, is traditional care that has produced beautiful, positive, and healthy outcomes for birthing families around the world for generations. I oppose what is proposed as it is does not sort the freedom, choice and preservation of midwifery and families right to midwifery.

February 10, 2025 at 2:00 pm
Conference Room 329

House Committee on Health

To: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu-Lee Loy

House Committee on Consumer Protection and Commerce

To: Chair Scot Z. Matayoshi
Vice Chair Cory M. Chun

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

Re: Support
HB 1194, 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**, 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.

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.

Austin Martin
The Libertarian Party of Hawaii

2/08/2025

STRONG SUPPORT FOR HB1194, RELATING TO MIDWIVES

To: House Committees on Consumer Protection & Commerce, and Health
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, 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
Mondayday, February 10, 2025 at 2:00PM

Dear Chair Matayoshi, Chair Takayama, Vice Chair Chun, and Vice Chair Keohokapu-Lee Loy and committee members:

Midwives Alliance of Hawai‘i (MAH) is in **strong support of HB1194** 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 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. HB1194 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 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, 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 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 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.

HB1194 requires data submission and peer review which are critical to the accountability and safety of the profession. Midwives generally work outside of healthcare systems, generally do not bill insurance or carry malpractice insurance. This means that there are no systems that capture midwife client health outcomes or systems that require review for learning purposes when a near miss or a poor outcome occurs. We strongly support data submission and peer review as part of the oversight of licensed midwives in order to ensure there are some systems in place for the profession to improve, learn and grow over the years.

MAH offers the following recommended amendments to HB1194:

Pg. 1 beginning on line 4; §457J-A(a) The scope of practice of midwifery [~~as a licensed midwife~~] means the full practice of midwifery, regardless of compensation or personal profit, as determined by the director, rules adopted by the director, and midwifery standards established or recognized by the director pursuant to this chapter. The scope of practice of midwifery shall be based on and be consistent with a licensed midwife's education and national certification, including [~~as a licensed midwife includes~~] but ~~[is]~~ not limited to:

evaluating the physical and psychosocial health status of clients through a comprehensive health history, physical examination, and risk assessment using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments and procedures; formulating a diagnosis; observation, assessment, development, implementation, and evaluation of a plan of care; providing education and counseling related to the health promotion, disease prevention, and health care of midwife clients, with a particular focus on healthy pregnancy and childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of midwife clients; [~~health and wellness education and counseling;~~] obtaining informed consent in accordance with the licensee's professional requirements, as required by section 671-3; supervision and teaching of other personnel; teaching of individuals, families, and groups; provision of midwifery services via telehealth; administration, evaluation, supervision, and coordination, including the delegation of administrative and technical clinical tasks, of midwifery practice; provision of health care to the client in collaboration with other members of the health care team as autonomous health care professionals providing the midwifery component of health care; serving as a consultant and resource of midwifery clinical knowledge and skills to those involved directly or indirectly in client care; operating within a healthcare system that provides for consultation, collaborative management, and referral with other health care professionals; initiating and maintaining accurate records; referring clients who require care beyond the scope of practice of the licensed midwife to an appropriate health care provider; assisting in surgery; provided that this paragraph shall only apply to licensed midwives practicing as certified midwives; admitting and discharging clients for inpatient care at facilities licensed in the State as: (A) Birth centers; and (B) Hospitals; provided that this subparagraph shall only apply to licensed midwives practicing as certified midwives; participating in joint and periodic evaluation of services rendered such as peer review, including chart reviews, case reviews, client evaluations, and outcome of case statistics; and [~~diagnosis, selection, and administration of therapeutic measures as authorized pursuant to this chapter and within the licensed midwife's role, education, and certification;~~] ordering, interpreting, and performing diagnostic, screening, and

therapeutic examinations, tests, and procedures as authorized pursuant to this chapter and within the licensed midwife's roles, education, and certifications; or use of reasonable judgment in carrying out prescribed medical orders of a licensed physician or osteopathic physician licensed pursuant to chapter 453 or an 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 licensed midwife in accordance with this chapter.

Pg. 2 beginning on line 19; §457J-A(b)(1): over the counter drugs~~,~~ and/or legend drugs according to this chapter; the provision of expedited partner therapy pursuant to section 453-52; and controlled substances within the licensed midwife's education, certification, and role in accordance with this chapter;

Pg. 3 beginning on line 16; §457J-A(c)(1): the formulary of this chapter authorized under HRS 457J-11 within the certified professional midwife's education, certification, and role; and

Pg. 4 line 6-Page 6 line 13; §457J-A(d): Delete this section as it has been incorporated in §457J-A(a).

Pg. 7 beginning line 18; §457J-B(c): If the licensed midwife is attending a ~~community~~ birth at a location without a physician and an operating room, and determines during the midwife's care that the client or clients faces imminent morbidity and mortality, ….

Pg. 14 line 13; §457J-G(3): ~~urine~~ uterine rupture; and/or maternal and/or neonatal hospitalization for infection, blood transfusion, intensive care unit admission, infant failure to thrive, neonatal APGAR <7 at five minutes, emergent transfer of care, and/or mortality.

Pg. 16 beginning on line 10; §457J-I: Delete this section. We respect the intent to ensure that Hawaiian healers engaged in native Hawaiian healing practices are not construed to be practicing midwifery without a license. We do not support this requirement of a disclosure form as Hawaiian healing practices are protected by the Constitution, which our organization aligns with; Hawaiian healers are not required to provide a disclosure form for other services; other professions supporting reproductive aged and pregnant clients are not required to provide disclosure forms; and we respect that Hawaiian healing practices is distinct from the practice of midwifery. Further, we do not believe that in

reading the definition of the practice of midwifery, nor the scope of practice of midwifery, that Hawaiian healing practices could be interpreted to mean someone engaged in native Hawaiian healing practices is practicing midwifery without a license. We recognize that midwifery and Hawaiian healing practices are two distinct practices, just as midwifery is distinct from medicine, naturopathy, etc.

Pg. 23 lines 3-4; Section 6 of §457J-2: Delete definition of "Community birth".

Pg. 30 line 1-3; §457J-6(b): [~~(b) Nothing in this chapter shall prohibit a person from administering care to a person's spouse, domestic partner, parent, sibling, or child."~~] We recommend deleting this section as we believe it is covered through §457J-6(a)(2).

Additionally we support The American College of Obstetricians and Gynecologists (ACOG) recommended amendments and Early Childhood Action Strategy's (ECAS) recommended amendment.

We greatly appreciate the efforts put forth to continue HRS 457J while also ensuring midwives can practice to their fullest scope as autonomous healthcare providers.

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

HB-1194
Submitted on: 2/9/2025 10:40:02 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Taytum	Malama Na Pua o Haumea	Oppose	Remotely Via Zoom

Comments:

I oppose this bill this bill because its more restricting than gives access to licensure. This bill will regulate cultural practices in any form.

To the Committee on Health & the Committee on Consumer Protection & Commerce 02.09.25
By ʻŌhiʻa Midwifery & Wellness Midwives

Re: HB 1194 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 OPPOSITION TO HB 1194

Thank you for the opportunity to testify on HB 1194.

We are a group practice on Hawai'i Island, ʻŌhiʻa Midwifery & Wellness. Our practice includes a Certified Midwife (CM) and Certified Professional Midwives (CPMs). We support continuation of a midwifery licensing program for the benefit of public interest. We are aware of the widespread provider shortage throughout the State. We are concerned HB 1194 does not establish access to care as integral to public safety.

HB 1194 limits access to routes to nationally recognized pathways to credentialing. And, for license maintenance, places further restrictions on the CM and CPM as compared to what is required of other established practicing midwives as CNMs or APRN/CNMs in Hawai'i.

HB 1194 does not establish our credentials to the national standards of ACNM and NARM in definitions and scope to enable us to practice to the full extent of our credentials, including prescriptive authority based on our credentials.

HB 1194 does not address insurance reimbursement. We have seen directly how families seek out midwifery care and wish that care could be reimbursed by insurance including Medicaid. As all providers at ʻŌhiʻa Midwifery & Wellness have also worked in other states where their services were reimbursable by insurance, we request this essential access as a public health and right to access to care be thoroughly addressed in a replacement midwifery bill.

Our practice participates in provision of precepting for midwifery students to achieve their credential to serve the families of Hawai'i. We support legislation that allows for state-based students to achieve credentialing to enable them to serve the communities in which they reside.

In this hearing, where two midwifery bills are up for debate, we request committee members to reflect upon the issue of public safety to be seen in light of access, carefully considering how the CM and CPM are impacted by your decisions.
We recommend consideration of HB1328 for the basis moving forward as it addresses specifically access to care in regulation of our credentials referencing national standards in all aspects.

Mahalo for you time and consideration of our testimony,
The midwives of ʻŌhiʻa Midwifery & Wellness
Kealakekua, Hawai'i
ohiamidwifery@gmail.com

HB-1194
Submitted on: 2/9/2025 11:16:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rebekah Botello	Birth Believers	Oppose	In Person

Comments:

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs and all committee members -

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

My name is Rebekah Botello. I am a homebirth mother of 4 and a 25 year veteran birth worker in Hawai'i. I have assisted hundreds of birthing families through t these years, and as a professional childbirth educator, I have provided free birth education to thousands! People's lives have been CHANGED FOR THE BETTER because of my service and the service of others like myself.

For over a decade, I have been coming to speak to the Hawai'i State Legislature about maternal and infant care and the importance of UNRESTRICTED ACCESS to birth care for Hawai'i's birthing families.

I would like to assume that the intentions of this measure are good. Nevertheless, it does great harm to our community. I have MANY major concerns with this measure, but not enough time to expound in writing.

I expect to be able to expound on my thoughts when I am given opportunity to testify in person.

In short - HB 1194 is not the community's choice! It is important that laws represent the community, and what the community itself says that it needs. For countless years, the Legislature has received THOUSANDS of pages of testimony from the public in support FOR FREEDOM OF BIRTH CHOICES without government interference.

Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other

professionals and practitioners.

This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

For this reason and many more - I strongly request that you to REJECT HB1194.

Instead - on behalf of myself, my family, and my entire community - implore you PASS HB1328 which is a comprehensive bill that EXPANDS access to maternal and infant care of many kinds.

Sincerely -

Pastor Rebekah Botello

Wife, Mother, Sister, Aunt

Senior Childbirth Educator - Birth Believers

Professional Doula

Apprenticing Student Midwife

CENTER *for* REPRODUCTIVE RIGHTS

NEW YORK
199 Water Street, Fl. 22
New York, NY 10038
TEL. (917) 637-3600

reproductiverights.org

February 9, 2025

Chairs Takayama and Matayoshi, Vice-Chairs Keohokapu-Lee Loy and Chun, and Committee Members:

My name is Breana Lipscomb, and I am the Senior Advisor of U.S. Maternal Health and Rights at the Center for Reproductive Rights. **I am testifying in opposition to H.B. 1194**, relating to midwifery.

The Center for Reproductive Rights is the only global legal advocacy organization dedicated to advancing reproductive rights. We use the power of law to advance reproductive rights as fundamental rights around the world. Today, the Center stands with the people of Hawai‘i in opposing yet another Midwifery Restriction Law and calling instead for stronger recognition of reproductive autonomy, Indigenous rights, and maternal health equity.

Like many other states, Hawai‘i faces significant maternal health challenges, both in terms of providing adequate access to care and ensuring that the care that is available respects pregnant people’s decisions and culture. When people living in rural areas must travel great distances, or even off their home island to reach obstetric providers and hospitals, and women of color routinely experience discriminatory and coercive treatment in the health care system, the state must do more to promote reproductive rights, including protecting one’s right to choose where, how, and with whom they experience pregnancy and childbirth.

HRS § 457J was an unconstitutional step in the wrong direction, which is why the Center for Reproductive Rights, the Native Hawaiian Legal Corporation, and Perkins Coie brought a lawsuit challenging it. The Hawai‘i state legislature now has the opportunity to create a midwifery law that is better tailored to address Hawai‘i’s maternal health needs.

However, if H.B. 1194 passes, the state will continue to infringe an individual’s right to make deeply personal decisions about pregnancy and birth and will deprive communities of access to skilled maternal health practitioners. It will not end the lawsuit or resolve the concerns raised in litigation.

CENTER *for*
REPRODUCTIVE
RIGHTS

H.B. 1194:

- Interferes with pregnant people's decision-making about pregnancy and birth
- Imposes harmful restrictions on Native Hawaiian maternal health practitioners
- Restricts access to skilled maternal health providers that communities already know and trust
- Arbitrarily allows some Certified Professional Midwives to obtain licensure while denying licensure to other Certified Professional Midwives who earned the same credential
- Ensures Hawai‘i's dependence on a small and diminishing number of midwifery schools located in the continental U.S., while denying current residents of Hawai‘i the opportunity to become a licensed midwife without leaving the state or surmounting other substantial logistical obstacles
- Subjects licensed midwives and their clients to poorly defined data collection requirements at a time when reproductive health data is increasingly weaponized

Midwifery legislation should create an enabling environment for the realization of human rights. It should be developed in partnership with those that will be most affected by it. It should refuse efforts to further inject fear, stigma, coercion, and criminalization into reproductive health. And it should protect reproductive health choices and resources rather than taking them away. There are multiple midwifery bills before your committee. H.B. 1194 is not the solution.

Mahalo for your consideration,

Breana N. Lipscomb, MPH
Senior Advisor, Maternal Health & Rights
Center for Reproductive Rights

HB-1194
Submitted on: 2/9/2025 11:24:09 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mieko Aoki	Aoki Birthing Care	Oppose	Written Testimony Only

Comments:

Strongly oppose such bill that lack consideration for genuine homebirth midwifery practices, rites and connections that are created within the experience of bonding with families, individuals and training the next generation. Homebirth Midwives are community builders. Homebirth Midwives service what is needed by providing specific individualized care that make up the community. But restricting access in becoming a midwife, restricting access for families to have their choice in their type of midwife, restricting midwifery practices thus restricting women‘s choices are all NOT what the community is asking for. This bill is disrespectful to all birthing families and midwives. Restrictions do not help to make a better world, but worsens it.

HB-1194
Submitted on: 2/9/2025 11:39:12 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tara Compehos	SHINE Sisterhood Initiative	Oppose	Written Testimony Only

Comments:

Testimony of

Tara Compehos, LM

Ka'u, Hawai'i Island

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a Hawai'i State Licensed Midwife serving a large, remote district on the Big Island where we face barriers such as lack of access to care, poverty and lack of cultural competency.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.
- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.
- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.
- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.
- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.
- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.
- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.
- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.
- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

*Thank you *

Tara Compehos, LM

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pacificbirthcollective.org

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

February 8th, 2025

Testimony in Opposition to HB1194
Pacific Birth Collective Board of Directors

To: Hawai'i State House of Representatives Committees on Health and Consumer Protection.

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs, and Committee Members,

The Pacific Birth Collective Board of Directors submits this testimony in **strong opposition to HB1194** while recognizing and deeply respecting the Legislature's intent to ensure public safety in maternal healthcare. We share the goal of **protecting families and ensuring positive birth outcomes,** and we believe the best way to do so is by strengthening collaboration between midwives and medical providers—not by criminalizing those who choose alternative models of care.

Recognizing the Need for Safe, Accessible Care

Hawaiʻi has made great strides in improving maternal and infant health, and we believe **any effort to improve safety must be based on evidence and data.** A recent **10-year analysis of EMS patient care reports (2015-2024)** reviewed **all emergency calls for midwife-attended home births.** This period included an estimated **3,000 home births** across the islands, averaging **300+ per year** (DOH).

Key Findings from EMS Data:

- **Only 161 patients (5.4%) required EMS transport** for any reason, aligning with national and international data on the normalcy and overall safety of birth.
- **Almost all cases (96%) involved a midwife,** meaning trained professionals were already present to manage complications before EMS arrived.
- **90% of transported patients received timely hospital care,** demonstrating strong coordination between midwives and medical services.

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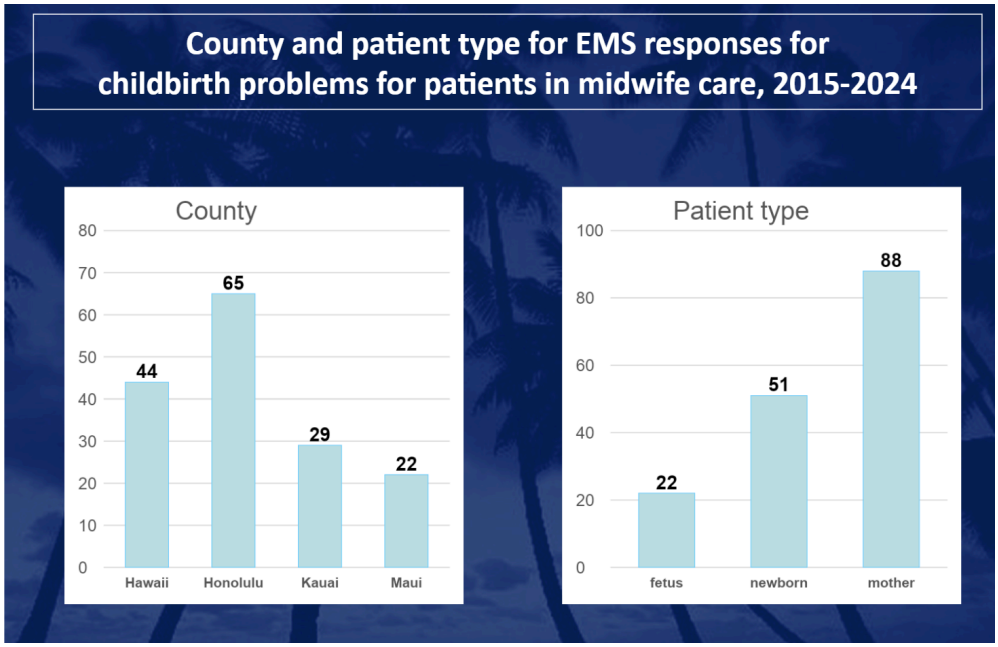

This data strongly suggests that **midwife-attended births have maintained safe outcomes during the period when the birth attendant exemption was in place.** Rather than restricting access, **Hawaiʻi has an opportunity to improve safety by further integrating midwives into the healthcare system and ensuring that all families receive appropriate care when needed.**

Public Safety Requires Access, Not Criminalization

We recognize the concerns around **emergency situations and timely medical intervention.** However, **restricting midwifery access does not improve safety—it increases risk.**

When families feel that their choices are criminalized, they may:

- **Delay seeking medical care** due to fear of legal consequences.
- **Avoid disclosing important health information** to providers, leading to delayed or inadequate treatment.
- **Lose access to culturally appropriate care** that improves health outcomes.

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The safest system is one that **encourages collaboration rather than fear.** We must ensure that **all families, regardless of their birth choices, feel safe accessing medical care when necessary.**

Key Concerns with HB1194

HB1194 Introduces Barriers Instead of Solutions

We strongly believe that public safety is best served by **removing barriers to midwifery licensure and strengthening provider networks.** However, HB1194:

- **Has not been vetted or endorsed** by the **National Association of Certified Professional Midwives (NACPM) or the American College of Nurse-Midwives (ACNM).**
- **Creates unnecessary restrictions** on midwifery education, preventing qualified local students from obtaining licensure.
- **Blocks apprenticeship pathways,** disproportionately impacting Native Hawaiian and rural midwives.
- **Limits access to essential medications and tools** needed to ensure safe, comprehensive care.
- **Fails to ensure Medicaid reimbursement** for licensed midwifery services, making care less affordable for families.

HB1194 Risks Public Safety by Pushing Care Underground

We all want to **prevent unsafe birth situations**. However, **history has shown that when legal options are restricted, families do not stop seeking alternatives—they simply do so without medical support.** HB1194:

- **Criminalizes cultural birth practices** that have been safely practiced in Hawaiʻi for generations.
- **Forces traditional and community-based birth practices underground,** making them harder to regulate and support.
- **Endangers hospital transports** by discouraging midwives from communicating openly with medical providers.

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Instead of criminalization, **a public safety approach should focus on building trust between midwives and the medical system.** This means:
✅ **Ensuring midwives have clear, legal pathways to licensure.**
✅ **Supporting seamless hospital transfers when needed.**
✅ **Respecting and protecting cultural birth practices.**

Conclusion

We recognize and appreciate the Legislature's efforts to improve maternal health outcomes in Hawaiʻi. Our concern is that **HB1194 may unintentionally create more risk rather than improving safety.**

We urge you to consider the data:

- **Midwife-attended births in Hawaiʻi have had good outcomes.**
- **The exemption period did not result in increased EMS incidents.**
- **Public safety is best served by integration, not restriction.**

We ask the Legislature to **oppose HB1194** and instead support policies that:
❌ **Do not impose unnecessary restrictions on midwifery care.**
❌ **Do not criminalize cultural or ʻohana birth practices.**
❌ **Do not undermine reproductive freedom.**
❌ **Do not eliminate pathways for midwifery education and licensure.**

We **urge legislators to OPPOSE HB1194 and instead SUPPORT HB1328,** which offers a **balanced, evidence-based approach** to ensuring safe, equitable, and culturally appropriate maternity care for all families in Hawai'i.

Mahalo for your time and consideration.

Pacific Birth Collective Board of Directors

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

TO: House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L Keohokapu-Lee Loy, Vice Chair

House Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair

DATE: Monday, Feb 10, 2025
PLACE: Hawaii State Capitol, Conference Room 329

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 – 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** 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 makes midwifery laws permanent and clarifies licensure requirements for certified midwives (CMs) and certified professional midwives (CPMs). As a result, HB 1194 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 a high standard of care. In addition, this bill aligns with ACOG's policy of integrating midwives into a collaborative health care system to improve maternal health outcomes.

We should empower Hawai'i's pregnant people to make the best choices for the health and well-being of themselves, their babies, and their families.

- HI ACOG agrees with the January 2025 Auditor's Summary report No. 25-03 Sunset Analysis: Regulation of Midwives that called for the continued regulation of the practice of midwifery in order to protect the health, safety, and welfare of pregnant people, infants, and their families.[1] The Auditor's Summary also called for full licensure, with which we also agree
- In 2010, the International Confederation of Midwives (ICM) established minimum education and training standards for all midwives in all countries, including the United States.[2] ACOG endorses these standards, and HB 1194 ensures that these standards would be met by midwives who would meet the criteria for licensure in Hawai'i.

[1] Auditor's Summary. Sunset Analysis: Regulation of Midwives. Report No. 25-03, January 2025
[2] Global Standards for Midwifery Education (2011). International Confederation of Midwives. https://internationalmidwives.org/resources/global-standards-for-midwifery-regulation

- ACOG advocates for implementation of the ICM standards to ensure all pregnant people have access to safe, qualified, highly skilled providers in all settings.
- Pregnant people in Hawai‘i should be be able to choose health care they know meets minimum standards for safe, high quality maternity care.

The midwife licensure program has increased access to quality maternity care, especially on neighbor islands

- While HI ACOG believes that hospitals or accredited birth centers are the safest settings for birth, HI ACOG also strongly believes that each pregnant person has the right to make medically informed decisions about their maternity care and delivery.
- 41 midwives have been licensed under the Midwifery Licensure Program established by HRS457J, with most of them practicing on neighbor islands.
- Every pregnant person has the right to know the training, experience, and credentials of the person caring for her during their pregnancy and attending their delivery so they can make an informed choice.

While we support this bill, we would welcome the opportunity to further discuss certain provisions to ensure the best outcomes for patients in Hawaii. We appreciate your leadership on this issue and please do not hesitate to reach out with any questions.

Recommended amendments:
Pg 5; § 457J-A (d)(9) “Referring clients who require care beyond the scope of practice of the licensed midwife to an appropriate health care provider *and/or facility equipped to address the client’s healthcare needs;”*

Pg 7; §457J-B (b) “If the licensed midwife determines that a condition of the licensed midwife’s client or clients is outside of the licensed midwife’s scope of practice, the licensed midwife shall refer the client or clients to an appropriate health care provider *and/or facility equipped to address the client’s healthcare needs; The licensed midwife should collaborate with their client or the client’s guardian to document what factors will necessitate a change in birth setting to emergency settings in response to emerging conditions outside the scope of practice of the licensed midwife.”*

Pg 7; § 457J-B (c) “If the licensed midwife is attending a community birth and determines during the midwife’s care that the client or clients faces imminent morbidity or mortality, the licensed midwife shall activate the 911 system *and shall initiate transfer of care protocol*.

Pg 8; § 457J-B (d) “If the licensed midwife transfers care of the midwife’s client or clients during the intrapartum or immediate postpartum period, the midwife shall provide the receiving provider with, at minimum, the information regarding the midwife’s client or clients listed on the transfer form adopted by the department. *The transfer form may include reason for transfer, brief relevant clinical history, planned mode of transport.”*

In addition, we support the Midwives Alliance of Hawaii's (MAH) recommended amendments and Early Childhood Action Strategy’s (ECAS) recommended amendment.

HI ACOG is dedicated to the highest quality care for pregnant people and families of Hawai‘i. **When given the information they need, a person can make the best choices for themselves and their families – we need to give them that information to empower them to make those choices**. 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.

Date: February 10, 2025

To: Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Members of the House Committee on Health

Representative Scot Z. Matayoshi, Chair
Representative Cory M. Chun, Vice Chair
Members of the House Committee on Consumer Protection & Commerce

From: Early Childhood Action Strategy

Re: House Bill 1194, Relating to Midwives

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

ECAS supports House Bill 1194, 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 regulation.

With this in mind, our organization would like to reiterate that the current statute requires licensure and education by an accredited institution for all midwives. At its core, this measure 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 midwifery practices undoubtedly increases the standard of care provided to newborns and individuals giving birth and results in a marked decrease in negative outcomes for both parent and infant. Furthermore, we are cognizant of the fact that childbirth carries with it 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 ECAS supports the overall intent and language in this measure, we must also voice our opposition to language that mandates that Native Hawaiian healers carry a written disclosure form. Native Hawaiian cultural practices are already protected by the Hawaii State Constitution and require no further regulation. **It is ECAS’s position that this language should be removed and the measure passed without it.**

We encourage and look forward to further discussions surrounding the regulation of midwifery and thank the Committees for the opportunity to provide this testimony.

STRONG SUPPORT FOR HB1194, RELATING TO MIDWIVES
To: House Committees on Consumer Protection & Commerce, and Health
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: Taylor Hamil, MSM, LM, LMT, CPM

Time: Thirty-Third Legislature Regular Session of 2025
Mondayday, February 10, 2025 at 2:00PM
Dear Chair Matayoshi, Chair Takayama, Vice Chair Chun, and Vice Chair Keohokapu-Lee Loy and committee members:

I'm a licensed midwife and community member on the Big Island of Hawai'i serving families for the last 4 years. I am in strong support of HB1194 as it continues both the current licensure requirement and accredited midwifery education. Continuing these requirements are critical for public safety.

If HB1194 is not passed, the requirement for licensure will sunset June 30,2025 and the lack of midwifery regulation would unacceptable.

HB1194 is the only bill that aligns with the State Auditor's Summary of their Sunset Analysis 25-03, recommending continued mandatory licensure of midwives, due to the inherent risks of pregnancy, childbirth, and the services that midwives provide.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 a professional licensing statute and not a bill about home birth. Therefore it does not address, regulate or prohibit the location someone may choose to birth, as this is not a bill about birth. HB1194 only regulates people who are practicing midwifery, as its sole purpose is the regulation of midwifery; so it does not regulate people who are not practicing midwifery and it does not prohibit anyone from choosing who they wish to attend or support their birth. HB1194 aligns with other professional licensing program formats and only licenses the provider; it does not prohibit the provider from a specific place of practice. For example, in other autonomous provider statutes, such as physicians, it doesn't state in statute where a physician must practice. This is important as it has allowed physicians to practice where they see fit to provide their services to meet the needs of the community: in clinics, hospitals, mobile units, homes, boats, by telehealth, and in the field.
HB1194 clarifies the scope of practice of midwifery, redefines the definition of the practice of midwifery so that it is specific to midwives. It further clarifies that the practice of midwifery does not include native Hawaiian healing practices, which are protected by the Constitution, and it also does not prohibit licensed midwives from including cultural practices should they choose to.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 adds essential requirements to HRS457J, including continuing education, data submission, and peer review for licensure renewal.

Please vote YES for HB1194.

Mahalo for your time and consideration,
Taylor Hamil, MSM, LM, LMT, CPM

Taylor Hamil MSM, LM, LMT, CPM
PO Box 3645, Kailua Kona, HI 96745
T: 808.769.9531 F: 808.501.2383

HB-1194
Submitted on: 2/9/2025 12:14:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kii Kahoohanohano	Hihbc, malamanapuaohaumea, traditional midwife on task force appointed by current law	Oppose	In Person

Comments:

Aloha,

As we all know the midwifery restriction law is about to sunset and we need solutions to keep licensure of clinical midwives alive! There is also so much more at stake, soooo many flaws with the current law, as well as this current proposed bill HB1194. Although we are so grateful for dedication and attempts to understand this VERY layered issue, and to create fair and just law, this bill does not correct the flaws and even amplifies many of the concerns of the current law, which brought us to unfortunately have to sue the state. This is not something that we wanted to do, but after over a decade of not being heard, or respected for our deeper understandings and experience in these realms, we were offered support and we took it by default. Please acknowledge all of the harm that has already occurred, stand in integrity and stop railroading this issue. YOU all have the power to implement solid, ethical, integral, legislation, and that is HB1328, not a frantic attempt to create solutions such as HB1194, which is lacking still deeper understanding of the basic fundamentals of this issue. WE are and HAVE been here for years to support you all in deeper understanding so that we can create good laws around reproductive justice and access to maternal care in Hawai'i. We are still here ❤️ and hope that this year we can all win, with you folks as the champions, as stated by Nakamura on opening day, to be the voices of the people whom you are here to serve and represent! We have faith in you to do the right thing moving forward and pray you are filled with the spirit of pono as you may not agree with every aspect, or understand every concern.... but that you are able to see clearly our purpose here for so many years, and NOW YOUR PURPOSE in holding such power. Please oppose hb1194 which is equally harmful as the current law, and even less constitutional in certain aspects. I am busy serving my community, a mother of 5 homebirth babies, even after 40! But I am ALWAYS hopeful and open to support all of you to have firm foundations to stand on with deeper understanding from my over 20 years of serving my community here in Maui with the most beautiful and safe outcomes. Reach out anytime, it would be my honor to work together further.

Mālama,

Ki'inaniokalani Kaho'ohanohano

HB-1194
Submitted on: 2/9/2025 12:52:08 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brynne Potter	North American Registry of Midwives	Oppose	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 in opposition of 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 cannot support this bill as a whole.

NARM takes issue 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 unknowingly 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. NARM recognizes additional educational pathways that grant a person eligibility to sit for the NARM exam as equivalent.

***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, once vetted by NARM, 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 exists and as such we set the standards for midwives who practice in community settings, like homes and birth centers..

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.

As you look to reconcile the two submitted bills to regulate midwives, NARM endorses the language of HB1328 and recommends it be used for the purpose of licensure for the Certified Professional midwife scope, training, education and licensure requirements.

I would be happy to follow up directly with anyone who has specific questions for NARM

on these matters.

Warm Regards,

Brynne Potter
Executive Direcctor, North American Registry of Midwives

HB-1194
Submitted on: 2/9/2025 12:53:05 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shereen Hoopii	Pihana ka ?Ikena	Oppose	Written Testimony Only

Comments:

I strongly oppse HB1194. This bill criminalize those who offer essential pregnancy and child birth support, including doulas, cultural practitioners, and even family members. It forces all midwives - regarless 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
Submitted on: 2/9/2025 12:56:09 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Benjamin Simpson	uncle bens llc	Support	Written Testimony Only

Comments:

Support HB1194, RELATING TO MIDWIVES

Aloha! We strongly support HB1194 as it continues both the current licensure requirement and accredited midwifery education. Continuing these requirements are critical for public safety.

If HB1194 is not passed, the requirement for licensure will end June 30,2025, and a lack of midwifery regulation would put families at risk. Unacredited and/or undertrained healthcare workers is simply DANGEROUS.

HB1194 is the only bill that aligns with the State Auditor's Summary of their Sunset Analysis 25-03, recommending continued mandatory licensure of midwives, due to the inherent risks of pregnancy, childbirth, and the services that midwives provide.

HB1194 aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.

HB1194 is a professional licensing statute and not a bill about home birth. Therefore it does not address, regulate or prohibit the location someone may choose to birth, as this is not a bill about birth.

HB1194 only regulates people who are practicing midwifery, as its sole purpose is the regulation of midwifery; so it does not regulate people who are not practicing midwifery and it does not prohibit anyone from choosing who they wish to attend or support their birth.

HB1194 aligns with other professional licensing program formats and only licenses the provider; it does not prohibit the provider from a specific place of practice. For example, in other autonomous provider statutes, such as physicians, it doesn't state in statute where a physician must practice. This is important as it has allowed physicians to practice where they see fit to provide their services to meet the needs of the community: in clinics, hospitals, mobile units, homes, boats, by telehealth, and in the field.

HB1194 clarifies the scope of practice of midwifery, redefines the definition of the practice of midwifery so that it is specific to midwives. It further clarifies that the practice of midwifery does not include native Hawaiian healing practices, which are protected by the Constitution, and

it also does not prohibit licensed midwives from including cultural practices should they choose to.

HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.

HB1194 adds essential requirements to HRS457J, including continuing education, data submission, and peer review for licensure renewal.

VOTE YES for HB1194.

MAHALO! -uncle ben

Testimony of **Lahaina Strong**
Before the Senate Committees on
Health & Consumer Protection and Commerce

In Consideration of House Bill No. 1194
RELATING TO MIDWIVES

Aloha Chair Takayama, Chair Matayoshi, and Members of the Health and Consumer Protection and Commerce Committee,

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

Lahaina Strong stands in firm opposition to HB 1194. Our community has faced immense hardship in the past year, yet we continue to stand together in advocating for the rights of our people, including the fundamental right to bodily autonomy and access to **culturally grounded, community-supported birthing options**.

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

This bill fails to uphold the original intent of HRS 457J, which was to expand access to midwifery care, not restrict it. Instead, HB 1194:

- Restricts access to licensure for qualified midwives, disproportionately affecting those trained through traditional and non-institutional pathways.

- Criminalizes birth attendants and family support, including grandparents and hānai family, for assisting in home births.

- Fails to recognize and protect Native Hawaiian and other cultural birthing practices, in likely violation of the Hawai‘i State Constitution (Article 12, Section 7).

- Discriminates against Hawai‘i residents by eliminating pathways to licensure that have been in place since 2019.

- Limits the scope of practice for midwives, preventing them from providing care to the full extent of their training and expertise.

Lahaina Strong **supports HB 1328**, which truly reflects the needs of our community by:

- Expanding pathways to licensure for midwives trained through different educational models.

- Protecting the right to choose home birth without fear of legal consequences.

- Affirming Native Hawaiian traditional and customary birthing practices.

- Ensuring that midwives can practice to their full scope, improving access to safe, community-based maternity care.

At a time when our community is still healing and rebuilding, we should be prioritizing policies that empower our people, not restricting their choices. We urge you to reject HB 1194 and instead support HB 1328 to ensure that all families in Hawai‘i have access to the birth options that best serve them.

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

Mahalo for your time and dedication.

Sincerely,

Lahaina Strong

TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAI'I

HOUSE JOINT COMMITTEE ON HEALTH AND CONSUMER PROTECTION AND COMMERCE

MONDAY, FEBRUARY 10, 2025 AT 2:00PM

HB 1194 - RELATING TO MIDWIVES

POSITION: OPPOSE

Aloha Chair Takayama, Chair Matayoshi, and Members of the Committee,

The Democratic Party of Hawai'i (DPH) **opposes** HB 1194, 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, 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 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 imposes undue burdens on a person acting as a traditional Hawaiian healer. This form of proposed regulation sets a dangerous precedent for the unreasonable regulation of other traditional and customary practices. It does not create a clear exemption for Native Hawaiian traditional and customary birthing practices while creating unreasonable and impracticable regulations such as a written and verbal State-authored disclosure form that must be given to each patient and kept on record for 10 years. The bill fails to provide a clear exemption for traditional 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, 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 and the current HRS 457j, 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 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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HB-1194
Submitted on: 2/9/2025 1:09:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leah Karp	PHYSIO WELLNESS LLC	Oppose	Written Testimony Only

Comments:

Testimony of

Dr. Leah Lau Karp PT, DPT, CFMT

Kailua, HI - Oahu

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a Doctor of Physical Therapy specializing in pelvic floor therapy, a woman, and a daughter of Hawai‘i. In my professional experience, midwifery is an essential component of women’s health, particularly during pregnancy and childbirth. The evidence is clear—midwifery care leads to better outcomes, reduces obstetric violence and trauma, and provides invaluable support to both mother and baby.

As an Asian Pacific Islander, I deeply resonate with the cultural and community traditions of midwifery, which have been passed down through generations. HB 1194 threatens to limit access to this vital practice, stripping women of their right to choose a birth experience that aligns with their values, traditions, and well-being. Restricting midwifery is not only a disservice to maternal health but also an infringement on cultural and bodily autonomy. I strongly oppose HB 1194 and urge policymakers to protect midwifery as an integral part of our healthcare system and heritage.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.**

- **The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.**

- **Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.**

- **Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.**

- **HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work**

together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- **There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.**

- **The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.**

- **Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.**

- **HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.**

- **HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.**

- **HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are**

different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.**

- **HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.**

-

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo,

Leah Lau Karp

Papa Ola Lokahi
Nana I Ka Pono Na Ma

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

Phone: 808.597.6550 ~ www.papaolalokahi.org

House Committee on Health
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

House Committee on Consumer Protection & Commerce
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair

Monday, February 10, 2025, 2:00 p.m.

Re: HB1194 – 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**, 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.

While Papa Ola Lōkahi (POL) appreciates this bill's attempt to clarify the legislative intent of the law as passed in 2019, **we <u>cannot</u> support the sections of the current draft of the bill relating to Native Hawaiian healing—either the definition or the disclosure section.** At the most basic level, we're concerned with the ways these sections can be read to limit the traditional and customary practices that are guaranteed to Native Hawaiians in the State Constitution. Efforts to define or cabin-in what our practices are in statute can be read to the exclusion of other components of our traditions and customs. The disclosure form serves as an extension of the narrowing of our traditional and customary practices.

POL also has serious concerns about the way the disclosure section requires what could be tantamount to a registration of traditional Hawaiian healers. Conversations about licensure or registration of traditional Native Hawaiian healing practices have been ongoing for more than 30 years. POL's charge has included the convening of traditional Native Hawaiian healers. Given our lengthy experience and relationships with kupuna councils and traditional Hawaiian healers, **we respectfully recommend replacing this disclosure section with a more simplified exemption for traditional Hawaiian healers.** If such an exemption is amenable, we would also welcome a provision exempting anyone practicing in accordance with HRS 453-2(c).

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

MAUI
MIDWIFERY

February 9, 2025

Esteemed Members of the House Health Committee
FROM: Whitney Herrelson, BSM, CPM, LM

Subject: Strong opposition to HB1194

My name is Whitney Herrelson, and I am a Licensed Midwife practicing in Maui. I am submitting testimony in strong opposition to HB1194 because it does not adequately protect cultural birth practices and traditional midwives. Instead, I urge you to support HB1328, which provides a more inclusive and community-supported approach to midwifery regulation in Hawai‘i.

HB1194 imposes restrictive licensure requirements that fail to recognize the importance of traditional Hawaiian midwifery and cultural birth practices. For generations, traditional midwives have played a vital role in the health and well-being of Hawai‘i families, particularly in rural and Native Hawaiian communities. These midwives provide care that is deeply rooted in cultural knowledge, yet HB1194 places them at risk by not explicitly protecting their right to continue their work.

There is no clear evidence that requiring all midwives to be licensed improves public safety. Instead, mandatory licensure disproportionately affects those midwives who serve vulnerable and underserved populations, creating unnecessary barriers to care. The reality is that midwifery in Hawai‘i is diverse, and legislation must reflect and respect that diversity rather than restrict it.

In contrast, HB1328 offers a balanced solution—one that allows midwives to train and obtain licensure locally while safeguarding the autonomy of traditional midwives. This bill ensures that Certified Midwives (CMs) and Certified Professional Midwives (CPMs) can practice to their full scope, increasing access to skilled maternity care. It also facilitates Medicaid reimbursement for midwifery services, helping expand prenatal care access to those who need it most.

As a midwife who had to leave the islands to obtain training and licensure, I know firsthand how these barriers impact the midwifery workforce. When I returned to Hawai‘i, I had limited knowledge of local cultural traditions and health concerns—an issue that could have been avoided if I had the opportunity to train here. HB1328 prevents this from happening to future midwives by creating an accessible and culturally competent path to licensure.

I urge you to oppose HB1194 and instead support HB1328, a bill that truly reflects the needs and voices of Hawai‘i’s midwifery community. Mahalo for your time and consideration.

Whitney Herrelson, LM
Maui Midwifery
Member, Maui County Commission on the Status of Women
Member, State of Hawai‘i Midwifery Advisory Committee

Maui Midwifery | 75B North Church St., Wailuku, HI, 96793 | Office: (808)-298-1841
Fax: (808)-210-6109

HB-1194
Submitted on: 2/9/2025 1:54:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hawaii Chapter of American Academy of Pediatrics Advocacy Committee	Hawaii Chapter of American Academy of Pediatrics Advocacy Committee	Support	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Dr. Casandra Simonson MD,FAAP and I am writing on behalf of the Hawaii Chapter of the American Academy of Pediatrics. We represent over 200 pediatricians in Hawaii and we are 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 pediatricians, we 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, we 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,
Dr. Casandra Simonson MD FAAP
American Academy of Pediatrics- Hawaii Chapter

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

Rep. Gregg Takayama, Chair
Committee on Health

Rep. Scot. Z. Matayoshi, Chair
Committee on Consumer Protection & Commerce

Monday, February 10, 2025
2:00 PM Conference Room 329

RE: **HB1194** Relating to Midwives - **Opposes**

Dear Chair Takayama, Chair Matayoshi, 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 urge this committee to oppose HB1194. Under HB1194 and the current HRS 457(j), birth attendants, cultural, religious, traditional birth practitioners and even grandmothers and other family members could face criminal penalties for attending, supervising and assistant a birthing person outside the state's narrowly defined licensure parameters. Criminalization of birth workers and family members for participating in our species' birth practices is the opposite of what we should be doing. We should be empowering our mothers, protecting choice and reproductive autonomy. Indigenous practitioners deserve the freedom to practice and not have pregnancy and birthing practices filtered through a westernized can capitalistic medical lens. Native Hawaiian birthing practices understand connection to land, and to ancestors, and have a whole-person cultural context.

HB1194 imposes undue burdens on a person acting as a traditional Hawaiian midwife. This is a dangerous precedent for the unreasonable regulation of other traditional and customary practices. HB1194 fails to provide a clear exemption for traditional birth practitioners who are protected under Article XII, Section 7, of the Hawaii State Constitution "Traditional and customary rights".
Racism in reproductive health and maternal care policies will face continuous opposition.

In summary, we urge you to support policies that expand, rather than restrict, access to midwifery licensure and care and ***oppose HB1194***. Thank you.

Native Hawaiian
LEGAL CORPORATION

1164 Bishop Street, Suite 1205 • Honolulu, Hawai'i 96813
Phone (808) 521-2302 • Fax (808) 537-4268 • www.nativehawaiianlegalcorp.org

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Testimony to the
HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH AND
COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Relating to House Bill 1194

Relating to Midwives. 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. Effective 6/29/2025.

January 10, 2025 2:00 p.m. State Capitol, Conference Room 329

Aloha e Chair Takayama, Chair Matayoshi and members of the House of Representatives Committees on Health and Consumer Protection & Commerce:

The Native Hawaiian Legal Corporation ("NHLC") OPPOSES and offers the following comments on House Bill 1194 ("HB1194") - Relating to Midwives.

In February of 2024, NHLC, the Center for Reproductive Rights, and the law firm Perkins Coie filed a lawsuit, *Kahoʻohanohano v. State of Hawaiʻi*, on behalf of maternal care providers challenging the current licensing law that regulates the practice of midwifery, Hawaiʻi Revised Statutes ("HRS") §457J. Our clients complained that, among other things, HRS §457J unconstitutionally restricts Native Hawaiian traditional and customary practices, including pale keiki, hoʻohānau, and hānau. These practices are protected under Article XII Section 7 of the Hawaiʻi Constitution, yet HRS §457J sets forth requirements to practice that cultural practitioners had no practical pathway to achieve. Further, if they practiced without meeting the requirements, they could be subject to criminal and civil penalties. HRS §457J seemed to provide a pathway for traditional and customary practitioners with this language:

> "Nothing . . . shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and

> child care *as recognized by any council of kūpuna convened by Papa Ola Lōkahi*."

HRS §457J-6(b) (emphasis added).

The problem, though, is that Papa Ola Lōkahi, a nonprofit organization burdened by the legislature to hold this kuleana in HRS §457J, in fact had no process for recognizing them. So effectively, that language in HRS §457J was a false door that practitioners had no way to walk through.

After filing the complaint, Plaintiffs filed a motion for preliminary injunction seeking to enjoin the State from enforcing HRS §457J, because the case against the law's constitutionality was strong, and the harms being caused to our clients, the practices they perpetuate, and the people they serve were severe. After hearing from a total of 15 witnesses – 11 called by our clients and 4 called by the State – the Court concluded that we were right on this issue and granted a statewide injunction. The statewide preliminary injunction issued by the Court is still in place, and the trial in the matter is set to start on January 19, 2026.

Similar to HRS §457J, HB1194 includes language seeming to respect constitutionally protected traditional and customary practices. In fact, though, this bill fails to create a clear exemption for practitioners and offers a similarly difficult mix of pathways forward that would have the net impact of material legal risk for practitioners. As a result, if enacted, HB1194 will likely have a chilling effect on traditional and customary practices.

As an example, this bill starts with a confusing definition of what is in scope and being regulated by the bill. HB1194 defines "the practice of midwifery" as not including:

> "**healing practices** performed by **traditional Hawaiian healers** engaged in **traditional practices** of pale keiki, hoohanau, or other hanau practices **established in existence before November 25, 1892**, which may incorporate but are not limited to the practices of laau lapaau, laau kahea, lomilomi, hooponopono, kilo, pule, and ai pono, and are **intended to assist pregnant people during pregnancy, birth, and the postpartum period**." HB1194, page 24, lines 6-13 (emphases added).

The emphasized portions include areas which were the focus of the litigation in the evidentiary hearing for the preliminary injunction request in *Kaho'ohanohano v. State of Hawai'i*.

This language requires a complicated analysis to determine what is in scope and what is exempted. When creating regulation that could result in criminal and civil penalities imposed on practitioners, clear langauge is critically important. This langauge also attempts to create a bifurcation between midwifery, an English language term for specialized care related to pregnancy and birth, and the traditonal and customary practices that relate to being hāpai and hānau. This is confusing, potentially nonsensical, and most importantly unnecessary – rather

the law should simply exempt Native Hawaiian traditional and customary practices from the midwifery regulation.

Even if a practice falls outside the HB1194 definition of midwifery, HB1194 would require exempted Native Hawaiian cultural practitioners to comply with a complex disclosure statement and record keeping requirement for all people they serve, which does not comport with the traditions of these practices. HB1194, pages 16, line 10 – 18, line 10. As such, under the proposed bill, Native Hawaiian cultural practitioners will have to:

1. exercise judgment as to whether the State will consider their conduct to fall outside of the defined "practice of midwifery," and then
2. they have to determine whether their non-midwifery practice is nonetheless subject to regulation under the proposed midwifery regulation and if so,
3. they must confirm to the disclosure and record keeping requirements therein.

Notably, while burdening Native Hawaiian cultural practitioners, the bill provides no technical assistance nor resources to help practitioners to comply with these onerous requirements. Moreover, it is unclear whether the disclosure form – which must first be adopted by the State department – even exists or if there would be yet another delay in Native Hawaiian practitioners being able to legally engage in their constitutionally-protected practices.

It is highly likely that the enforcement of this unworkable regulatory scheme will result in litigation. More concerning, this bill would foreseeably have a chilling effect on Native Hawaiian cultural practitioners thereby threatening Native Hawaiian traditional and customary practices in conflict with the State's duties under Article 12, Section 7 of the State Constitution.

HRS §457J should be replaced with law that fixes what was broken related to traditional and customary practices. HB1194 doesn't do that.

Mahalo for the opportunity to submit testimony.

Me ka haʻahaʻa,

Kirsha K.M. Durante
Litigation Director

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

Written Testimony Presented Before the
House Committee on Health
And
House Committee on Consumer Protection & Commerce
Monday, February 10, 2025, at 2:00PM
Conference Room 329 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

Chairs Takayama and Matayoshi, Vice Chairs Keohokapu-Lee Loy and Chun, and members of the committees: 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.

Section 7, which amends 457J-6 Exemptions proposes to strike *"(a) A person may practice midwifery without a license to practice midwifery if the person is (1) [A certified nurse-midwife holding a valid license under chapter 457;"*. New criteria are proposed to be placed in this section, as detailed in the table later in this testimony.

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).

Therefore, HSCN recommends that should this measure pass, that the Committee reinstate the exemption for Certified Nurse Midwives. To do so, HSCN recommends adding the below language (bold) as a third criteria within 457J-6 (a).

Page 26 Lines 15	457J-6 Exemptions (a)
Page 27 Lines 4-5	Nothing in this chapter shall be construed to prohibit:
Page 27 Lines 6-7	(1) The practice of midwifery that is incidental to the program of study engaged by a student currently enrolled in [~~a~~] an accredited midwifery educational program and under the direct supervision of a qualified midwife preceptor; or
Page 29 Lines 18-19	(2) Service in the case of emergency or the domestic administration of family remedies **[~~, or~~]**
INSERT	**(3) A certified nurse-midwife holding a valid license under chapter 457 to practice midwifery.**
Page 30 Lines 1-3	(b) Nothing in this chapter shall prohibit a person from administering care to a person's spouse, domestic partner, parent, sibling, or child."

The mission of the Hawai'i State Center is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well–prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.

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.

ACLU Hawai'i

Committees: Health and Consumer Protection and Commerce
Hearing Date: Monday, February 10, 2025 at 2:00 pm
Location: Conference Room 329 and via Videoconference
Re: **ACLU of Hawai'i Testimony in *OPPOSITION to H.B. 1194 Relating to Midwives***

Aloha Chairs Takayama and Matayoshi, Vice Chairs and Committee Members:
The ACLU of Hawai'i is a non-profit, non-partisan organization dedicated to safeguarding and advancing civil rights and liberties enshrined in our federal and Hawai'i Constitutions. We **oppose H.B. 1194 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.**

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]

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, our Attorney General interpreted Act 32 as criminalizing trusted traditional midwives, doulas, lactation consultants, counselors, childbirth educators, cultural practitioners, and even

[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

grandmothers 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 Evaluation Pathway and increase access to health services and care to remedy the stark inequities in the current statute.

We are asking the Hawai'i Legislature to repair the harms unintentionally caused by Act 32 and to use H.B. 1328, rather than H.B. 1194, as the preferred legislative vehicle to replace the current midwifery statute that expires on June 30, 2025.

H.B. 1194 Violates the Hawai'i Constitution and Will Likely Subject the State of Hawai'i to Further Litigation

If H.B. 1194 passes as it, the State of Hawai'i will continue to infringe on a person's right to make decisions about pregnancy and birth and unreasonably regulate Native Hawaiian traditional and customary healing and birthing practices. In turn, this will not end the current lawsuit and likely lead to further protracted litigation.

[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.

American Civil Liberties Union of Hawai'i
P.O. Box 3410
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www.acluhawaii.org

H.B. 1194 as drafted will:

- Interfere with pregnant people's decision-making about pregnancy and birth, decisions that impact a pregnant person's bodily autonomy and privacy.

- Allow the State to unreasonably regulate Native Hawaiian traditional and customary healing and birthing practitioners by requiring them to comply with a written and verbal disclosure form created by the State that must be given to each person served, and kept on record for 10 years. This sets a dangerous precent for the unreasonable regulation of other traditional and customary practices in violation of the Hawai'i Constitution, Article 12, section 7.

- Interfere with religious rights relating to pregnancy and birth by subjecting religious practitioners who are not licensed midwives to be subject to criminalization.

H.B. 1194 Arbitrarily Restricts Access to Skilled Maternal Health Providers

- 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 decision is arbitrary and capricious. This exclusion will restrict workforce development opportunities in the health field and limit access to midwifery care in our communities.***

    - 27 States and Washington D.C. allow for the MEAC education and PEP apprenticeship pathway to licensure.

    - For more information relating to the multiple pathways for the Certified Professional Midwife Credential, please see testimony in opposition to this measure from the North American Registry of Midwives (NARM).

- 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.

    - For more detailed information relating to the full scope of practice, please review the testimony submitted by the Hawaii Association of Certified Midwives and North America Registry of Midwives and licensed CPMs.

H.B. 1194 May Continue to Subject Extended Family, Friends and Other Maternal Health Practitioners to Fines and Criminal Penalties

The Attorney General noted in its 2024 Opinion 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."

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While H.B. 1194 includes an exemption for "domestic administration of family remedies," this language is vague and may put families in jeopardy if they are unable to provide that a given practice counts as such.

As a matter of statutory construction, ACLU of Hawai'i strongly recommends that the Legislature clearly outline the list of exemptions under a separate subsection in the law, clearly labeled as Exemptions. This is a best practice for drafting legislation.

Reconciliation of H.B. 1194 and H.B. 1328

ACLU of Hawai'i appreciates the Chairs' decision to schedule H.B. 1194 and H.B. 1328 for the same hearing, and allowing an opportunity for committee members and community to carefully review and compare the statutory language in both measures.

We respectfully request that both Committees defer H.B. 1194. As drafted H.B. 1194 would violate our Hawai'i Constitution and arbitrarily restrict access to skilled maternal health providers amidst a known maternity desert in Hawai'i, especially in rural areas and the neighbor islands.

Alternatively, if the Committees are inclined to pass H.B. 1194, we respectfully request that you incorporate the proposed statutory language from H.B. 1328 to remedy the Constitutional violations outlined above. Additionally, we ask that you create a subsection with the list of exemptions included in H.B. 1328, allow the PEP apprenticeship certification as a pathway to midwifery licensure and allow licensed midwives to practice to the full scope of the credential, education and training.

Sincerely,

Carrie Ann Shirota
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.

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HB-1194
Submitted on: 2/10/2025 8:36:44 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Piper Lovemore	Mothering Justice	Oppose	Written Testimony Only

Comments:

Birth has become a heated forum for debate. As more and more mothers from vulnerable populations sound the alarm of dangerous disparities, one axiom continues to prevail- Mothers know best. They know what is best for their bodies, their babies and their communities. They know where and with whom they feel safest. And they know that these factors are among the most crucial determinants toward 'successful' outcomes.

In Hawai'i the community has walked alongside its midwives for over a decade proclaiming solidarity and fighting to protect this very simple, yet fundamental shred of knowledge. The people know, that however they choose to approach their own reproductive potential, *midwives preserve integral cultural wisdom, the community cannot afford to lose.

*(the term midwife here is used in the traditional sense of the English language definition and not the co-opted attempt to define the word along a white-washed, certification specific scope of practice.)

When we side with voices of organizations, institutions, practitioners and politicians, over the voices of the People impacted by the policies we enact, we choose colonization over liberation. We choose to place our trust in a paradigm proven to cause harm.

Mothering Justice stands with the birthing people, mothers and families of Hawai'i, and in opposition to HB1194.

Thank you.

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
repmatayoshi@capitol.hawaii.gov

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

HB-1194
Submitted on: 2/7/2025 5:57:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Kawasaki	Individual	Oppose	Written Testimony Only

Comments:

It is confusing where an APRN Certified Nurse Midwife is in relation to licensed midwife or certified professional midwife.

HB-1194
Submitted on: 2/7/2025 6:39:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Kim	Individual	Support	Written Testimony Only

Comments:

As a Maui pediatrician that has worked in both the hospital and clinic settings, that has had to deal with significant morbidity and mortality of infants due to home births that were not safe and was not referred to a hospital soon enough by lay midwives, I strongly support this bill. I support licensure, a standard of care and proper education of lay midwives to what their scope of practice is , and a board or metrics to continue to monitor numbers of bad outcomes as pertaining to disciplinary action and recertification. Please protect home birthing moms, certified nurse midwives who are trained and capable, as well as the infants. May I suggest all midwives learn and carry out the program Helpjng Babies Breath? And a continued care plan for patients instead of dropping them if they cannot pays

HB-1194
Submitted on: 2/7/2025 8:06:40 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronnie Texeira	Individual	Support	In Person

Comments:

"Testimony in Support of HB 1194 – Relating to the Licensure of Midwives

As a an OBGYN practicing on the windward side of Oahu, I strongly support HB 1194, which ensures the continued regulation of midwifery in Hawai‘i and upholds high standards of care for pregnant people and their families. This bill solidifies licensure requirements for certified midwives and certified professional midwives, aligning them with nationally recognized education and training standards, including those set by the International Confederation of Midwives. HB 1194 empowers pregnant people to make informed choices about their care by guaranteeing that licensed midwives meet rigorous safety and competency criteria. It also enhances access to qualified maternity care, particularly on neighbor islands, while fostering collaborative healthcare systems that improve maternal health outcomes. While I fully support this measure, I also support ACOG’s proposed amendments to further ensure the best outcomes for patients in Hawai‘i. Thank you for your leadership and the opportunity to testify on this important issue."

HB-1194
Submitted on: 2/7/2025 8:23:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kainoa Toomata	Individual	Support	Written Testimony Only

Comments:

"Testimony in Support of HB 1194 – Relating to the Licensure of Midwives

As a father, husband Native Hawaiian and community member, I strongly support HB 1194. Every perons who delivers a child should have proper training to bring babies into this world. Mothers should have the abiltiy to know if her midwife meets standards and has a licesnse so that she can chose the safest route of delivery. Too many women in Hawaii has been harmed by lay midwives who claim to have proper training. Too many midwives claim to practice Hawaii culture/traditions in order to charge a fee and mislead women to thinking this is safe. They are using women as practice which is dangerous. I also don't feel it is right for theses midwives to just drop women off at the hospital when they don't know what to do and most times it is too late. This is a a safety issue and we have to take better care of the women in Hawaii

HB-1194
Submitted on: 2/7/2025 10:21:16 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shelly Ogata	Individual	Support	Written Testimony Only

Comments:

Chair Takayama, Chair Matayoshi, Vice Chair Keohokapu-Lee Loy, Vice Chair Chun and members of the Committees on Health and Consumer Protection & Commerce:

I am in strong support of HB 1194 which makes midwife regulatory laws permanent. This legislation provides a logical pathway to protect all families in Hawaii.

As a registered nurse with a Masters degree in Public Health/Maternal Child Health and a lifelong resident of Hawaii, I understand the importance of holistic education and training as it relates to caring for our families. Please keep our families safe by supporting HB 1194.

HB-1194
Submitted on: 2/8/2025 6:34:26 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bliss Kaneshiro	Individual	Support	Remotely Via Zoom

Comments:

As a practicing obstetrician-gynecologist, I have personally cared for patients who have been harmed because of the care they received from birth attendants attempting to deliver babies at home. I have consoled moms whose babies died when they tried to deliver at home with attendants who did not have the proper training or resources. Patients have the right to choose how and where they welcome their baby into the world. Our community deserves the care of trained midwives who understand pregnancy physiology and can identify conditions that require transport to a hospital for further care.

As a member of the Hawai‘i Section of the American College of Obstetricians and Gynecologists (HI ACOG), I strongly support HB 1194, which ensures the continued regulation of midwifery in Hawai‘i and upholds high standards of care for pregnant people and their families. This bill solidifies licensure requirements for certified midwives and certified professional midwives, aligning them with nationally recognized education and training standards, including those set by the International Confederation of Midwives. HB 1194 empowers pregnant people to make informed choices about their care by guaranteeing that licensed midwives meet rigorous safety and competency criteria. It also enhances access to qualified maternity care, particularly on neighbor islands, while fostering collaborative healthcare systems that improve maternal health outcomes. While I fully support this measure, I also support ACOG’s proposed amendments to ensure the best outcomes for patients in Hawai‘i. Thank you for your leadership and the opportunity to testify on this critical issue.

Testimony of
Cristina Holt
Hilo, Hawai'i

Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,
Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia
Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair
Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,
Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha, Chair Takayama, ChairMatayoshi, Vice Chairs and all members.
I am writing today to strongly **OPPOSE HB1194**, Relating to Midwifery.
I am a resident of Hilo, HI and a woman of child-bearing age. I was born in Atlanta, Georgia, and grew up under circumstances that were not friendly to women's health and control over our own reproductive lives. It was terrifying to know that, at any time, I could lose control of if and when I have a child. It is deeply disturbing to me that HB1194 aims to take away my choice of how to birth my own child into this world. That is not what our community stands for.
While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles,

including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i

and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.
HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.
For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.
Thank you,
Cristina Holt

HB-1194
Submitted on: 2/8/2025 7:24:12 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
EMC	Individual	Support	Written Testimony Only

Comments:

Registered Nurse, Labor/Delivery & Postpartum. As a HCP who has seen poor outcomes for Mother & Baby, due to use of unlicensed midwives/doula/care providers, I strongly endorse permanent stature of only "licensed" Midwives & CNMs in Hawaiian healthcare.

- E McGuire, RNC

HB-1194
Submitted on: 2/8/2025 7:38:05 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
jan ferguson	Individual	Oppose	Written Testimony Only

Comments:

I do not support exceptions for unlicensed midwives. If one is not a credentialed licensed midwife and what they offer is different from that of a credentialed midwife they should not be included in a statute that regulates midwives.

One does not need to abandon any healing or cultural practices to meet the criteria for midwifery licensure under HRS 457J. This bill allows for different standards of midwifery care depending on education and therefore puts the public at risk.
The summary of the State Auditor's Sunset Analysis recommends mandatory licensure of midwives due to the inherent risks of pregnancy, childbirth, and the services that midwives provide.

Thank you for your thoughtful consideration

Jan Ferguson CPM LM

Testimony Of
Nichole Field
Aiea, Oahu

Committee on Health
Rep. Gregg Takayama, Chair
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Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha, Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

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

I am a mother of three children.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice.** It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- **The needs of the community are complex and harm is done by incorrect language.**. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- **Everyone needs clear protection.** Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a

proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- **Community processes need respect.** Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- **HB 1194 is too problematic to fix.** While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- **There is no evidence that restricting any type of midwives makes anyone safer.** It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- **The real safety hazard is lack of access to care.** Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- **Hospital transports being dangerously interfered with is also a real safety hazard.** If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- **HB1194 harms families**. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- **HB1194 harms reproductive choice**. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- **HB1194 does not give a realistic way for local clinical midwives to be licensed.** Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- **HB1194 does not address medicaid reimbursement for licensed midwives**, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

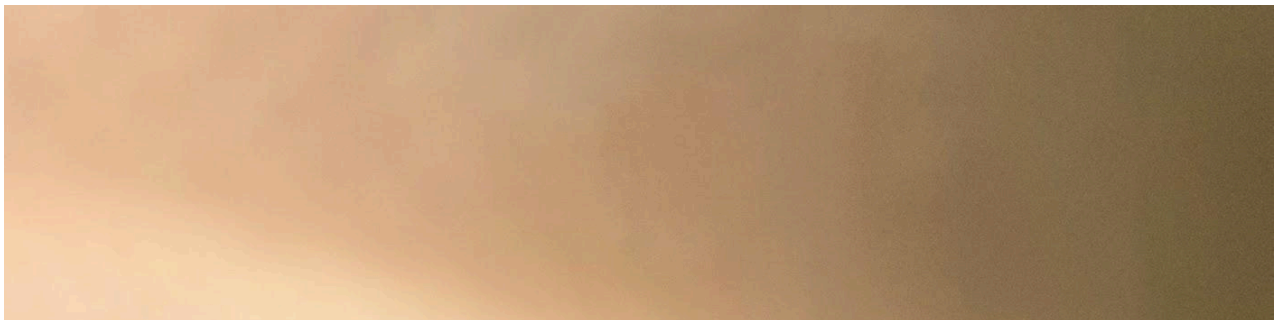
> ***Necessity*** – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
> ***Effectiveness*** – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
> ***Flexibility*** – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
> ***Proportionality*** – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
> ***Transparency*** – is the regulation clear and accessible to all? Have stakeholders been involved in development?
> ***Accountability*** – is it clear who is responsible to whom and for what? Is there an effective appeals process?
> ***Consistency*** – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.
Mahalo,

Nichole



HB-1194
Submitted on: 2/8/2025 9:59:13 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alana Koa	Individual	Oppose	In Person

Comments:

Aloha mai,

My name is Alana Koa, I am in support of HB 1328.

I come from the Island of Maui.

I am a mother, a member of the Hawaii Home Birth Collective as well as a member of Malama Na Pua O Haumea, I am an inspired Midwife and pale keiki.

The reason we ask and need your support on OUR Bill HB1328 and not the other bills being proposed today because OUR Bill… covers, respects…and protects everyone collectively.

Licensed Midwives, Traditional Midwives, CPMs, CNM's, Cultural Practitioners, religions… and me, this bill protects me as a kanaka.

I oppose for HB1194, for many reasons, one them being that HB1194 will make all customary practices regulated by the state! Overriding our rights in the constitution to practice! Such practices include La'aulapa'au, Lomilomi, Ho'oponopono, and Hanau!!

As a Kanaka OUR Bill HB1328 protects our cultural rights, it protects the practice of hānau, a practice that is as old as time, just like many practices in Hawaii. Hanāu is the practice of everyone's existence, in this room, in this world…

OUR Bill lets us, let's me be able to learn from my kupuna, my aunties, my uncles…etc. As right now it criminalizes any Tūtūwahine or (grandmother) to offer care or share knowledge to her mo'opuna (grandchild) about pregnancy or to be there for their births, it can criminalize her and even fine her…

Our Bill helps protect women's human right's and Maternal Health, so women have the right to choose where, how, and with whom she wants at her birth.

Birth is a ceremony,

Birth is Women, it is in our blood and in our nature.

To the women and families fear birth… but what if we could change that for them, heal them from their traumas. To give our people the choice of how they want to hānau (birth)! To give Women and Families the actual care that they deserve during hānau (birth).

This Bill also expands access to licensure. As of right now there is only one option which is the MEAC accredited pathway, which is to move off island at an accredited school, and to learn and serve in a community that is foreign to me.

As more realistic option for some just like myself would be the PEP pathway, the apprenticeship model. Which is more afforable, keeps me home, and I am able to learn from Kupuna.

This Bill would bring back the PEP pathway and both pathways take the same NARM exam at end.

HB 1328 is the PERFECT Bill that will help correct all the wrongs that have been occurring throughout the years, this bill WILL protect its people and is FOR THE PEOPLE!

I hope your final decision will also be for the people!

Mahalo for your time aloha,

Alana Koa

HB-1194
Submitted on: 2/8/2025 10:24:49 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laurie Saarinen	Individual	Support	Written Testimony Only

Comments:

As a Mother of 3 & Grandmother of 3, I support this bill becoming permanent law. I experienced an awesome home birth here in Hawaii supported by 2 midwives & my family. Safe & healthy birthing & the choice of who, how & where is essential to to the health & welfare of mothers & their chidren. **Access to birthing professionals of all kinds & their cooperation with each other is the goal.**

HB-1194
Submitted on: 2/8/2025 11:22:58 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha,

I am a board-certified obstetrician-gynecologist and I have practiced in Hawaii since 2015. I know firsthand how devastating complications of attempted home birth can be when patients are accompanied by birth attendants who are not trained in recognizing complications. I strongly urge you to support this bill and protect Hawaii's families.

Mahalo,

Shandhini Raidoo, MD, MPH, FAOG

HB-1194
Submitted on: 2/8/2025 11:26:00 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Dear Chairperson and Members of the Committee,

My name is Dr. Casandra Simonson MD FAAP, and I am a Pediatrician practicing in Maui, and I am writing on my own behalf and not representing anyone else. 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,
Dr. Casandra Simonson MD FAAP

HB-1194
Submitted on: 2/8/2025 11:35:32 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaitlynn Ebisutani	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am Dr. Kaitlynn Ebisutani, 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,
Kaitlynn Ebisutani, MD

Hawaii Pacific Health Medical Group, Department of OB/GYN

HALE KEALAULA

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

Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,
Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia
Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair
Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,
Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Chair Takayama, Chair Matayoshi, Vice Chairs and all members.
I am writing today to **STRONGLY OPPOSE HB1194**, Relating to Midwifery.

I am a Certified Professional Midwife (since 2006) Hawai'i Licensed Midwife 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 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.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice.** It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- **The needs of the community are complex and harm is done by incorrect language.**. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive

solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- **Everyone needs clear protection.** Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- **Community processes need respect.** Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- **HB 1194 is too problematic to fix.** While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- **There is no evidence that restricting any type of midwives makes anyone safer.** It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- **The real safety hazard is lack of access to care.** Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- **Hospital transports being dangerously interfered with is also a real safety hazard.** If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

HALE KEALAULA

- **HB1194 harms families**. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

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- **HB1194 does not give a realistic way for local clinical midwives to be licensed.** Currently, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- **HB1194 does not address medicaid reimbursement for licensed midwives**, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

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> ***Flexibility*** – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
> ***Proportionality*** – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
> ***Transparency*** – is the regulation clear and accessible to all? Have stakeholders been involved in development?
> ***Accountability*** – is it clear who is responsible to whom and for what? Is there an effective appeals process?
> ***Consistency*** – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does **NOT** meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.

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

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

HB-1194
Submitted on: 2/8/2025 2:10:28 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Government should regulate traditional practices as there are already laws in place. Let kūpuna council regulate such practices. Mahalo!

Hawai‘i State Legislature
Committees on Health & Consumer Protection & Commerce
Hearing Date: 2/10/2025

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 continued licensing and accreditation of midwives in Hawai‘i. As a Hawai‘i resident and a parent who has directly benefited from midwifery care, I urge you to pass this bill to protect families’ access to safe, regulated, and highly trained midwifery professionals.

HB 1194 is critical for public safety because it upholds the requirement that midwives be both licensed and formally educated. Pregnancy and childbirth come with inherent risks, and families deserve to know that the midwife they choose has met rigorous, evidence-based educational and training standards. Licensing midwives ensures accountability, safety, and alignment with global and national best practices in maternal healthcare.

I recently experienced firsthand the exceptional care provided by my licensed midwife. From prenatal care through labor, delivery, and postpartum support, her knowledge, skill, and dedication were invaluable to my family. Without the regulatory framework that HB 1194 maintains, families may not have the assurance that the midwife they are hiring has the necessary qualifications and training to provide safe, competent care.

If HB 1194 is not passed, the requirement for midwifery licensure will expire on June 30, 2025, eliminating any regulatory oversight of midwifery in Hawai‘i. This would be an unacceptable risk to public safety, as it would allow unlicensed, untrained individuals to present themselves as midwives without accountability. HB 1194 is the only bill that aligns with the recommendations of the Hawai‘i State Auditor’s Sunset Analysis (Report 25-03), which concluded that midwifery licensure must continue due to the significant responsibilities and risks associated with pregnancy and birth.

Additionally, HB 1194 introduces essential measures to strengthen midwifery standards, including continuing education, peer review, and data submission for licensure renewal. This ensures that licensed midwives remain current with the latest medical advancements and best practices.

It is also important to note that HB 1194 is a professional licensing statute and not a bill about home birth. It does not regulate where people give birth or limit who can be present at a birth. Instead, it ensures that if someone is practicing midwifery, they have the proper training, credentials, and oversight to do so safely.

I strongly urge the committee to pass HB 1194 to protect the future of safe and professional midwifery care in Hawai‘i.

Mahalo for your time and consideration.

Sincerely,
Catherine Carlevato
Katecarlevato@gmail.com

HB-1194
Submitted on: 2/8/2025 2:41:28 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carolina Paulon	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to HB1194

Aloha Chair and Members of the Committee,

I am writing in strong opposition to HB1194, a bill that would severely restrict access to midwifery care, disproportionately impact Native Hawaiian birth practitioners, and undermine the safety and autonomy of families seeking out-of-hospital birth options.

HB1194 imposes unnecessary barriers to midwifery training and licensure by limiting certification to MEAC-accredited schools, which are expensive, located off-island, and largely inaccessible to local birth workers. Currently, there are no Kanaka Maoli students enrolled in MEAC-accredited programs, and 97% of Hawaii's practicing birth workers were trained outside this system. This bill would effectively exclude an entire generation of culturally rooted midwives from serving their communities.

Additionally, by forcing families into a system that does not reflect their cultural values or birth preferences, HB1194 narrows birth choices and increases resistance to hospital-based care. When families feel they have no safe or legal options, they may seek care underground, increasing the risk of unregulated births without access to appropriate medical support when needed. A law that pushes midwifery underground does not make birth safer, instead it makes it more dangerous by disrupting relationships between midwives and hospitals, making transfers more difficult, and criminalizing care that has been practiced safely in Hawaii for generations.

Perhaps most importantly, this bill marginalizes and disrespects the cultural practices of Native Hawaiian midwives, who have been serving their communities with deep knowledge and skill long before Western medical institutions arrived. Restricting midwifery access is not just a matter of policies it is another act of cultural suppression against people who have already endured generations of systemic oppression. Birth is sacred, and the right to choose where and with whom to give birth must be protected, not legislated out of existence.

For these reasons, I urge you to vote against HB1194 and instead work toward solutions that expand access to safe, culturally respectful, and community-centered maternity care for all families in Hawaii.

Mahalo for your time and consideration.

Carolina Paulon

[privileged MEAC accredited midwifery student

8086369406

HB-1194
Submitted on: 2/8/2025 3:21:54 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Angel M. Willey, MD	Individual	Support	Written Testimony Only

Comments:

Aloha,

I STRONGLY support HB1194. It ensures the safety of Mothers and Babies who receive midwifery care in the state of Hawaii. I am an OBGYN in Honolulu, Hawaii. I have been practicing for 17 years. I urge you to pass HB1194. We need to ensure safe birth outcomes for our Ohana.

Thank you,

Angel Willey MD

HB-1194
Submitted on: 2/8/2025 3:52:42 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eric Nies	Individual	Oppose	Written Testimony Only

Comments:

Please give woman the right to choose.

HB-1194
Submitted on: 2/8/2025 4:19:52 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sierra Dew	Individual	Oppose	Remotely Via Zoom

Comments:

Greetings, Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

Greetings, Chair Takayama, Chair Matayoshi, Vice Chairs, and Members of the Committee,

I am writing today to **strongly OPPOSE HB 1194, Relating to Midwifery.**

While I recognize the good intentions behind this measure and appreciate the efforts to ensure safe birthing practices, **this bill would cause great harm to our communities, particularly for those who rely on traditional and culturally grounded midwifery care.**

As someone deeply involved in community work on Oʻahu and Maui, I have witnessed firsthand the importance of birth choices and the healing impact of midwifery practices that honor cultural traditions. In Hawaiʻi, many families—especially Native Hawaiian and Pacific Islander families—seek midwifery care that aligns with their values, traditions, and needs. **Restricting access to these traditional birth attendants would disproportionately affect those who already face barriers to adequate and culturally competent healthcare.**

Furthermore, 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 who supports us during birth is essential for ensuring safety, autonomy, and well-being.**

HB 1194 would make it significantly harder for families to access the care they trust, further marginalizing communities that have already been historically underserved. 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 policies that honor birthing autonomy, cultural traditions, and community care.

Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.
- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.
- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.
- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.
- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.
- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.
- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for

giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.
- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.
- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

Mahalo for your time and consideration.

Sincerely,
Sierra

HB-1194
Submitted on: 2/8/2025 5:39:26 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
krystle ilar	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194

HB-1194
Submitted on: 2/8/2025 6:00:42 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nadine Ortega	Tagnawa	Oppose	In Person

Comments:

Aloha Chair, Vice Chair and Honorable Members,

Please **defer** H.B. 1194.

Tagnawa, as a Lahaina fire disaster recovery organization dedicated to maternal health and gender equality, testifies in **strong opposition** to this measure.

This bill is not in the interest of the Filipino women who our organization serves. H.B. 1194 also fails to remedy the logistical barriers to midwifery access and infrastructure expansion that are at the center of this regulatory dilemma.

As one of our supporters says, **"Anyone with plantation heritage in Hawai'i owes a debt to midwives."** Midwives have been the lifeline for plantation, rural, immigrant and Kanaka Maoli women, and they continue to provide caring, skillful support in a medical system too often marked by impersonal, racist and sexist "care." There are many valid and sensible reasons why a woman in Hawai'i would choose to seek midwifery and avoid hospital birth unless medically necesarily-- strain on hospitals and risk of exposure due to the COVID-19 pandemic, undocumented status and fear of deportation under the Trump administration, racist or sexist interactions with medical systems, displacement from wildfires, rural isolation, and more. Midwifery is essential and should not gatekept or strangled by extreme and unreasonable overregulation.

Our unique geography and population, as well as the high risk of future fire disasters, demands that we support H.B. 1328 instead of this measure.

Please **do not advance** H.B. 1194.

Thank you for this opportunity to testify,

Nadine Ortega, J.D.

Executive Director of Tagnawa

HB-1194
Submitted on: 2/8/2025 6:04:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Richard McCartin	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am Richard McCartin , 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 this important cause

Sincerely,
Richard McCartin MD

Department of OBGYN, Division Chief, Pali Momi Women's health, Hawaii Pacific Health

HB-1194
Submitted on: 2/8/2025 6:04:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Roberts	Individual	Oppose	Written Testimony Only

Comments:

This bill is not taking into account the needs and desires of the community at large. This creates expectations that are not realistic and prevent the desired care for the community. I see the desire for safety from the writers of this bill and am guessing they must have had several traumatic experiences to go at the great lengths to create this bill. However, this bill takes it too far and places the hospital as the only option which is unrealistic and not desirable for many families. This potentially creates an even more dangerous outcome for babies and parents. Before anything close to this goes into place, Hawaii needs to offer the certifications it desires to require with accessibility on each island.

HB-1194
Submitted on: 2/8/2025 6:06:39 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patricia Bilyk	Individual	Support	Written Testimony Only

Comments:

TO: Rep Gregg Takayama, Chair, Rep Sue Keohokapu-Lee, Vice Chair and Members of the Committee on Health

Rep Scot Matayoshi, Chair, Rep Cory Chun, Vice Chair and the Committee on Consumer Protection and Commerce

FROM: Patricia L. Bilyk, RN, MPH, MSN, IBCLC (Ret)

RE: Relating to Midwives

DATE/TIME/PLACE: Monday, Feb. 10, 2025 2pm Rm329

Good Afternoon, I am Patricia Bilyk, an advanced practice Maternal Infant Clinical Nurse Specialist.

I stand in STRONG SUPPORT of HB1194 Relating to Midwives.

I've been practicing nursing in our State for 53 years in Hospitals and community environments.I've had patients that birthed in hospitals and at home.I also was an International Board Certified Lactation Consultant (IBCLC) for 30 years in Hawai'i.

I feel our State needs to have permanent standards regarding the licensure of midwives as a matter of public safety for women and infants. I feel midwives need to be licensed by the State after graduation and certification from a national accredited midwifery educational program. These licensed professionals are certified professional midwives (CPM) and certified midwives (CM).

I realize and respect that in our State there are cultural birth attendants from various traditions assisting women in the Home with the delivery of their infants. I also respect that women and their families have the right to choose who they wish to help them when they give birth wherever that might be home or hospital.

I object to these same individuals advertising and calling themselves in public midwives when they do not have the State described credentials.

Of course any of these birth attendants can obtain their CPM or CM credentials. There are more and more programs on line and CPMs and CMs in our State to act as mentors/practice proctors. These same people, once they become certified and licensed, can utilize their various techniques, cultural traditional practices and beliefs and values as they attend women and their infants at birth.

An additional point I'd like to make is that this bill ONLY refers to the licensure and credentials of CPMs and CMs. It DOES NOT address the right to Home Births or individuals who practice traditional birth techniques.

I thank you for letting me express my thoughts on this bill and the issue of midwives.

HB-1194
Submitted on: 2/8/2025 6:43:15 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
kai nishiki	Individual	Oppose	Written Testimony Only

Comments:

Oppose

HB-1194
Submitted on: 2/8/2025 6:51:26 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teagan Weeks	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194.

HB-1194
Submitted on: 2/8/2025 6:53:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristl Woo	Individual	Oppose	Written Testimony Only

Comments:

Aloha Members of the Committee on Health and Consumer Protection & Commerce.

I do not support and oppose bill, HB 1194 because it restricts the freedoms and options of women and ohana of their birthing care in Hawaii. It also criminalizes most traditional, cultural, and religious birth workers and friends and ohana who mothers may want present to assist them at their births.

I ask that you please do not support this bill.

Mahalo for your service.

Kristl Woo/registered voter

HB-1194
Submitted on: 2/8/2025 6:59:21 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Aimee Fung	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. The government should not be restricting our choice for traditional and cultural practitioners, and especially not criminalizing them if this bill should pass.

HB-1194
Submitted on: 2/8/2025 7:10:42 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Haylin chock	Individual	Oppose	Written Testimony Only

Comments:

This bill is harmful to birth workers, cultural practitioners and hinders accessibility to birth plans for our communities. I strongly oppose this bill and urge our legislators to oppose it as well.

HB-1194
Submitted on: 2/8/2025 7:12:37 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marisa Pangilinan	Individual	Oppose	Written Testimony Only

Comments: Aloha, thank you for your time. I oppose HB1194. Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. “Midwife” is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

HB-1194
Submitted on: 2/8/2025 7:27:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

The government oversteps by restricting my choices regarding birth—whether my own, my daughter's, or anyone else's. Its role should be to protect the right of individuals who wish to birth in non-traditional ways or follow their cultural practices. Women must have the autonomy to choose their birth workers. I should have the right to decide who is present, and who I want to provide care during such a personal and significant moment. I oppose HB 1194

HB-1194
Submitted on: 2/8/2025 7:29:41 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laine Hamamura	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose HB1194 because it **limits** and **reduces** birth choices in Hawaii for our future families. I'm a mother of four sons and each son had a unique, beautiful, supported, and safe birth story. I've had a midwife, doula, and birth support team members and each of my births whether it was in a hospital and/or in the safety of my own home. When in labor, I heavily relied on my birth team who were with my husband and I from as early as my second trimester, and who knew initmately what I wanted for my birth and baby. The level of care I received from my birth team in every labor and delivery was educated, excellent, and personal. It was also a very spiritual experience and was treated with the utmost respect. If our birthing choices are limited by HB1194, I'm sure the best traditional and cultural birth practicioners will be criminalized and their wisdom, skills, and excellent care for the mothers and babies will phase out of our island home. What a tragedy and loss this would be for the families of Hawaii.

I know that opposing this bill HB1194 will give my sons a brighter future where they will still have the freedom to chose a birthing model that best supports their future family's needs and wants. Please oppose HB1194 so our keiki have the best support possible from centuries of wisdom, cutural and traditional practices, and the expansive resources for the diversity that Hawaii holds.

Mahalo,

Laine Hamamura

HB-1194
Submitted on: 2/8/2025 7:33:26 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia J. Goto	Individual	Support	Written Testimony Only

Comments:

Strongly support.

HB-1194
Submitted on: 2/8/2025 7:50:04 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kara Wong Ramsey	Individual	Support	Written Testimony Only

Comments:

I am a practicing neonatologist who specialized in care of newborns in the NICU in Honolulu, HI. I support strengthening midwife licensure requirements. As someone who is deeply committed to public safety and the well-being of families, I urge you to reconsider the potential consequences of this bill. I have practiced in Hawaii for 10 years, and I have seen firsthand complications that could have been prevented if the person taking care of this patient had recognized it.

Licensure standards for midwives exist to ensure that individuals providing care during pregnancy and labor have met the necessary qualifications and have received proper education and training.

HB-1194
Submitted on: 2/8/2025 8:03:32 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

This restricts the freedoms and choices of birthing families

HB-1194
Submitted on: 2/8/2025 8:08:12 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Warren Nakamura	Individual	Oppose	Written Testimony Only

Comments:

This Bill restricts the freedoms and choices of birthing families

HB-1194
Submitted on: 2/8/2025 8:39:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
pahnelopi mckenzie	Individual	Oppose	In Person

Comments:

Greetings Chair Takayama, Chair Matayoshi, Vice Chairs and all Members

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

I am someone who works in various capacities with Women and Children. One of them is in attending births when asked either as a assistance to a Birth Keeper, as a doula, as a friend, as a human offering support. My professional goals are Lactation support and currently working toward taking my exam to be an IBCLC. Lactation is part of the continuum of Maternal health care which is not included or validated in HB 1194 as a "heath care profession", or "designated member of the health profession". Excluding IBCLC, ND, L.A, CMW, LCSW, as a collaborative care professional working with Midwives while only including western clinical professions is biased and harmful. This is how bills like HB 1194 show the inconsistencies and lack of knowledge to what collaborative maternal health care looks like and what Midwifery practice is. I would find it interesting to see how many people who wrote this bill or are supporting have actually received Midwifery care. I suspect this number is small and uneducated of what Midwifery care actually is from a local or international perspective.

HB 1194 removes the exemption for Traditional Hawaiian Healers while elevating medical supremacy over extensive knowledge and safe practices from generations of knowledge. HB1194 clearly shows how the profession of Midwifery never thrives, how cultural genocide is perpetuated, and the superiority laws that keep Birthing people in danger within the clinical control eliminating indigenous continuity and care. HB1194 amplifies criminalization of traditional birthing practices. There has been lack of evidence, despite centuries of practice, that these extended family practices or birth attendants are dangerous in any way, yet family members and those that have been providing care for long term could face prosecution. I see nothing in HB 1194 that addresses trauma informed care other than perpetuating trauma.

Hawai‘i has extensive health care protocol and collaborative care for the birthing person. We honor cultural traditions as a strength of a people and the rights of land revitalization within culture as a continual process. HB 1194 is an amplification of cultural erasure, racism, eugenics, and removal of reproductive choice. HB 1194 reflects the basis of Midwifery regulations and education that were established for erasure of Midwives outside of patriarchal supremacies for Medical fields and racist laws. WE must see ourselves out of these harmful systems. Harm reduction resides in the people of the community serving and investing within their community. Education and regulations have far too long been set up to remove people and disenfranchise the workforce. "Midwife" is a global traditional concept that has evolved into many styles, including

clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

HB 1194 further removes Licensed Midwives from having assistance or students that are not in an accredited program. This pretty much wipes out most assistance‘s currently supporting midwives outside of the hospital. HB 1194 created a dangerous situation and will further the maternal disparities, health care worker burnout, and lack of access to care for birthing people. This bill is not congruent with forefront Midwifery laws or working toward lessening the horrendous Maternal mortality in America and Hawai‘i.

HB1194 is completely based on clinical Midwifery and criminalizes all other Midwives that work outside of a western medical model of pathology. We need Midwives to be normalized, accessible, and respected, ALL of THEM, in their full capacity to care for the birthing person as we see in bill like HB 1328 that support true Midwifery care. What HB 1194 does is devalue and erase the broad scope of what a Midwife is, does, and how they are trained. HB 1194 criminalizes care, knowledge, and physical support to birthing people and limits choice outside of the "Licensed Midwife".

Pursuant to article XII, section 7 of the Hawaii state constitution, "practice of midwifery" does not include healing practices performed by traditional Hawaiian healers engaged in traditional practices of pale keiki. This is clearly stating cultural erasure and the continuation of devaluing traditional practices. A Midwife is broad, and the care of a Pale Keiki far dates the colonized capitalistic clinical Midwife that you present here in HB 1194. I support regulation of a system but not erasure, criminalization, or discrimination of all practices that are related. Clinical Midwives working in collaboration with Traditional Midwives is the dream team for most people, as all bases would be covered.

HB 1194 does not focus on the safety or birthing people, reproductive rights over their body, and consent of the birthing person. There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families. The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care HB1194 does not give a realistic way for local clinical midwives to be licensed.

Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers

toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health. For the reasons I have stated along with many other testimonies you will read HB 1194, it is not a healthy or equitable bill for regulation of Midwives. Please kill this harmful bill and support a true Bill for Midwifery in HB 1328

Thank you for all you do, Pahnelopi McKenzie

HB-1194
Submitted on: 2/8/2025 8:46:08 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Evan Harrison	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am an obstetrician-gynecologist practicing on Oahu 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**.

Well-trained midwives are valuable partners in providing **safe maternity care**, and 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,
Evan Harrison, MD, FACOG

HB-1194
Submitted on: 2/8/2025 8:47:05 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Harmoni Akao	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedoms and choices of birthing families.

HB-1194
Submitted on: 2/8/2025 8:53:21 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

This bill restricts the freedom and choices of birthing families.

HB-1194
Submitted on: 2/8/2025 9:09:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anastasia Flanagan	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedoms and choices of birthing families.

I have experienced both hospital and home birth and I strongly believe it's very important to have a freedom to choose where your baby is born and who is with you during this process. The way the baby enters this world is going to affect the rest of their life, this is the most important moment of their life. And I have experienced for myself how important it is to choose the right birth team to support you in this most challenging process. I also saw with my own eyes what a difference it makes for the baby.

HB-1194
Submitted on: 2/8/2025 9:25:16 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Isabella Lau	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This violates a woman's right to birth in the way she desires. I recently had a midwife-attended home birth where I had a dear friend in attendance who helped me immensely with comfort and emotional support. She fulfilled a woman to woman support role that my young children could not provide, my male partner would not have been able to give me, nor my midwife, as she was doing her job making sure I was medically and physically safe. This bill would have criminalized my friend's presence.

It goes without saying that "family" for many people are not defined by blood relation but by spiritual connection. Women who do not have familial support but have community and female friendships would be put into a very detrimental position with the passing of this bill, which seeks to define who we can call "family".

It is senseless and it is a bill that will degrade our society by creating a hostile and limited birthing environment for women.

HB-1194
Submitted on: 2/8/2025 9:29:23 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emma Davis	Individual	Oppose	Written Testimony Only

Comments:

Please vote to reject HB1194. Limiting healthcare choices and practices in Hawaii is very dangerous to everyone, but especially native and rural parents. Please vote against this dangerous bill takes away basic human rights and will have a negative impact on me, my daughters, and many parents now and for years to come.

Mahalo,

Emma

HB-1194
Submitted on: 2/8/2025 9:31:39 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rosanna Ho	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedom and choices of birthing families.

HB-1194
Submitted on: 2/8/2025 9:35:10 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jill Fields	Individual	Oppose	Written Testimony Only

Comments:

This bill is dangerous in that it takes away basic human rights to mothers, fathers, and children. Native Hawaiians already have some of the worst maternal death rates in America and restricting access to healthcare, especially in rural parts of Hawaii, would only exacerbate the issue. Please vote against this bill in order to protect present and future parents and children of Hawaii.

Mahalo,

Jill

HB-1194
Submitted on: 2/8/2025 9:49:55 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark R. Villarin	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Committee Members,

My name is Dr. Mark R. Villarin, and I am a board-certified obstetrician-gynecologist practicing in Honolulu. 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.

Sincerely,

Mark R. Villarin, MD, FACOG

Assistant Professor

Department of Obstetrics, Gynecology, and Women's Health

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HB-1194
Submitted on: 2/8/2025 9:50:50 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Olivia Manayan	Individual	Support	Written Testimony Only

Comments:

Dear Esteemed Members of the Committee,

My name is Olivia Manayan, I am an obstetrician-gynecologist who has dedicated my career to **improving maternal and newborn health outcomes**. I strongly support **HB1194** because it ensures that every midwife licensed in 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**.

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. In the same way that we hold other professions, such as medicine, dentistry, and physical therapy, to high standards of care, we must also hold the profession of midwifery to the highest standards. By doing so, we can assure that persons who choose to have a midwife present at their delivery will feel supported and safe in their birthing experience.

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,
Olivia Manayan, MD MPH
Obstetrics and Gynecology
The Queen's Medical Center

HB-1194
Submitted on: 2/8/2025 9:55:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I strongly oppose this bill.

HB-1194
Submitted on: 2/8/2025 9:57:59 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jamie Mossman	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedom choices of birthing families.

HB-1194
Submitted on: 2/8/2025 9:59:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Valerie Clack	Individual	Oppose	Written Testimony Only

Comments:

Please oppose this legislation as it restricts cultural birthing practices which continue to survive since time immemorial. This legislation further restricts access to much needed birthing care in Hawaii.

HB-1194
Submitted on: 2/8/2025 10:05:57 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Juliana Mello	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts thr freedoms and choices of birthing families.

I strongly support HB1194, which provides urgently needed protections and regulations to protect mothers and babies. I support a birthing parent's right to choose where and how they deliver their baby. However, it is essential that midwives attending home births undergo rigorous education and training, as well as being licensed, so that the public can feel confident that they are receiving high quality, safe, compassionate care when they trust their midwives with one of the most important and precious events in their lives.

As a pediatrician who has practiced hospital medicine (caring for children who are sick enough to be admitted to the hospital) for over a decade, I have numerous haunting memories of 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, and epilepsy. Unfortunately, HIE is markedly 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 the infant. Because of this, midwives attending home births must be adequately trained to 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.

I would like to suggest that the bill be amended to require that midwives attending home births receive and maintain certification in CPR and neonatal resuscitation.

HB1194 protects parents and their infants, respects important cultural practices, and will help to make home birth safer in Hawai'i. Please consider voting yes on this bill.

HB-1194
Submitted on: 2/8/2025 10:21:12 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amelia Gonzalez	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members,

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a mother of 3 sons that were all birthed at home.

I was 100% safe my children were 100% safe.

I did go to the hospital after my son was a week old for a check up and was completly horrified with the conditions of the hospital were filthy and felt unsafe for my newborn . Hospitals are for sick people. Not precious newborns and mothers.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of

culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP

pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

- add any more points here, or you can just erase this.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Thank you,

Amelia Gonzales

HB-1194
Submitted on: 2/8/2025 10:25:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Io Taylor	Individual	Oppose	Written Testimony Only

Comments:

restricts the freedoms and choices of birthing families. I chose my birth for my 2 kids and I am really glad I did.

HB-1194
Submitted on: 2/8/2025 10:35:20 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
anna-marie l enomoto	Individual	Oppose	Written Testimony Only

Comments:

I vehemently oppose this proposed bill.

HB-1194
Submitted on: 2/8/2025 10:37:05 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel L. Curnel Struempf, LM, CPM	Individual	Oppose	In Person

Comments:

Aloha Honorable Chair and Committee Members,

As the first midwife licensed under 457J, I am respectfully asking you to oppose HB1194. This bill will restrict more than half of all people who currently hold the CPM credential from being eligible for a licensure based on their pathway of education. It does not offer pono protections for native Hawaiian birth workers, limiting their exemption to practices that exsisted prior to 11/25/1892. It puts a burden on the state and the DCCA to develop a "peer review committee" and provide a method for data collection by 2029. It prevents licensed midwives from delegating duties to unlicensed assistants. It forces consumers to pay for necessary medications out of pocket rather than utilizing their health insurance to cover these costs. It reduces the time a licensed midwife may care for their clients from 8 weeks to 6 weeks. It excludes many local midwife students from exemption to study midwifery. It dictates the scope and standards of midwifery care for the CPM based on the International Confederation of Midwives guidelines rather than their credentialing body NARM.
I appreciate the attempt to address changes that I acknowledge are needed in 457J, HB1194 just doesn't adequately do that.
We need to expand maternal healthcare. This bill will do the opposite.
We can do better!

Please oppose HB1194

Mahalo,

Rachel Curnel Struempf, LM, CPM

HB-1194
Submitted on: 2/8/2025 10:47:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Dear Chair Takayama, Chair Matayoshi and Committee Members,

My name is Sara Harris and I am a board-certified obstetrician-gynecologist practicing in Waipahu. 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.

Sincerely,
Sara C. Harris, MD

HB-1194
Submitted on: 2/8/2025 11:23:37 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pamela Gerega	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair & Members,

I oppose HB1194. This bill restricts the freedoms and choices of birthing families. God bless you. Mahalo.

HB-1194
Submitted on: 2/8/2025 11:36:44 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha my name is Zoe Durant. I am a 29 year old mom of two girls. I strongly oppose this bill. It restricts a woman's birth right to have an autonomous birth. Restricting access will not improve birth outcomes. It's important to value cultural practices as well, this bill would criminalize those who embrace their culture. Thank you for taking the time to read my statement.

HOUSE JOINT COMMITTEE ON HEALTH AND CONSUMER PROTECTION AND COMMERCE

MONDAY, FEBRUARY 10, 2025 AT 2:00PM

HB 1194 - RELATING TO MIDWIVES: **Strong opposition**

Chair Takayama, Chair Matayoshi, Vice Chairs, and all members of the Committies,

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

I am a mother of two, a birth educator, lactation counselor, doula, community birth support professional, teacher, and former state senator in **strong opposition to HB 1194.** While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community.

I have had the privilege of experiencing both a hospital birth and a home water birth. My first child was born in a hospital, where I was incredibly grateful for the care the neonatal team provided and fortunate that I was able to advocate for myself in this institutional setting. My second child was born at home in water, attended by a midwife who respected my choices, trusted my body, and provided the personalized, trauma-informed, and culturally attuned care that every birthing person deserves. This contrast solidified my belief that birthing people must have access to a full spectrum of care options.

HB 1194 is not representative of our family‘s choice. We are very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family, traditional practitioners - especially Kanaka, but also for other cultures - and other professionals and practitioners. HB 1194 does not come from the community and is not supported by the people that will be (are) impacted the most.

HB 1194 does not give a realistic way for local clinical midwives to be licensed. Currently, 97% of licensed midwives are not originally from Hawai’i, and none are Kanaka Maoli. The requirement for MEAC schooling, which is based on the U.S. continent, limits access to cultural care and displaces local practices. Without a PEP pathway, local midwifery students cannot count the births they attend with their teachers toward licensure. This is discriminatory and unfair.

The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, as the absence of

culturally appropriate care has been shown to increase maternal mortality. HB 1194 reduces access to care, particularly cultural care, which is harmful to maternal health.

Everyone needs clear protection. Practically all cultures have traditional midwives. These practices do not have clear enough protections in HB 1194. "Midwife" is a broad and traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction but a practice needing comprehensive solutions and protections that truly work.

HB 1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is critical, just as consent is essential in all choices regarding bodily autonomy. Restricting this choice is unacceptable. HB 1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or go underground. Neither option is safe or beneficial to families.

Hospital transports being dangerously interfered with is also a real safety hazard. If midwives are not legal, they cannot communicate with doctors when they need to transport someone to the hospital. Parents may also be more reluctant to go to the hospital for fear of being reported to Child Welfare Services. HB 1194 creates real danger by interfering with safe hospital transports.

Community processes need respect. Midwives are traditionally recognized by the communities they serve, who also hold them accountable. The State’s jurisdiction should be over licensed clinical practices only, while communities should determine who is legitimate within traditional practices.

HB 1194 does not support the full scope of practice for CMs and CPMs. Their scope is already defined by their respective governing bodies, and restricting their abilities serves no benefit. Instead, it harms communities by limiting access to necessary tools for safety and care.

HB 1194 does not address Medicaid reimbursement for licensed midwives. This would greatly help lower-income birthing families. When considering all aspects of HB 1194—excluding most midwives, criminalizing cultural practices, restricting scope, and limiting reimbursement—it appears discriminatory and designed for the benefit of a trade group rather than the community.

I respectfully urge you to defer or oppose HB 1194 and instead support policies that truly protect access to care, cultural practices, and reproductive choice.

Mahalo for your time and consideration.

Laura Acasio, Hilo

HB-1194
Submitted on: 2/9/2025 12:03:31 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jonathan Ziegler	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to HB1194

Aloha Chair and Members of the Committee,

I strongly oppose HB1194, which would limit midwifery care access, particularly for Native Hawaiian birth practitioners, and compromise family birth choices. This bill restricts certification to MEAC-accredited schools, which are costly and off-island, excluding local, culturally-rooted midwives. Currently, no Kanaka Maoli are in these programs, and 97% of Hawai‘i's midwives were trained outside this system, potentially ending generations of cultural practice.

Forcing families into a system not aligned with their cultural values reduces choice and may lead to unsafe, unregulated births. HB1194 could disconnect midwives from hospital support, criminalize traditional care, and endanger birthing practices long safe in Hawai‘i.

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.

Mahalo for considering this matter.

HB-1194
Submitted on: 2/9/2025 12:09:33 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristen Floyd	Individual	Oppose	Written Testimony Only

Comments:

Denying us a right to practice our culture? Denying us a right to follow the ways of our kupuna in our very own homeland? You are a fool if you believe that the WESTERN way to practice medicine is the only way. We reserve the right to seek medical guidance and advice from whomever we deem fit.

HB-1194
Submitted on: 2/9/2025 12:14:34 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ryan Shields	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Committee Members,

My name is Ryan Yoshimura Shields, and I am a board-certified obstetrician-gynecologist practicing in Kamuela. **I am submitting this testimony in strong support of HB1194**, which upholds proper licensure and educational requirements for midwives in Hawai‘i.

I love working alongside midwives, they are incredible teammates in providing safe and holistic maternity care. I continue to learn from their deep knowledge and experience. **To have this collaborative model continue, midwives need to be trained through accredited programs** (just as any other healthcare provider is) and HB1194 helps to ensure this to happen.

The PEP pathway does not allow for the appropriate clinical oversight necessary to ensure safe care. I am afraid for how this may erode the already tenuous trust patients place with us during one of their most important and lifechanging moments.

We are working to recruit more midwives into practice at our hospital and passing HB1194 will help support a collaborative, safe labor and delivery.

Thank you for your attention to this important matter.

Sincerely,
Ryan Shields, MD
Department Chief, Obstetrics and Gynecology
Queen's North Hawai'i Community Hospital

HB-1194
Submitted on: 2/9/2025 12:31:38 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lori kimata	Individual	Oppose	Written Testimony Only

Comments:

Aloha Honorable Chair and Representatives,

Please Oppose HB1194. It is dangerous for our community, unclearly written and includes unconsitutional language concerning Hawaiian cultural practitioners. I understand it is important that we do put something in place this year so I encourage you to look at HB1328 as a solution to our current problem.

Mahalo for your consideration. Please oppose HB1194.

Dr. Lori Kimata

HB-1194
Submitted on: 2/9/2025 12:33:39 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shelly Welch	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
Submitted on: 2/9/2025 5:21:05 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a mother of 2 children born with a midwife.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.
- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.
- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.
- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.
- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.
- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.
- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.
- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

Mahalo!

HB-1194
Submitted on: 2/9/2025 6:11:45 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Restricts cultural practices

MEAC only

restricts care

HB-1194
Submitted on: 2/9/2025 6:37:46 AM
Testimony for HLT on 2/10/2025 2:00:00 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 in Honolulu. 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 low risk births and recognize when complications arise.

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 unfortunately have cared for numerous women who have had devastating outcomes (loss of their baby's life, near loss of their own life) that could have been prevented or treated in a more timely manner if they had been cared for by a trained and experienced provider.**

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
Submitted on: 2/9/2025 7:20:54 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
jenica springer	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE HB1194 – This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care.

please consider this opposition - having attended several births we needs more support, not less.
Sincerely, Jen Springer

HB-1194
Submitted on: 2/9/2025 7:30:41 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Frances Hartley	Individual	Support	Written Testimony Only

Comments:

To whom it may concern,
without the protected title of Midwife and accreditation of education for midwives, women and infants will continue to be badly injured and killed in our state. This is something that is already happening, and I have seen it with personal experience. The only thing that a pregnant woman has on her side at this point is the protected title of Midwife in order to distinguish between someone who can safely help her give birth, or someone who is using the title of Midwife but lacks the necessary skills to keep you and your family safe when choosing to birth outside of the hospital.

trying to find a safe health care provider who can assist in a home birth is a very difficult and confusing process, I will give an example to illustrate my point. A friend of mine was pregnant and looking for a midwife. She was approached by a woman who called herself a traditional midwife. This woman did not have any traditional Midwife training, she also had no license and no medical training of any kind. She gave my friend homemade medicines that were potentially harmful to her and not created with any oversight or training of any kind. Once she was in labor and started bleeding heavily, this midwife abandoned her and she had to transport herself to the emergency room. Her child did not survive.
Another friend in 2023, her pregnancy ended with tragedy when her baby had shoulder dystocia, she labored for four long days at home under the care of a non licensed "midwife." A skilled and trained Midwife would have been able to diagnose the situation, and safely resolve it. But because this woman was untrained and unskilled, she allowed my friend to labor at home in agony for days. The baby did not survive.
This heartbreaking situation could have been prevented if women could confidently rely on the title of Midwife.

These occurrences are all too common, and the only way that we can avoid this currently is the fact that the title of Midwife is protected, and that we can search for a licensed Midwife with proper training. We live in a very rural place, the life-saving training is more important than where we live because emergency services cannot respond to our emergency emergencies promptly.
we really rely on being able to find licensed midwives with proper training. Personally, I was incredibly relieved to be able to find a licensed midwife, who was able to safely deliver my babies. I had complicated birth, and my midwives were able to handle these with ease because of their incredible training. But my situation definitely could have gone much much worse and ended with heartbreak if I would have trusted someone who called herself a midwife but lacked

that training. This does not keep women safe. There is another issue of a lack of midwives and there needs to be a clear path to licensure. But that is a separate issue that needs to be addressed.

I urge you to consider these stories, and not conflate them with the opposing issue of the lack of preceptors in Hawaii that can allow aspiring midwives to become licensed. That issue is very important it needs to be addressed, but it does not take away from the fact that Midwife needs to be a protected title, women need to have clear choices so that they can have the ability to make safe healthcare decisions for themselves.

Thank you for your time and consideration and for reading my story.

with aloha

Fran Hartley

HB-1194
Submitted on: 2/9/2025 7:46:44 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Meghan Meyer	Individual	Oppose	Written Testimony Only

Comments:

Meghan Meyer

HB-1194
Submitted on: 2/9/2025 7:58:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allison M McFee	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
Submitted on: 2/9/2025 8:00:52 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Roxburgh	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
Submitted on: 2/9/2025 8:03:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lilinoe Steiner	Individual	Oppose	Written Testimony Only

Comments:

'A'ole HB1194. This is not going to help protect or provide the services that we need for our communities especially in areas we have little to no resources. How can we survive if you make our legal access to care resources even less accessible then they are now when it is clear we are currently struggling. We are already having difficulties providing care to all who need it and have a right to these services. This will damage any chance of our local residents being able to move forward in providing real access and stability to medical services and midwives who have the knowledge and education to provide care to those who need it. Taking away cultural identy and even human rights to practice your familly birth traditions or cultural practices at a birth that will allow the woman giving birth peace, love, support, in her transition to motherhood is not fair and is unjust to the emotional and physical state of being for anyone. Not ideal in any form of health practice or service or cultual concerns.

Me ke aloha a me ka mahalo,

Lilinoe L Pe'a Atkinson

HB-1194
Submitted on: 2/9/2025 8:11:28 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
April Bailey	Individual	Oppose	Written Testimony Only

Comments:

Aloha esteemed members of the legislature

I beg of you to please oppose this bill, hb1194, before you.

To criminalize legitimate and ancient practices, cultural, familial, spiritual , individual and collective is too dishonor our ancestors .
In this conflicting time of our planet we need diversity, we need our rights to choose. To limit care of our most precious to a rigid and corporate system is criminal .
please consider the future of our beloved and diverse Hawaii and vote no on the matter .

thank you

April Bailey

HB-1194
Submitted on: 2/9/2025 8:14:11 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sally	Individual	Support	Written Testimony Only

Comments:

My name is Sally Markee, and I am an OB/GYN practicing in Honolulu. 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,

Sally Markee, MD

OB/GYN

HB-1194
Submitted on: 2/9/2025 8:16:06 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Merrily Daly	Individual	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Chair Takyama, Vice Chair Chun and Vice Chair Keohokapu-Lee Loy and committee members

My name is Merrily Daly. I am a Licensed Midwife and an RN on Maui. I have lived in Hawaii since 1976 and have been involved in midwifery for over 40 years.

I support HB1194 for the following reasons:

1. I feel it is important when families choose a midwife that they have knowledge that the midwife has had proper training to be able to perform the tasks that the midwife states she is capable of doing (deliver a baby and know how to handle complications) and have a way to show those clients that their knowledge has been tested.

2. Back when I became a midwife (1975) there were no schools and the training I had was with a group which consisted of an OB, Pediatrician and midwife through a clinic for a 2 year period of time after I had become a registered nurse. Today there are established schools and long distance learning that anyone who chooses can become a trained licensed midwife.

3. Its vital to our community to uphold the midwifery standards as we provide care in the home and must know when a patient has stepped outside the confines of norm and to refer out as necessary, whether it be pregnancy, labor, birth or postpartum. The LM has been trained to do this.

4. I support continuing education which is required by most health care professions, peer review yearly and data collecting as all of these help us improve on our skills and care of our patients and protect our community

5. My concern is that if this law does not pass…what is the purpose to even have a license anymore. Anyone could say they are a midwife and do whatever they want and not be accountable.

Thank you for your consideration of this bill.

2/9/25

To whom it may concern:
Please accept my endorsement in opposition of HB1328.
I am a Nurse-Midwife, Lactation Consultant, and retired Professor of OB/GYN from UCSF. I worked full-time as a Nurse-Midwife from 1980 until 2022.
I worked on Maui as the first privileged Nurse-Midwife at Maui Memorial Hospital from 2006-2010.

While working on Maui we began the Bridge Committee to strengthen relationships between birth attendants who were not licensed, and licensed professionals. Education and the exchange of information, including all the changes that continue to occur in health care is critical, and I believe that going through an actual school where one is exposed to inquiry, the scientific method, and updated information is important to prepare to be a midwife. To simply precept with 1 or 2 preceptors exposes one to their limited or great knowledge. However, when isolated, without the cross-fertilization of many teachers and ideas, this model can lead to learning based on the idiosyncrasies, beliefs, and experiences of just a few people. This cloistering is not ideal, and to say as HB1328 says that presenting a portfolio where cases can even be invented or interpreted, and precepting with at times only one person, and then taking an exam, is just not enough preparation when a woman and baby's lives are at stake. HB1328 loosens requirements to becoming a Licensed Midwife and is not in line with national or international standards.

The public doesn't know about educational processes and what core competencies a birth provider needs to know in order to provide safe care. I saw quite a few cases come into our Emergency Room at Maui Memorial when I worked there as a Nurse-Midwife in Labor and Delivery, where tragic outcomes could have been prevented with a more educated birth attendant. It was tragic because the people who most suffered were parents who put their trust in whatever they were told.

Things have improved, and I would not like to see them go backwards again by loosening requirements to become a Licensed Professional Midwife as found in HB138.

Thank you for your consideration,
Carol Thomason M.S. Midwifery, CNM, IBCLC
Carol.Thomason@gmail.com

HB-1194
Submitted on: 2/9/2025 8:18:20 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Venkataraman Balaraman	Individual	Support	Written Testimony Only

Comments:

I appreciate the opportunity to provide testimony in support of this bill. Provision of medical care services are complex and as such providers need to show training and competence when performing these services. It is not an unreasonable expectation that Midwives providing care of the pregnant woman be held to the same standards as other medical professionals are. Traditional healing practices have a value within each health care system but need to be modified in their oversight as medical sciences advance. For the reason of public health and patient safety we need to build appropriate safety nets and regulated medical practices for potentially complex situations affecting multiple patients is a very important state responsibility.

As a licensed and practicing pediatrician, I strorngly support these regulatory requirements as proposed in HB1194.

HB-1194
Submitted on: 2/9/2025 8:18:53 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
William Smith	Individual	Oppose	Written Testimony Only

Comments:

This bill will hurt families and those trying to support them. this bill was not created by families & will eleimate access and choices to healthy birthing processes.

please don't pass this bill

HB-1194
Submitted on: 2/9/2025 8:20:04 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Testimony of Audrey Alvarez

Honolulu, Hawaii by way of Lahaina, Hawaii

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs and all members,

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a community member and mother of three (3) healthy and strong children that were all born at home under the care of midwives.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the

State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Thank you,

Audrey Alvarez

HB-1194
Submitted on: 2/9/2025 8:23:56 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Stop taking natural given rights from people to practice religious and cultural practices of creating life. These restrictions are communist/zionist based ideology and restrictions. This is not a community choice, this bill does NOT help anyone. If you are truely for the safety of citizens, then I encourage you do look into how planned cultural home births with have a much higher success rate than hospital births and that licensure shows no evidence of improving safety. No one should be required to go against their religious believes for any medical intervention. Don't forget the people that you represent when you vote on this bill because we are watching how you represent us.

HB-1194
Submitted on: 2/9/2025 8:31:58 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amelia Ensign	Individual	Oppose	Written Testimony Only

Comments:

Oppose

HB-1194
Submitted on: 2/9/2025 8:44:49 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stanley Raymond	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill as it takes away birthing choices.

HB-1194
Submitted on: 2/9/2025 8:46:36 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Babatunji Heath	Individual	Oppose	Written Testimony Only

Comments:

Oppose

HB-1194
Submitted on: 2/9/2025 8:52:01 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaiulani Bowers	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill whole heartedly. My healthy and amazing daughter was born at home with an incredible midwife, we need them and that's why I oppose this

HB-1194
Submitted on: 2/9/2025 8:54:16 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Paahana Kincaid	Individual	Oppose	Written Testimony Only

Comments:

Welina mai chairs,

I am write today to strongly OPPOSE HB1194, Relating to Midwifery.

As a native Hawaiian wahine and mother of 8 keiki, I am deeply passionate about cultural rights and practices and birth practices as a whole, I oppose this bill.

While the intentions of this measure are good, and the efforts are greatly appreciated, it would do great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice**. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.
- **The needs of the community are complex and harm is done by incorrect language**. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.
- **Everyone needs clear protection.** Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- **Community processes need respect**. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.
- **HB 1194 is too problematic to fix**. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.
- **There is no evidence that restricting any type of midwives makes anyone safer**. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.
- **The real safety hazard is lack of access to care**. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- **Hospital transports being dangerously interfered with is also a real safety hazard**. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.
- **HB1194 harms families**. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
- **HB1194 harms reproductive choice**. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
- **HB1194 does not give a realistic way for local clinical midwives to be licensed**. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very

important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.
- **HB1194 does not address medicaid reimbursement for licensed midwives**, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.

Mahalo nunui,

Paahana Kincaid

HB-1194
Submitted on: 2/9/2025 8:56:37 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Maeha Bush	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
Submitted on: 2/9/2025 9:01:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrew Crossland	Individual	Oppose	Written Testimony Only

Comments:

I STRONGLY OPPOSE this Bill that severely restricts and reduces access to birth care, leaving families with little or no choices. I urge all members of the Committee to **VOTE NO** on this Bill.

HB-1194
Submitted on: 2/9/2025 9:03:59 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsea Ryder	Individual	Support	Written Testimony Only

Comments:

I am a Registered Nurse and I support HB1194 for the protection of moms and their keiki

HB-1194
Submitted on: 2/9/2025 9:08:34 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
allison vincent	Individual	Oppose	Written Testimony Only

Comments:

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 midwivesâ€”regardless of experienceâ€”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 teamâ€”vote NO on HB1194!

HB-1194
Submitted on: 2/9/2025 9:09:36 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emily Galushkin	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB 1194!

HB-1194
Submitted on: 2/9/2025 9:17:52 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Edward Galushkin	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194.

HB-1194
Submitted on: 2/9/2025 9:17:58 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrea Kaleiohi	Individual	Oppose	Written Testimony Only

Comments:

As a mother of four children born at home with midwives, I strongly oppose HB1194. It 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
Submitted on: 2/9/2025 9:20:43 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Clayton Timmer	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
Submitted on: 2/9/2025 9:22:44 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Adam	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
Submitted on: 2/9/2025 9:31:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pua O Eleili Kelsi Pinto	Individual	Oppose	Remotely Via Zoom

Comments:

HB 1194 Relating to Midwifery

Hearing HLT/CPC Committee

2/10/25 at 2:00 p.m. Room #329

Opposition to HB 1194

Aloha Chair Takayama, Chair Matayoshi, and Committee members

I am PuaoEleili Pinto, direct descendant of Kahuna Lapaʻau Poʻohina in 1867 a member of the ʻAha Hui Lāʻau Lapaʻau, a group of Kahuna effectively using Hawaiian healing to heal foreign introduced diseases. They were also apart of the movement to create Act 139 signed by Kamehameha V on June 24, 1868. establishing a Hawaiian Board of Health, Papa Ola Hawaiʻi, (Not to be confused with Papa Ola Lokahi established in 1988). I am a Hawaiian practitioner and researcher specializing in hānau (birth), lomi (massage), and lāʻau lapaʻau (Hawaiian healing) and I strongly oppose HB 1194.

HB 1194 undermines the deep, ancestral knowledge and healing traditions that are integral to Hawaiian culture by equating health care services to a strictly Western medical model, it disregards the complex cultural, spiritual, and holistic practices that are central to Native Hawaiian wellness, thus continuing the legacy of medical colonization.

In addition, the definition of the "practice of midwifery" is not only inaccurate but also discriminatory.

- **HB 1194 imposes a Western medical framework and methodology that excludes traditional Hawaiian healing practices. The proposed definitions in HB 1194 ignore the validity and importance of Native Hawaiian cultural practices, and the professionals who provide these services within our communities.**
- **Excluding from the scope of pale keiki, hoʻohanau, and healing practices, specifically in the language on page 23, lines 11-17, which states: "independent 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, primary care for individuals**

from adolescence through the lifespan, healthy newborns, and adults." is the continued erasure of Hawaiian healing practices in favor of Western biomedical models contributes to the broader issue of medical colonization.

This is the leading cause of why we are all in a Maternal Health Crisis and why Native Hawaiian and Pacific Islanders are the top ethnicity to die in childbirth and postpartum. Providers of Western medicine are giving the majority of care while Native Hawaiian practitioners are targeted for erasure via bills like HB 1194. By promoting definitions that exclude and invalidate Hawaiian traditions, this bill perpetuates a harmful narrative that seeks to erase Hawaiian cultural practices and replace them with a one-size-fits-all approach to healthcare.

In the court case Kahoohanohano vs. State of Hawai‘i (electronic filing on June 24, 2024), the court ruled in favor of Native Hawaiians, affirming that we possess comprehensive knowledge, skills, and training to provide essential services like those outlined in HB 1194, but from a perspective and methodology that is distinctly different from the Meac-accredited education process. This ruling recognizes the value of Native Hawaiian traditional knowledge, showing that our healing practices are valid and should be treated as such, rather than being disregarded or diminished by a bill that imposes colonial definitions of healthcare.

Furthermore, this approach mirrors the tactics that led to the near extinction of the Hawaiian language. In 1896, the Department of Education under the Republic of Hawai‘i enacted Act 57, Section 30, which stated: "The English language shall be the medium and basis of instruction in all public and private schools... Any school that does not conform to the provisions of this section shall not be recognized by the department." As a result, Hawaiian language schools decreased from 423 in 1853 to none by 1902. Currently, there are 22 schools teaching in‘Ōlelo Hawai‘i. A growing resurgence of life and wellbeing back into our people, into all of Hawai‘i just as Hawaiian birthing and healing is trying to do.

There is a huge demand for Hawaiian healing and birthing practices that our community and our land needs and is asking for. We will be doing more of a service to our communities by respecting and integrating into the healthcare landscape rather than being sidelined by laws that prioritize Western norms. Let us pass legislation that includes Native Hawaiians into a solution like HB 1328 not this bill, HB 1194.

I am available for questions and further explanation if need be, Here is my contact information.

"Aloha loa ia e nalowale, paa kuu manao aloha i ka ‘āina hanau o‘u, paa mau a paa mau. A‘ole au e kipi, ‘a‘ole kumakaia, he aloha oia mau."

PuaoEleili K. Pinto puaoeleili@gmail.com

HB-1194
Submitted on: 2/9/2025 9:34:45 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
betsy neaves	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194 as I feel it will endanger the lives of pregnant women and their unborn children by restricting the education, care, and support received during pregnancy. Many women who do not choose to have physician based hospital births may then be forced to go through birthing alone without the knowledgeable support of experienced birth practitioners. This would potentially lead to unnecessary danger and hardship to mothers and children.

As a mother, grandmother, and retired nurse I strongly urge you to support HB1328.

Aloha,

Betsy Neaves

HB-1194
Submitted on: 2/9/2025 9:35:38 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joli Hee	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE HB1194

This bill restricts the freedoms and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 9:38:09 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shawna Pereira	Individual	Support	Written Testimony Only

Comments:

I 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
Submitted on: 2/9/2025 9:39:00 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brandi Timmer	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
Submitted on: 2/9/2025 9:41:04 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ricardo Molero Bravo	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am Ricardo A. Molero Bravo, 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 midwife who is **thoroughly trained and clinically competent**. 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,

Ricardo A. Molero Bravo, MD

HB-1194
Submitted on: 2/9/2025 9:42:18 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andria DeBina	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194 because of its limitations and restrictions to cultural practices as well as restrictioning care to mothers and their babies. I also oppose this bill because it would restricts care to licensed midwives, immediate family and emergencies, possibly creating dangerous situations for mothers and people in rural areas. Although, schooling is a good way to learn practices it should not be the only requirement, practicing midwives with many years under their belt should be able to test out or be granted grandfather rights to practice what they have specialized in for years of passed down care. Women have been having babies under the care of midwives for centuries without being forced to be in a hospital setting. Hawaii needs midwives to practice freely to give mothers more options for care and not to be required to hospital themselves in cases where it isn't needed so hospital staff can care for patients who truly need their time and attention. I strongly oppose this bill!

HB-1194
Submitted on: 2/9/2025 9:43:16 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha
I oppose HB1194. It has too many restrictions that will negatively effect midwives in Hawaii, and there for all the women and families that we as community midwives support. Birth is a very sacred and intimate time in a woman's life. We need to secure laws that allow woman to have the autonomy to choose who they want at their birth. As midwives we need to be able to able to train , certify and practice with less restrictions. Midwifery care has been show to increase maternal health outcomes and in a state like Hawaii we need more options for midwifery care.
Mahalo Nui Loa

Uala Lenta L.M.

HB-1194
Submitted on: 2/9/2025 9:45:22 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amber Goff	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill HB1194. This bill restricts cultural practices and restricts care. There is already limited access to care when it comes to birth. To restrict it more is cruel. It should be up to the birthing person where, with whom and how they choose to birth.

HB-1194
Submitted on: 2/9/2025 9:47:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessica Chirico	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
Submitted on: 2/9/2025 9:49:12 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha,

This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care.

mahalo,

Rebecca Cameron

HB-1194
Submitted on: 2/9/2025 9:50:19 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melania	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
Submitted on: 2/9/2025 9:55:19 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laura Haug	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
Submitted on: 2/9/2025 9:57:41 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wai'ala Ahn	Individual	Oppose	Written Testimony Only

Comments:

To whom it may concern,

As a native Hawaiian home birthing mother, and cultural practioner upholding my personal, cultural and sovereign body with the right to choose how and who I hānau with;

I strong oppose HB1194 a bill that takes away individual rights for birthing bodies and those that support/assist and serve them need to be shut down and killed. Honor the human rights of individuals medical choices and the professionals they work with, and the service those midwives provide.
Thank you for your time and consideration,

Waiʻala

HB-1194
Submitted on: 2/9/2025 9:59:03 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Meg Ganser	Individual	Oppose	Written Testimony Only

Comments:

I stand in opposition to HB1194 as it limits freedom of choice for how I choose to birth my child, who I choose to have present, and therefore limits my ability to have a comfortable birth, a natural birth, and one without an expensive and traumatic cascade of interventions. How dare any person restrict the freedom to choose for any other person. I do not consent.

HB-1194
Submitted on: 2/9/2025 10:05:43 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose this bill because it impinges on the constitution rights of freedom of health care for both midwives and birthing women.

Dr. Bonnie Marsh, ND

HB-1194
Submitted on: 2/9/2025 10:11:31 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

- below:

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!

To the Committee on Health & the Committee on Consumer Protection & Commerce 02.08.25
By Margaret Ragen, CM, LM, MS

Re: HB 1194 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 OPPOSITION TO HB 1194

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), a member of the Hawai'i Home Birth Collective (HIHBC), and member of the ACNM Oregon and New York Affiliates.

For the protection of public interest, Act 32/HRS457J was established to regulate non-nurse midwives without conflicting with reproductive, religious and/or constitutional rights. Now, a replacement midwifery bill is under consideration to either continue, continue with modification or be left to expire. In recognition of the benefit of continuing licensing, the HAA Board engaged ACNM Government Affairs to develop language that reflects ACNM Standards and equivalence for the CM with APRN/CNMs in Hawai'i in the provision of midwifery care. As a board member, I was involved in the development and vetting of that draft language. I appreciate the work by all who have been involved in efforts to continue the DCCA Midwives Licensing program, and - as a CM, I offer testimony regarding HB 1194 as it impacts the CM credential.

As a preface to a discussion of my concerns with HB 1194 for the CM, it is important to make clear the CM credential.

ACNM STANDARDS AND EQUIVALENCE OF THE CM WITH THE CNM

In the 90s, the American College of Nurse-Midwives established a Masters of Science in Midwifery for non-nurse midwives. Upon graduation, this degree enables a CM to sit for the same board exam as a Certified Nurse-Midwife (CNM). In all ACNM documents, the CM and CNM reflect an equivalence in the provision of 'midwifery' as defined by ACNM because they both have the same credential awarded by the American Midwifery Certification Board (AMCB) in the provision of advanced practice midwifery.

HAWAI'I ADMINISTRATIVE RULES FOR THE APRN/CNM IN THE PROVISION OF MIDWIFERY CARE (HAR 89-C)

As a basis of allowable scope and requirements, if language for the CM credential in a replacement act to Act 32/457j matches HAR for CNMs in Hawai'i in the provision of midwifery care, this credential will continue to progress with this advanced practice midwifery pathway. But, the CM cannot be included in nursing legislation and should not be regulated under nursing standards, as the CM is a non-nursing midwifery credential. In other states, there are boards of midwifery who understand the distinctions of all

credentials. As the CM was introduced along with the CPM, legislators and the regulating body of DCCA are tasked with understanding the distinctions.

DISTINCTION BETWEEN THE CM AND CPM CREDENTIALS

A basis of distinction of the CM with the Certified Professional Midwife (CPM) can be found in the credentialing process. There are a number of pathways to the NARM certification, which is also up for debate in this replacement bill. What may not be widely known is that after submission of documentation of 10 community births, a CM can sit for a NARM exam. But, a CPM is not eligible to sit for the AMCB exam, not without a MS in Midwifery, as AMCB provides an advanced practice midwifery credential which includes scope not granted to a CPM, e.g. full prescriptive authority including controlled substances and ordering anesthesia, hospital admission/management/discharging privileges (though this is allowable to CPMs in Canada), surgery privileges as 1st assist, and expedited partner therapy.

POTENTIAL VALUE OF THE CM CREDENTIAL FOR HAWAI'I

In general, it is important to establish legislation that allows for practice to the full extent of a credential. The value of securing this for the CM is that it is based on a graduate level specialty for midwifery that could contribute to growing more of our own advanced practice midwives from Hawai'i. Midwifery students seeking this status will not be required to attend a nursing program. They will not take up a seat in such a program that an otherwise dedicated future nurse desires nor clinical sites so limited in the state. Currently, though there is a diversity of cultures represented in the nurse-midwives practicing in Hawai'i, there is only one Kanaka Maoli CNM practicing in the State.

In general, CMs more closely represent their communities. As a graduate of a CM program at SUNY Downstate in New York City, I was one of only a few caucasian midwifery students. As reflective of the US population, the caucasian students more closely matched the national status which as of July 2024 white alone, non-hispanic or latino represented 60% per US population per US Census estimates. In Hawai'i county, where I live, it was 31%. The value of supporting healthcare providers from within their communities is widely known AND the CM credential is an important factor that is worth securing for the future of the profession of midwifery for the good of the public.

REQUIREMENTS OF A REPLACEMENT MIDWIFERY BILL FOR THE CM

A replacement bill provides an opportunity to amend previous omissions or unmerited restrictions. In light of the primary purpose of Act 32/457j being regulation of midwifery for public interest, professional considerations are not necessarily accommodated. In the case of healthcare, I would argue safety includes access to care, and access is defined as what is acceptable, available, affordable, with valid provisions of that care accommodated and accountable to community and or regulatory oversight. The services of the CM meet all of those criteria to be granted licensure and provision to practice to the full extent of the credential.

For the CM, it is important that replacement language reflects an equivalence to the APRN/CNM in the provision of midwifery care based on ACNM Standards. As indicated above, the key reference is the Hawai'i Administrative Rules (HAR 89-C) for NURSES related to Advanced Practice Registered Nurses who have a specialty in midwifery. In this testimony, I hope to make clear my concerns regarding HB 1194 in possible incongruencies with these state and national standards for the CM.

REGARDING CONCERNS HB 1194: DEFINITIONS AND SCOPE OF CM

The purpose of HB 1194, is carried over from Act 32/457J. It maintains *"(1) Midwives offer reproductive health care and maternity and newborn care to clients seeking midwifery services"* This is both too general and too limiting for regulation of the CM. Clarification that this bill is for non-nurse midwives as licensed midwives is important and a distinction made between credentials included as licensed midwives.

HB 1328 sought to address this by stating in its purpose: *(2) Identify the scope of practice for a licensed midwife, including the ability to provide independent midwifery services in hospitals, clinics, freestanding birthing facilities, community birthing settings, and the home; (3) Clarify that the services of licensed midwives are eligible for insurance reimbursement.*

Additional concerns regarding HB 1194 sections are found in definitions conflating all midwifery services under general definitions of 'scope of practice of midwifery,' and 'practice of midwifery' applied to all providers of midwifery care. Scope of a non-nurse licensed midwife needs to be clearly stated as well as the scope of the Certified Midwife. And, for congruence with establishing equivalence with the CNM (and not confusing the CM with the CPM) ACNM Standards and language from HAR 89-C for the APRN/CNM in the provision of midwifery care should be consistently the basis of all definitions and statements on scope. Without this, there continues the potential for the CM to face barriers to practice to the full-extent of their credential.

HB 1328 addresses this need by following ACNM Standards & referencing HAR 89-C in all language that applies to the CM e.g. including definitions for "Certified Midwife," "Licensed Midwives," "Midwifery," and for the CM, "Practice of Certified Midwifery," and drafting scope equivalency including prescriptive authority and eligibility for insurance reimbursement (including Medicaid).

Act 32/457J does not establish full prescriptive privileges and insurance reimbursement including Medicaid for the CM. HB 1194 fails to amend this. Without this clarity, the CM credential may continue to face barriers, it will inadvertently be equated with the CPM as a non-nurse credential, and it will not be possible to establish equivalence with the APRN/CNM in the Med-Quest system as well as in candidacy for inclusion in institutional bylaws where APRN/CNMs are employed.

Furthermore, in the exemption section, HB 1194 removes exemptions for Certified Nurse-Midwives, as well as those who are "Licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery;" and "A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received,*"* confusing who can practice midwifery as defined by HB 1194. HB 1328 has retained these exemptions.

REGARDING LICENSE RENEWAL REQUIREMENTS

HB 1194 places additional burdens on the CM which are not equivalent to the APRN/CNM. It is not the duty of the State to mandate peer review to their committee of choice nor data submission for providers who generally are employed in institutions with restrictive policies on sharing of information. These mandates imply these tasks of CEUs, peer review, and data collection are not already a part of practice standards.

In HB 1328, ACNM Practice Standards have been clearly linked to the CM delineated under scope. Already there is a requirement to *"participate in quality management practices, such as peer review, continuing education, and data analysis to improve the practice of midwifery."* AMCB, in their credential

maintenance program, requires CEUs every 5 years. Though it is not in HAR 89-C, I understand there may be an equivalent requirement to additionally present CEUs to the Board of Nursing for the APRN or CNM - but there is no government mandate to report for peer review nor data collection. This additional requirement HB 1194 reflects efforts to create oversight to all licensed midwives which may not merited. The CM and the CPM are both valid credentials in the provision of midwifery care - but this is another example where the two credentials are equated where they are not.

REGARDING POWERS AND DUTIES OF THE DIRECTOR

I am also concerned HB 1194 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 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. The DCCA Director denies there being any ramification for lack of rules these past five years when in fact it has impacted the CM in its ability to apply for Medicaid credentialing and an ability to approach institutions for consideration of inclusion of the CM alongside the APRN/CNM in the provision of midwifery care in bylaw revision. HB 1194 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.

Furthermore, HB 1194 fails to hold DCCA accountable for data collection and provides no community oversight to the program. A replacement midwifery bill will become a permanent program. As a safety net and a pathway to define needs of the program, Act 32/HRS 457J had included a requirement for a Hawai'i Home Birth Task Force and a report for consideration by DCCA. Per public knowledge, this report - though published and available for review - was never integrated into any Midwives Advisory Committee (MAC) by the DCCA Director meetings to inform establishing interim rules nor was it referenced by DCCA when every year amendments were presented for Act 32 and publicly discussed at length in the Midwives Advisory Committee. HB 1194 continues to give DCCA authority to administer without oversight without accountability and further burdens the department with duties which it may not have the capacity or intent to meet.

REGARDING THE PENDING AUDITOR'S SUNSET ANALYSIS

It is significant that prior to the draft of both midwifery bills, access to an Auditor's Sunset Analysis Report was not available to inform whether regulation was justified, should be preserved, continue with modification or be allowed to expire. The lack of a report is a handicap in truly understanding what a replacement midwifery bill must address. This is absolutely significant for the CPM and unlicensed birth attendants. For the CM, as there is so little data from the last 10 years, the only significance of the report would be to establish a value in continuing regulation of the credential and based on what standards. The pending report does not address even the basics of defining all midwifery credentials nor does it distinguish non-nurse midwives, nor the distinction between non-nurse midwife credentials. Legislators have no reference to grasp in the interest of public interest how these credentials will be impacted through regulation AND how important it is for public interest is access to these providers to the full extent of their credential.

IF RESTRICTION IN HRS-457J ARE PROPERLY ADDRESSED, 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. This could be the practice environment for the CM in Hawai'i.

HOW TO MOVE FORWARD WITH TWO BILLS?

As there now is discussion of a merger of two bills, in a side-by-side comparison, HB 1194 fails to clearly state ACNM Standards and does not maintain uniform reference to HAR 89-C. These omissions and additional departmental requirements will hinder the CM from becoming a viable option for public service, therefore I urge the committee to consider utilizing HB 1328 as a basis for moving forward. For the CM, continuation of a licensing program with modification must essentially address these purposes, to:

- Preserve licensure for the CM based on ACNM Standards with equivalence in the provision of midwifery care to the APRN/CNM in Hawai'i

- Establish this new statute for non-nurse midwives designated as 'licensed midwives,' and in the practice of licensed midwives: 1) clarify definitions for "Certified Midwife," "Licensed Midwives," "Midwifery," & "Practice of Certified Midwifery" to align with ACNM Standards and equivalent to the APRN/CNM in the provision of midwifery care, 2) clarify scope of 'licensed midwives,' and For the CM, establish scope to be in alignment with ACNM Standards and equivalent to the APRN/CNM in the provision of midwifery care, and 4) establish a distinction between the CM and Certified Professional Midwife (CPM) both licensed under this chapter and designated 'licensed midwives'

- Recognise peer review and data collection within ACNM Practice Standards and not handicap a CM in reporting requirements for license renewal not required of an APRN/CNM

- Establish eligibility for insurance reimbursement for 'licensed midwifery' services including Medicaid

- Establish authority to delegate tasks to unlicensed assist

- Establish for the CM equivalent eligibility with the APRN/CNM in the provision of midwifery care for prescriptive authority including for controlled substances

- Addresses failures by the Director of DCCA to administer the Midwives Licensing Program by mandating: 1) review of the future Hawai'i Home Birth Task Force Report, and 2) adoption of rules

- Establish requirements of DCCA to maintain data annually on the Midwives Licensing Program made available to the public, including data on numbers & qualifications of licensed applicants and complaints including resolution status

- Establish community oversight. As the 2019 Hawai'i Home Birth Task Force Report was not integrated into the DCCA Midwives Advisory Committee (MAC) discussions on establishment of interim rules, and this act will become permanent a provision for community recommendations is needed. A proposed vehicle is to temporarily re-establish a subsequent task force whose report is to be reviewed by the

Director of the DCCA and MAC prior to implementation of administrative rules.

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

ATTACHED:
1) ACNM: DEFINITION OF MIDWIFERY AND SCOPE OF PRACTICE OF CERTIFIED NURSE-MIDWIVES AND CERTIFIED MIDWIVES (2021)
2) ACNM: CNM-CM-CPM COMPARISON CHART (2022)
3) Hawaiʻi Administrative Rules NURSES (HAR-89-C)

AMERICAN COLLEGE of NURSE-MIDWIVES

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

Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.

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

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

REFERENCES:

1. American College of Nurse-Midwives. ACNM core competencies for basic midwifery practice. Published March 20, 2020. Accessed April 13, 2021. https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020_final.pdf
2. American College of Nurse-Midwives. Standards for the practice of midwifery. Published 2011. Accessed April 13, 2021. http://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000051/standards_for_practice_of_midwifery_sept_2011.pdf
3. International Confederation of Midwives. Essential Competencies for Midwifery Practice: 2019 Update. Published October 2019. Accessed April 13, 2021. https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf

Source: Scope of Practice Taskforce
Approved: ACNM Board of Directors, Dec. 2011. Updated: Feb. 2012, Dec. 2021

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

Clarifying the distinctions among professional midwifery credentials in the United States

International Confederation of Midwives' Definition of MIDWIFE	**While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:** The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
EDUCATION			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification. There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
	Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM/CM supervision.		NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification. CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
EDUCATION PROGRAM ACCREDITING ORGANZATION			
	The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.		The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.
SCOPE OF PRACTICE			
Range of care provided	Midwifery as practiced by CNMs and CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CNMs/CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CNMs and CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.		Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period. CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

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

Updated: ACNM Government Affairs | April 2022

SUBCHAPTER 14
ADVANCED PRACTICE REGISTERED NURSE

§16-89-81 Practice specialties. (a) The four areas of advanced practice registered nurses recognized by the board from which the practice specialties are derived are:

- (1) Nurse practitioner ("NP");
- (2) Certified registered nurse anesthetist ("CRNA");
- (3) Certified nurse-midwife ("CNM"); and
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(4) Clinical nurse specialist ("CNS").

(b) In addition to those functions specified for the registered nurse, and in accordance with appropriate nationally recognized standards of practice, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

- (1) Provide direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
- (2) Provide indirect care. Plan, guide, evaluate and direct the nursing care given by other personnel associated with the health care team;
- (3) Teach, counsel, or plan care for individuals or group, utilizing a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives;

- (4) Serve as a consultant and resource of advanced clinical knowledge and skills to those involved directly or indirectly in patient care;

- (5) Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;

- (6) Establish collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an APRN shall be referred to an appropriate health care provider;

- (7) Manage the plan of care prescribed for the patient;

- (8) Initiate and maintain accurate records and authorize appropriate
  regulatory and other legal documents;

- (9) Recognize, develop, and implement professional and community
  educational programs related to health care;

- (10) Conduct research and analyze the health needs of individuals and
  populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;

- (11) Participate in policy analysis and development of new policy initiative in the area of practice specialty; and

- (12) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.

(c) The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:(3) Certified nurse-midwife scope of practice:

(A)

(B)

Provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women;

Practice in accordance with the standards for the practice of nurse-midwifery of the American College of Nurse- Midwives, unless otherwise indicated by the board. The standards include but do not limit the nurse midwife to:

- (i) Provide primary care services for women and newborns;
- (ii) Take histories and perform physical exams;
- (iii) Order and interpret diagnostic tests;
- (iv) Operate within a health care system that provides for consultation, collaborative management, or referral as indicated by the status of the client; and
- (v) Admit clients for inpatient care at facilities licensed as hospitals or birth centers in the State; and

Includes all of the functions listed in paragraph (1) relating to nurse practitioner scope of practice.

SUBCHAPTER 16

ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY

§16-89-116 Purpose. The purpose of this subchapter is to establish the requirements of the board for APRN prescriptive authority. APRNs who are granted prescriptive authority shall only prescribe drugs appropriate to their practice specialties as recognized by the board and in accordance with the exclusionary formulary. [Eff 12/27/10; comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9 (k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-117 Prescriptive authority. Only an APRN granted prescriptive authority by the board shall be able to practice as an APRN with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an APRN who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13; comp 10/27/18] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-119 Prescriptive authority eligibility requirements. (a) The requirements for prescriptive authority are as follows:

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

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

- (3) Proof of a current, unencumbered license as an advanced practice registered nurse in this State and in all other states in which the nurse has a current and active license as an advanced practice registered nurse or similar designation;

- (4) Proof of a current, unencumbered certification for specialized and advanced nursing practice from a national certifying body recognized by the board;

- (5) Proof of successful completion of an accredited graduate-level nursing program with a significant educational and practical concentration on the direct care of patients, recognized by the board, leading to a graduate-level degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner. A graduate-level degree in nursing education or nursing administration does not qualify an applicant for prescriptive authority.

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

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

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

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

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§16-89-119

Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the board shall grant prescriptive authority to the APRN.

(b) Nothing in this section shall preclude a registered nurse, a licensed practical nurse, or an APRN 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.

(c) Nothing in this chapter shall require a certified registered nurse anesthetist 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)

HB-1194
Submitted on: 2/9/2025 10:20:47 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Titiri Charton	Individual	Oppose	Written Testimony Only

Comments:

This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care.

HB-1194
Submitted on: 2/9/2025 10:22:10 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amy Beh	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
Submitted on: 2/9/2025 10:22:38 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Regina Gregory	Individual	Oppose	Written Testimony Only

Comments:

oppose

Testimony of
Nicolle Arthun, BSN, RN, MSN, CNM, FACNM
Navajo Nation

Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,
Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice-Chair
Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,
Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Greetings Chair Takayama, Chair Matayoshi, Vice Chairs, and all members.

I am writing today to strongly **OPPOSE HB1194**, relating to Midwifery.

I am a Navajo Nurse-Midwife who has practiced Nurse-Midwifery for over 18 years in hospitals, birth centers, and home birth settings throughout my career. I have seen the value of integrating traditional birthing practices in midwifery by creating pathways for the community to attend births on their terms. I have also worked with Indigenous Nations around the globe, where Indigenous women are fighting for their right to practice in the community. While I am a trained and licensed midwife, I have seen how regulation, licensure, and educational pathways for midwifery can be used against communities trying very hard to provide quality and equitable care. Structural racism is often built on the premise that only the highly educated can provide midwifery and that it's the only pathway for safety. Throughout my career, I have witnessed firsthand the increased safety that happens when the community is centered and are active participants in the process of creating culturally centered protocols that are thoughtfully integrated with the Western medical model of care. In parts of the world and the United States, only adhering to the medicalized model of care that views birth and pregnancy as disease management and not a natural process of development, I have seen an increase in maternal mortality. With Native Americans and Hawaiian Natives having the second highest rates of maternal mortality as compared to White women, is evidence the medical model of care is failing our communities. Increasing regulation and implementing criminalization measures further creates barriers for midwives to practice safely in the community and widens the gap with where birthing families can go for care.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice.** It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- **The needs of the community are <u>complex</u> and harm is done by incorrect language.**. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- **Everyone needs clear protection.** Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- **Community processes need respect.** Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- **HB 1194 is too problematic to fix.** While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- **There is no evidence that restricting any type of midwives makes anyone safer.** It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- **The real safety hazard is a lack of access to care.** Many people do not have access at all because of where they live. Cultural care is especially important because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, especially cultural care, which is very harmful to maternal health.

- **Hospital transports being dangerously interfered with is also a real safety hazard.** If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- **HB1194 harms families**. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their

family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- **HB1194 harms reproductive choice**. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- **HB1194 does not give a realistic way for local clinical midwives to be licensed.** Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- **HB1194 does not address Medicaid reimbursement for licensed midwives**, which would help lower-income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory and focused on maximizing benefit for a trade group rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?
Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

> ***Consistency*** – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194 and instead pass HB 1328**.

Thank you

Nicolle L. Arthun, BSN, RN, MSN, CNM, FACNM
Navajo Nation

HB-1194
Submitted on: 2/9/2025 10:22:52 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hannis Webb	Individual	Oppose	Written Testimony Only

Comments:

People should continue to choose how and where they have their children as its been for thousands of years

HB-1194
Submitted on: 2/9/2025 10:23:21 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ha’aheo Mahinai	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
Submitted on: 2/9/2025 10:23:55 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose this bill. Another attack on traditional & culture activities, this time trying to take away our rights on how we give birth. Why do Hawaii lawmakers want no restrictions on how they can kill babies, but ridiculously regulate how they are born? Lawmakers working for us, or the devil?

HB-1194
Submitted on: 2/9/2025 10:24:12 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Palos	Individual	Oppose	Written Testimony Only

Comments:

In Hawai'i, access to prenatal care is already limited. The laws as they are written have effectively made free-standing birth centers impossible to open, forcing families in more remote areas having to drive over an hour to deliver in a hospital and risk delivering unassisted in unsafe places such as the side of the road. Many of these families turn to homebirth and midwifery care by either licensed or traditional midwives, and further restricting midwives and their ability to practice in Hawai'i, restricts access to safe births. I am not a "crunchy" person who eschews Western medicine, its importance in a modern and healthy society is undeniable. However I also believe in a woman and a family's right to choose and restricting midwives' ability to practice by limiting their scope of practice and access to medications, in a state where there are already no midwifery programs is backward and nonprogressive and therefore I oppose HB1194.

thank you.

HB-1194
Submitted on: 2/9/2025 10:24:37 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark Kanahele	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
Submitted on: 2/9/2025 10:24:46 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elissa wood	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
Submitted on: 2/9/2025 10:31:31 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Women should have the right to choose what kind of birth they want.

HB-1194
Submitted on: 2/9/2025 10:34:49 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Makalani Franco-Francis	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE this bill.

As a plaintiff in the current lawsuit against the State of Hawai‘i , a Kānaka Ōiwi home birth mom, and student Midwife.

- This bill restricts cultural practices.
- This bill requires schooling only available on the US continent. This is extremely expensive and the reason that 97% of licensees are NOT from Hawai‘i and NO Kanaka.
- This bill restricts Maternal Health Care.

Mahalo for OPPOSING this bill.

HB-1194
Submitted on: 2/9/2025 10:36:10 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Rose	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
Submitted on: 2/9/2025 10:37:05 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Katie Postel	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

HB-1194
Submitted on: 2/9/2025 10:37:44 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I firmly oppose HB1194. This bill criminalizes those who provide vital pregnancy and childbirth support, including doulas, cultural practitioners, and even family members. It mandates that all midwives, regardless of their experience, attend expensive, off-island MEAC schools, making it more difficult for licensed midwives to serve our communities. If passed, it will eliminate traditional Hawaiian midwifery, limit birth assistants, and leave many families without care. Every family deserves safe, culturally respectful, and community-based birth support. Protect our right to choose our birth team—vote NO on HB1194!

HB-1194
Submitted on: 2/9/2025 10:38:22 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dakota Sanborn	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

HB-1194
Submitted on: 2/9/2025 10:39:59 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mariah Strong	Individual	Oppose	Written Testimony Only

Comments:

Mariah Strong

Paia-Haiku, Maui

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs, and Members of the Committees,

I am writing today in strong opposition to HB 1194, Relating to Midwifery.

As one of the co-founders of Pacific Birth Collective and its current Programs Director, I have dedicated my adult life to supporting birthing families in Hawai‘i. I was born and raised on the north shore of Maui, where my mother was a traditional midwife, and from an early age, I understood the deep cultural significance of midwifery and the role it plays in community health.

I personally chose to pursue midwifery licensure through a MEAC-accredited program, a path that has been incredibly difficult for fellow local students. The current system does not support

local or culturally relevant midwifery education, forcing aspiring midwives to leave Hawai‘i and train under models that do not always align with our rural community’s needs. I have personally experienced all of these barriers over the last decade as a midwifery student. Despite them, I am on track to become a licensed CPM and start my own practice by the end of this year.

While I appreciate the intention behind HB 1194, it does not reflect the needs or voices of the birth community in Hawai‘i. Instead, it reinforces harmful restrictions that will further limit access to safe, culturally competent midwifery care.

Major Concerns with HB 1194:

- HB 1194 does not come from the community. This bill does not reflect the collective work and input of midwives, cultural practitioners, legal experts, and families who have worked for years to create fair and effective midwifery legislation. In contrast, HB 1328 is the result of extensive collaboration and community vetting and should be the bill moving forward.

- HB 1194 criminalizes traditional and cultural birth practices. This bill continues the criminalization of unlicensed midwives, including those who have served their communities for generations. Kanaka Maoli and other cultural birth practitioners should not be forced underground to provide care.

- HB 1194 restricts reproductive choice. A birthing person has the fundamental right to choose who supports them during birth. By making certain midwifery practices illegal, this bill removes that choice and limits families’ options for care.

- HB 1194 does not support pathways for local midwives. Currently, 97% of licensed midwives in Hawai‘i are not from here, and none are Kanaka Maoli. The exclusion of a PEP (Portfolio Evaluation Process) pathway in this bill prevents experienced local birth workers from becoming licensed—essentially shutting out the very people who are most committed to serving their communities.

- HB 1194 does not address the real safety concerns: lack of access to care. The maternal health crisis in Hawai‘i is driven by limited access to culturally aligned, community-based midwifery care. This bill will reduce options, not improve safety.

- HB 1194 interferes with hospital transports. When midwives are not legally recognized, they cannot properly communicate with hospitals during emergencies, putting families at greater risk.

- HB 1194 does not include Medicaid reimbursement for licensed midwives. Medical reimbursement is essential for ensuring that low-income families can access midwifery care. Without this, only those who can afford out-of-pocket costs will have access to home birth, continuing the cycle of inequity in maternity care. This is a major roadblock as I set up my own CPM midwifery practice,

For these reasons, I urge you to oppose HB 1194 and instead support HB 1328, which is a comprehensive, community-driven solution.

Mahalo for your time and consideration.

Mariah Strong

Paia-Haiku, Maui

HB-1194
Submitted on: 2/9/2025 10:41:14 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelsey Pickard	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
Submitted on: 2/9/2025 10:42:17 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sara Kim	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE this bill HB 1194 it restricts the freedoms and choices of birthing families!!

HB-1194
Submitted on: 2/9/2025 10:43:11 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrea Martinez	Individual	Oppose	Written Testimony Only

Comments:

Greetings Chair Takayama, ChairMatayoshi, Vice Chairs and all members,

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

My name is Andrea Martinez and I am a mother and resident of Kahului.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.
- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.
- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.
- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.
- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.
- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.
- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local

students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo for your consideration,

Andrea Martinez

HB-1194
Submitted on: 2/9/2025 10:44:52 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Linda Rosenthal	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.

HB-1194
Submitted on: 2/9/2025 10:46:58 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Maria Maitino	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
Submitted on: 2/9/2025 10:48:32 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julie Mann	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

My name is Julie Mann, and I am a resident of Waianae. I am currently pregnant and have been supported by OB MDs, OB NP, midwives, and doulas throughout my pregnancy. I am writing today to strongly OPPOSE HB1194, Relating to Midwifery. As an ICU nurse and as a patient in the current medical system, I have firsthand knowledge of hospital protocols and conventional medical practices. Through my own pregnancy journey with midwifery care, I have experienced a comprehensive blend of holistic support and evidence-based medical care, demonstrating the value and safety of this approach.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Thank you, Julie Mann

HB-1194
Submitted on: 2/9/2025 10:51:53 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Letisha Thomas	Individual	Oppose	Written Testimony Only

Comments:

The midwifes and dulas on this island are amazing and great at what they do and t they should be allowed to continue to do what they have been doing for so many years

HB-1194
Submitted on: 2/9/2025 10:53:21 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nora O'Rear	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
Submitted on: 2/9/2025 10:57:27 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nykol Happy	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
Submitted on: 2/9/2025 10:59:26 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kanoelehua Hook	Individual	Oppose	Written Testimony Only

Comments:

In Opposition to HB1194: Protecting Birthing Choice and Cultural Practices in Hawai'i

HB1194 proposes to make midwife regulatory laws permanent while significantly restricting the scope of practice for many birth practitioners, particularly certified professional midwives and traditional birth attendants. While regulation is important for ensuring safety, this bill imposes unnecessary barriers that would reduce access to midwifery care, disproportionately affect neighbor island communities, and erode cultural birthing traditions.

Why HB1194 Should Be Opposed

1. Restricts Access to Midwifery Care

The bill imposes additional regulatory hurdles, including increased continuing education requirements, peer review mandates, and data submission obligations, which may burden midwives practicing in underserved areas.

It limits prescriptive authority exclusively to certified midwives, preventing certified professional midwives from providing essential medications that improve maternal outcomes.

2. Fails to Address Hawai'i's Maternal Healthcare Crisis

Many communities, especially on neighbor islands, lack hospital-based maternity services, forcing pregnant individuals to travel for care.

Instead of improving access, HB1194 restricts midwifery services that have been vital to filling this gap.

3. Undermines Traditional and Cultural Birth Practices

The bill requires formal disclosures from traditional Hawaiian healers, which could stigmatize and deter cultural birth practices.

While claiming to preserve Native Hawaiian traditions, the added bureaucratic requirements limit the ability of traditional birth attendants to practice freely.

4. Creates Unnecessary Regulatory Burdens Without Proven Benefit

The peer review and data submission requirements create an administrative burden that could disproportionately impact independent midwives.

There is no clear evidence that these additional regulations will improve safety, but they will certainly reduce the number of practicing midwives.

5. Reduces Birthing Choices for Families

HB1194 imposes a one-size-fits-all medical model on childbirth, rather than recognizing that birth is a personal, cultural, and community-centered experience.

Families should have the right to choose their birth setting and provider without excessive government interference.

Conclusion

HB1194 prioritizes regulatory control over maternal health equity and disempowers both midwives and birthing families. Instead of restricting midwifery, Hawai'i should be expanding access to diverse birthing options and supporting Indigenous and community-based practices. I strongly urge lawmakers to oppose HB1194 and advocate for policies that truly address Hawai'i's maternal healthcare needs.

HB-1194
Submitted on: 2/9/2025 10:59:29 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michele Tylor	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE HB1194 – This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care.

HB-1194
Submitted on: 2/9/2025 11:01:16 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Corina Smoker	Individual	Support	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
Submitted on: 2/9/2025 11:01:34 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nicole Mosk	Individual	Oppose	Written Testimony Only

Comments:

Parents not government should be in charge of this. I strongly oppose this over reach of government!
OPPOSE THIS BILL

HB-1194
Submitted on: 2/9/2025 11:03:00 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charlotte Leger	Individual	Oppose	Written Testimony Only

Comments:

Aloha

I oppose HB 1194. This bill severly restricts access to birth care, & ends up criminializing so many types of birth care that is essential to the health and wellbeing of mothers pre and post birth.

HB-1194
Submitted on: 2/9/2025 11:03:14 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jenessa Knight	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
Submitted on: 2/9/2025 11:05:18 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Miles Greenberg	Individual	Oppose	Written Testimony Only

Comments:

- 🚫 OPPOSE HB1194 – This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care.
  Please oppose this bill!

HB-1194
Submitted on: 2/9/2025 11:05:42 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kimberly Pecana	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill HB1194

HB-1194
Submitted on: 2/9/2025 11:05:48 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Kratzer	Individual	Support	In Person

Comments:

I am in strong support of HB1194 and supports the

continued mandatory regulation of midwifery through full licensure and accredited

education.

Jennifer Kratzer CNM

HB-1194
Submitted on: 2/9/2025 11:07:29 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gabrielle Balmores	Individual	Oppose	Written Testimony Only

Comments:

Women deserve the right to birth however and wherever they choose. Midwives allow for women to birth in the comfort of their own home if medically able with support. Taking this right away from mothers is VERY WRONG. We look towards midwives for a more intimate and natural support system and it is unconstitutional to take that right away from the people.

HB-1194
Submitted on: 2/9/2025 11:10:28 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kehaulani Avicolli	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha and mahalo for your time and consideration,

I am writing today in strong OPPOSITION of this bill HB1194, relating to Midwifery. We are in Hawa‘i. We need to support cultural practices and choice of birthing ‘ohana in a place where this was once normalized not too long ago. When families are empowered and supported, we see healthier, desired outcomes. That is the goal so we can raise up future generations right. As a mother, Native Hawaiian, and Birth worker in my community for almost 10 years now, I have witnessed this first hand. Our midwives are highly trained, skilled, and safe in what they do. If we want more skilled practioners, we need to support them with accessibility. There are many ways to become a Midwife, and the government has no place in determining one‘s pathway, especially with a cultural lens. Our kūpuna have lived this way for a very long time, and now we are so disconnected from nature‘s design. Please vote NO on this bill.

Mahalo nui

HB-1194
Submitted on: 2/9/2025 11:12:21 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Ye Nguyen	Individual	Oppose	Written Testimony Only

Comments:

Aloha HLT/CPC Honorable Chair & Committee members,

I am full SUPPORT of HB 1328 and OPPOSE HB 1194

I am a licensed naturopathic physician, home birth mother, home birth practitioner, supporter of a family's rights to choose to birth either in the home and hospital setting.

Many reasons have been or will be presented to your committee today as to why this bill is a good bill for midwifery care...the one that I am most passionate about is that this is one expansive and inclusive of all our cultural practioners and community.

It also includes the PEP pathway, which is an educational pathway that passed down from generation to generation of midwives. This type of training is extremely valuable and cannot be lost.

Ultimately, as a licensed physician our job is to protect the health of our families. This bill protects the health of our familes by keeping options to them open. A woman's right to choose whom and how they birth is very private. What is best for one isn't necessarily right for another.

Our families need options not restrictions. By restricting who can help support our families, midwifery practices will be either lost or driven underground. When there is a lack of transparency & communication between our families, midwives and western medical care, when and if need that's when it is unsafe.

This bill, HB1328 is expansive and inclusive, supporting our cultural practioners and community. It takes a village to bring a baby into this world, not just "licensed professionals" deemed by the state as appropriate.

The opposing bill, HB 1194 is highly restrictive and unclear. It excludes many other practioners who are highly qualified to help support our families. It will actually make home births more unsafe in many ways.

Midwifery is a very complex...it's not so black and white when it comes to education, training and who is "fit" to be one. The definition of "midwife" has been hijacked by the state through

the years and only certain people can legally use this title, CPMs and CNMs as certified by the state.

The community decides who their "midwife" is, not the government ultimately. Women and families will still give birth with whomever and however they want. I hope that each and every one of you know the gravity of what your vote means to the health and safety our families, truly.

Please OPPOSE 1194 and SUPPORT HB 1194. Thank you for takiing the time to understand this very important bill and always for your service.

Respectfully,

Dr. Ye Nguyen

HB-1194
Submitted on: 2/9/2025 11:14:46 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cassandra Steciuk	Individual	Oppose	Written Testimony Only

Comments:

My name is Cassandra, I was born on Kaua'i and am home birth mother who had a midwife and became a doula. I strongly oppose HB1194. This bill is not pono and does not respect our history and rich culture, it 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. Mahalo.

HB-1194
Submitted on: 2/9/2025 11:16:35 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
robin knox	Individual	Oppose	Written Testimony Only

Comments:

Women have been safely giving birth for millenia without the interference of government entities in their personal decisions for how to do it. Women and their 'Ohana should have the right to make this fundamental choice for themselves without being criminalized. Native Hawaiians and Pacific Islanders have the highest rate of maternal deaths. Hawai‘i is 50th - worse in the country - on providing pre-natal care. Our islands are short of western physicians and healthcare, it makes no sense to require that be the only choice women have. I oppose HB 1194 because it ELIMINATES THE FREEDOM OF CHOICE; SEVERELY RESTIRCTS AND REDUCES ACCESS TO CARE AND CRIMINALIZES TRADITIONAL BIRTH PRACTICES. I support HB 1328 that would allow UNRESTRICTED BIRTH CHOICES AND GREATER MATERNAL AND INFANT CARE

HB-1194
Submitted on: 2/9/2025 11:18:04 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Olson-Moore	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Stephanie Olson-Moore and I live in Hilo, Hi. I strongly oppose this bill as it restricts cultural practices and care. Women should be able to choose traditional birth practices and practitioners to assist in their birth without invasive forms and regulations. Again, I OPPOSE HB 1194.

Me ka mahalo,

Stephanie Olson-Moore

HB-1194
Submitted on: 2/9/2025 11:32:05 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Ebert	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I am writing today to OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

I request that you please do not pass HB 1194, and instead pass HB 1328.

HB-1194
Submitted on: 2/9/2025 11:32:33 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elisa Spring	Individual	Oppose	Written Testimony Only

Comments:

I am not in support of this bill as it doesn't protect the rights of ALL midwives -- which is an extremely important issue for the choice of how and with who we want to birth our children, in our communities.

HB-1194
Submitted on: 2/9/2025 11:33:25 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

This bill is dangerous and This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical license—including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care

HB-1194
Submitted on: 2/9/2025 11:33:37 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gaya Bartz	Individual	Oppose	Written Testimony Only

Comments:

Greeting Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am Gaya Bartz from Kauai and had a midwifery assisted home birth in 2024. It is my right as a citizen of Hawaii to choose where and how I give birth.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten

through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

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- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the

families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

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Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

*Thank you *

Gaya Bartz

HB-1194
Submitted on: 2/9/2025 11:34:14 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Suha Patel	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am Suha Patel, 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,
Suha Patel

MD, MPH, FACOG
Hawai'i Permanente Medical Group

HB-1194
Submitted on: 2/9/2025 11:35:28 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
mary drayer	Individual	Oppose	Written Testimony Only

Comments:

we women have fought for centuries to have a voice in the choices for OUR bodies, and for our daughters and granddaughters... please don‘t take us backward ...

mahalo

HB-1194
Submitted on: 2/9/2025 11:35:57 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Naomi Ravelo	Individual	Oppose	Written Testimony Only

Comments:

I oppose

HB-1194
Submitted on: 2/9/2025 11:37:37 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alana Siaris	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chairs Takayama and Matayoshi, Vice Chairs Keohokapu-Lee Loy and Chun, and Committee Members,

My name is Alana Siaris, and I am a resident of Aiea, O‘ahu. I am testifying in support of H.B. 1328 and 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. H.B. 1328 expands access to midwifery licensure, and maternal health care in Hawai’i by doing the following:

- **Supports a pregnant person’s right to choose their birth attendants and place of birth and to involve those they identify as family and support in the birthing experience**

- **Allows licensed midwives to practice to the full extent of their credentials, training, and experience**

- **Expands access to midwifery care by including a nationally recognized apprenticeship pathway used in 27 states and Washington D.C. as a pathway to licensure**

- **Balances reproductive rights and consumer protections**

- **Protects Native Hawaiian traditional and customary birthing practice without the threat or fear of criminalization**

- **Protects other religious and cultural birthing practices without the threat or fear of criminalization**

- **Allows traditional birth attendants to be exempt from midwifery licensure provided they comply with specific disclosure requirements established by the Dept. of Commerce & Consumer Affairs**

There is a lack of evidence to support the claim that traditional midwifery and home births worsen outcomes for maternal and child health. As a woman that has had a homebirth with zero complications, my greatest fear was that I would be forced to labor and birth my child in a medical hospital setting, which does not administer culturally responsive care to the mother, newborn, and ʻohana involved.

Throughout my pregnancy I was faced with shame and stigma from my OBGYN who told me that she would no longer care for me if a homebirth is what I wanted. Birthworkers (midwives and doulas) that I sought for advice cared for me in confidence and with trust, as they made known the risks we were taking because of the laws currently in place here in Hawaiʻi.

I come from a ʻohana of women who have experienced traumatic births in the hospital setting, but for me, having a homebirth has been the most natural and sacred experience, and the best decision that my family has ever made. Every woman should be able to experience the sovereignty in birthing where and with whom she chooses.

Access to culturally responsive care of the birthing person's choosing, including traditional practices of that person's culture, is strongly correlated with increased safety and well-being. H.B. 1328 addresses Hawaiʻi's maternal healthcare shortages and practices that are truly harming our families, especially those who may not be able to afford care in a hospital, may not have access to transportation or childcare that would allow them to attend an appointment, or may not feel welcome in the health care system.

There are multiple midwifery bills before your committee, but H.B. 1328 offers the most robust reproductive autonomy protections and has gained the support of OHA, the ACLU of Hawaiʻi, Hawaiʻi Home Birth Collective, Ea Hānau, the Counties of Hawaiʻi, Maui, Kaua'i, and multiple community organizations. Please support H.B. 1328 to ensure protection for reproductive freedom in Hawaiʻi, and oppose H.B. 1194 which is restrictive and discriminating.

Mahalo for your consideration,

Alana Siaris

HB-1194
Submitted on: 2/9/2025 11:37:56 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I think this will make it harder for families to access care when they need it and also have access to health and family- minded care rather than hospital-only. Thank you

HB-1194
Submitted on: 2/9/2025 11:39:40 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karese Miguel-Hamakua	Individual	Oppose	Written Testimony Only

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 Hawaii, 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
Submitted on: 2/9/2025 11:42:03 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
brady stewart	Individual	Oppose	Written Testimony Only

Comments:

This bill is toxic to the community of homebirthing mothers and the midwives that support them. Regardless of your views on the medical community, it is clear that many people have very low trust in the modern medical system with its focus on drugs and surgery. By forcing birth workers into a paradigm created by doctors and hospital administrators, you will diminish if not utterly destroy the practice of midwifery as it has existed for thousands of years. The result of passing this oppressively restrictive bill will be to drastically increase the number of families who choose to give birth without the benefit of an assistant or midwife. the situation thus created will be accompanied by an increase in detrimental outcomes which could be mitigated by the presence of a trained professional.

Midwifery is a practice which is taught through internship and experience of attending births. This bill will criminalize any individual without a license who attends a birth or shares advice with a birthing mother. This makes it impossible for midwives to use assistants or doulas who are learning the trade experientially. **It even criminalizes the family members of the birthing mother.**

This poorly written bill either has not been well thought out or else it is a conscious effort to destroy the practice of homebirth midwifery in Hawaii. Pleaase vote no on 1194 and support the alternative in HB1328. Your grandchildrens' lives could depend on this decision.

HB-1194
Submitted on: 2/9/2025 11:44:33 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Inouye	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama and the Committee on Health and Chair Matayoshi and the Committee on Consumer Protection and Commerce,

Please support HB 1194. I am an obstetrician/gynecologist who had practiced over 35 years in Maui.

HB 1194:

- Ensures that all Certified Professional Midwives meet educational and training standards
- Protects mothers' and babies' health outcomes and safety
- Acknowledges traditional birth practices
- Supports patient choice
- Ensures national obstetrical standards are upheld

Thank you for your kind attention; and please support HB1194.

Colleen F Inouye MD MS-PopH FACHE FAAPL FACOG

HB-1194
Submitted on: 2/9/2025 11:44:47 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessie Cleghorn	Individual	Oppose	Written Testimony Only

Comments:

As a mother, wife, citizen of Hawaii, i strongly oppose this terrible bill. Please hear our voices.

HB-1194
Submitted on: 2/9/2025 11:46:15 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Botello	Individual	Oppose	Written Testimony Only

Comments:

I Strongly oppose HB 1194. This bill is poorly written and will criminalize not criminal behavior. Additionally, I have ZERO faith that the authors of this bill have any good intentions and instead, are working to sustematically eliminate the possibility of home birth. Do not pass this bill. Reject it outright and work with members of the community on a bill that will support and not harm families now and in the generations to come.

HB-1194
Submitted on: 2/9/2025 11:48:30 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Caitlin Reposar	Individual	Oppose	Remotely Via Zoom

Comments:

I oppose HB1194 and encourage you to do so as well. Access to cultural care increases safety.

HB-1194
Submitted on: 2/9/2025 11:48:36 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Maui Medic Healers Hui firmly opposes this bill while echoing our support for HB1328.

HB-1194
Submitted on: 2/9/2025 11:50:38 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marissa Abadir	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedom & choices of birthing families.

HB-1194
Submitted on: 2/9/2025 11:52:31 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashlee Howard	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chairs Takayama and Matayoshi, Vice Chairs Keohokapu-Lee Loy and Chun, and committee members,

My name is Ashlee Howard and I am a resident of Honolulu. I am testifying in opposition of H.B.1194, relating to midwifery.

The Hawai'i State Constitution guarentees the fundamental right to reproductive autonomy, including where and with whom to experience pregnancy and birth care. H.B.1194 would severely restrict and reduce access, infringing upon this very fundamental right noted.

Criminalizing most traditional, cultural, and religious birth workers will deny or limit the following:

- a pregnant person's right to choose their birth attendants and place of birth and to involve those they identify as family and support in the birthing experience
- midwifery practices that support total patient care
- protections of Native Hawaiian traditional and customary birthing practices

Supporting H.B.1194 would be going against the provisions of full and total patient care. It has long been noted that cultural and spiritual needs are part of this care and denying these aspects means denying complete care, placing both the mother and child at risk. There is plenty of research and data showing the benefits of providing care within traditional and customary means. Supporting H.B.1194 means denying these rights to your wives, sisters, daughters. It means denying a longstanding history and culture.

There are multiple midwifery bills before your committee, and H.B.1194 is one of the important ones to review carefully. Opposing this bill protects our community members from persecution for providing traditional birthing care while supporting communities as they welcome in future generations.

Please oppose H.B.1194 to ensure protection for reproductive freedom in Hawai'i.

Mahalo for your consideration,

Ashlee Howard, RN

HB-1194
Submitted on: 2/9/2025 11:54:51 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
cinthia beh	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
Submitted on: 2/9/2025 11:54:55 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Samantha Hughes	Individual	Oppose	Written Testimony Only

Comments:

Testimony of

Samantha Hughes

Kalaheo, Kaua'i

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

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

I am a mother of 2 home-birthed children on the island of Kaua'i.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together

(excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please **DO NOT PASS** HB 1194, and instead pass HB 1328.

Mahalo nui loa for your time.

Samantha Hughes

HB-1194
Submitted on: 2/9/2025 11:59:59 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julia Allen	Individual	Oppose	Written Testimony Only

Comments:

I recently gave birth to my beautiful baby with the incredible support of my medical team and doula. While I deeply appreciate the care I received from my doctors and nurses, my doula provided an invaluable level of information, care, and support before, during, and after my labor and delivery that simply wouldn't have been possible otherwise. She was a constant source of comfort, knowledge, and advocacy, empowering me to make informed decisions and navigate the challenges of childbirth with confidence.
This proposed legislation, HB1194, threatens access to doulas and other birth support professionals like my own. It would force families like mine to rely solely on an already stretched-thin medical system, eliminating the crucial personalized care that doulas provide. For me, my doula wasn't just an extra set of hands; she was an essential part of my birthing experience. Limiting access to this kind of support will negatively impact families and the overall well-being of our community. I urge you to oppose HB1194 and support HB1328 to protect access to doulas, midwives, and the diverse range of birth support options that families in Hawai'i deserve.

HB-1194
Submitted on: 2/9/2025 12:00:24 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Kahele	Individual	Oppose	Written Testimony Only

Comments:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice.

- The needs of the community are complex and harm is done by incorrect language..

- Everyone needs clear protection.

- Community processes need respect.

- HB 1194 is too problematic to fix.

- There is no evidence that restricting any type of midwives makes anyone safer.

- The real safety hazard is lack of access to care.

- Hospital transports being dangerously interfered with is also a real safety hazard.

- HB1194 harms families.

- HB1194 harms reproductive choice.

- HB1194 does not give a realistic way for local clinical midwives to be licensed.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives,

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?
Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?
Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo!

HB-1194
Submitted on: 2/9/2025 12:00:57 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alyssa Kline	Individual	Oppose	Written Testimony Only

Comments:

The interference with Godz Wizdom passed thru the Generations thru All time,(sending laboring Wombyn to Male doctors after the war, to keep them employed) has caused havok on Our Birthing Mothers, Fathers & entirety of the Family unit.

Our Keiki deserve to Be welcomed into the World with Mother - Father & Support Team feeling RESPECTED, UNRUSHED & absolutely IN CONTROL OF THEIR CHOICES - so Keiki come into this World in Loving & Patient hands.

The cascade of unnessicary intervention of rigid protocols - set up by insurance companies - is of detriment to the WellBeing of Our People.

Choose to kokua Kupuna Wizdoms.

Choose connection to Akua thru deep inner listening.

The Wahine is the nexus point of Creation & Her Beloved dezerves to have the most intimate role with Her aside from the chosen assistants.

I support Natural ChildBirth

HB-1194
Submitted on: 2/9/2025 12:01:27 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathleen Moniz	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedoms and choices of birthing families

HB-1194
Submitted on: 2/9/2025 12:01:52 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sara Kahele	Individual	Oppose	Written Testimony Only

Comments:
Aloha, my name is Sara Kahele and I am a mother of 6.

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

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **- HB 1194 is not the community's choice.**
- **- The needs of the community are complex and harm is done by incorrect language.**.
- **- Everyone needs clear protection.**
- **- Community processes need respect.**
- **- HB 1194 is too problematic to fix.**
- **- There is no evidence that restricting any type of midwives makes anyone safer.**
- **- The real safety hazard is lack of access to care.**

- **- Hospital transports being dangerously interfered with is also a real safety hazard.**

- **- HB1194 harms families**.

- **- HB1194 harms reproductive choice**.

- **- HB1194 does not give a realistic way for local clinical midwives to be licensed.**

- **- HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- **HB1194 does not address medicaid reimbursement for licensed midwives**,

- The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?
Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?
Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.

Mahalo!

HB-1194
Submitted on: 2/9/2025 12:03:14 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelsey Amos	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill which does nothing to make women and babies actually safer. Pregnant people are not stupid; we agonize over and research and ask questions to learn where and with whom we birth and the midwife we choose to work with. Licensure as conceptualized in this bill does little to protect consumers and more to stigmatize and make life harder for cultural/traditional midwives and those local people studying midwifery.

STRONG SUPPORT FOR HB1194, RELATING TO MIDWIVES
To: House Committees on Consumer Protection & Commerce, and Health
Representative Scot Matayoshi, Chair
Representative Cory Chun, Vice Chair
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: Taylor Hamil, MSM, LM, LMT, CPM

Time: Thirty-Third Legislature Regular Session of 2025
Mondayday, February 10, 2025 at 2:00PM
Dear Chair Matayoshi, Chair Takayama, Vice Chair Chun, and Vice Chair Keohokapu-Lee Loy and committee members:

I'm a licensed midwife and community member on the Big Island of Hawai'i serving families for the last 4 years. I am in strong support of HB1194 as it continues both the current licensure requirement and accredited midwifery education. Continuing these requirements are critical for public safety.

If HB1194 is not passed, the requirement for licensure will sunset June 30,2025 and the lack of midwifery regulation would unacceptable.

HB1194 is the only bill that aligns with the State Auditor's Summary of their Sunset Analysis 25-03, recommending continued mandatory licensure of midwives, due to the inherent risks of pregnancy, childbirth, and the services that midwives provide.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 a professional licensing statute and not a bill about home birth. Therefore it does not address, regulate or prohibit the location someone may choose to birth, as this is not a bill about birth. HB1194 only regulates people who are practicing midwifery, as its sole purpose is the regulation of midwifery; so it does not regulate people who are not practicing midwifery and it does not prohibit anyone from choosing who they wish to attend or support their birth. HB1194 aligns with other professional licensing program formats and only licenses the provider; it does not prohibit the provider from a specific place of practice. For example, in other autonomous provider statutes, such as physicians, it doesn't state in statute where a physician must practice. This is important as it has allowed physicians to practice where they see fit to provide their services to meet the needs of the community: in clinics, hospitals, mobile units, homes, boats, by telehealth, and in the field.
HB1194 clarifies the scope of practice of midwifery, redefines the definition of the practice of midwifery so that it is specific to midwives. It further clarifies that the practice of midwifery

does not include native Hawaiian healing practices, which are protected by the Constitution, and it also does not prohibit licensed midwives from including cultural practices should they choose to.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 adds essential requirements to HRS457J, including continuing education, data submission, and peer review for licensure renewal.

Please vote YES for HB1194.

Mahalo for your time and consideration,
Taylor Hamil, MSM, LM, LMT, CPM
Kailua Kona, HI

HB-1194
Submitted on: 2/9/2025 12:04:13 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nara Boone	Individual	Oppose	Written Testimony Only

Comments:

Women should be able to choose how and with whom they give birth. This exclusionary bill is ultimately both elitist and racist. I stand in firm opposition.

HB-1194
Submitted on: 2/9/2025 12:05:55 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marissa Katz Bellani	Individual	Oppose	Written Testimony Only

Comments:

I support midwives freedom to use native Hawaiian and culturally ethical practices and train under apprenticeship. The requirements that this bill would create for midwives to practice in Hawaii would be too restrictive and limit the already limited amount of options birthing people have in Hawaii given the small amount of midwives we already have. I support midwifery freedom because I also had a safe and healthy home birth just 2 weeks ago with the support of a midwife and doula and I know how helpful their scope of practice is to our ability to labor and birth in the comfort of our homes.

HB-1194
Submitted on: 2/9/2025 12:08:07 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Misty Cluett	Individual	Oppose	Written Testimony Only

Comments:

Dear Chairman, Vice Chair and Members, I am writing to strongly oppose HB1194. This bill is government overreach by forcing 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. How a mother chooses to bring her child into the world is a deeply personal, and often spiritual/religious decision. Doulas, cultural practitioners, and even family members have been providing birth support for millennia and government does NOT have a place in that decision. Every family deserves access to culturally respectful and community-based birth support. Protect our right to choose our birth team—vote NO on HB1194!

HB-1194
Submitted on: 2/9/2025 12:08:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Marzo	Individual	Oppose	Written Testimony Only

Comments:

My name is Christina Marzo, and I am a Family Physician practicing in Honolulu, testifying in strong opposition to the HB1194 which proposes to allow broad exemptions for licensure for midwives. As someone who is deeply committed to public safety and the well-being of families, I urge you to reconsider the potential consequences of this bill. I have practiced in Hawaii for 7 years, and I have seen firsthand complications that could have been prevented if the person taking care of this patient had recognized it.

Licensure standards for midwives exist to ensure that individuals providing care during pregnancy and labor have met the necessary qualifications and have received proper education and training. By allowing broad exemptions, we are undermining the very foundation of patient protection and potentially putting mothers and babies at risk.

I urge you to vote no on HB 1194.

Dear Chairperson and Members of the Committee,

My name is Cori-Ann Hirai and I am an OBGYN practicing in Honolulu at Kapi'olani Medical Center for Women and Children. 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,
Cori-Ann Hirai MD
OBGYN Physician and Assistant Professor
Kapi'olani Medical Center for Women and Children, University of Hawai'i Dept. of OBGYN and Women's Health

HB-1194
Submitted on: 2/9/2025 12:09:47 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eric Cluett	Individual	Oppose	Written Testimony Only

Comments:

less goverment and medical bureaucracy the better.

HB-1194
Submitted on: 2/9/2025 12:10:21 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Echo Yarberry LM, CPM	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs and all members,

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

My name is Echo Yarberry and I am a community midwife on the Eastside of the Big Island of Hawaii. I have lived in Hawaii for over 20 years, and grew up here in Puna before relocating to Denver and eventually Seattle to pursue my Masters in Midwifery and current training on best practice for midwifery care in a community setting. I have incurred significant student debts from my training, but it was important for me to be able to offer midwifery services in my community that are a safe and reasonable option for low-risk, healthy birthing people of all ethnicities and cultural backgrounds.

Since returning to the Big Island and starting a thriving Midwifery practice in my community, I birthed my own son here - a planned home birth that was appropriately managed by a licensed CPM (Certified Professional Midwife) and ND (Naturopathic Doctor) and eventually transported to Hilo Hospital for medical reasons. If HB1194 were passed, I would not have been able to access these care providers for my own birth, and I would be severely limited in my own ability to continue providing safe care for members of our Hilo and Puna Community.

Criminalizing and severely limiting access to culturally appropriate and safe Midwifery care in Hawaii will lead to long lasting and detrimental outcomes for all families birthing in the islands. I have had to turn families away because I am unable to accommodate the numbers of birthing people who would like to have a safe, midwife attended home birth. Some of these families will go on to seek care from unlicensed providers, or simply attempt an unattended home birth. We are currently experiencing a shortage of trained providers both in the hospital and in the community setting, and HB1194 will only decrease accessibility for families of all background.

While the intentions of HB1194 are good, and the efforts are greatly appreciated, it has the potential to do great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language. The needs of the home birth community have a high learning curve. Many people, including midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for all has taken significant time to develop. Though well-intended, HB 1194 has too many errors, because it was not thoroughly vetted in a transparent, community-led process. These errors are difficult to correct because of unclear and constrictive language in the original bill.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a broad concept needing comprehensive solutions and protections that work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- There is not evidence that criminalizing a subset of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is harmful to maternal health and specifically to native and underserved populations.

- Reducing access to safe hospital transport and collaboration between community practitioners and hospital based providers is a safety hazard. If traditional practitioners are restricted and forced underground, providers are not able to communicate/collaborate with doctors and hospital staff for patients experiencing serious medical concerns or emergencies. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during labor and delivery is important, in the same way that consent is important, specifically about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making traditional practitioners illegal, so that families cannot choose the birth pathway that supports them

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, all of which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also a huge community resource for birthing families). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people. HB1194 does not recognize a PEP pathway to licensure.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help increase access for lower-income birthing families. When all of the parts of HB1194 are added together (excluding many types of midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they are obviously discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo,

Echo Yarberry LM (Licensed Midwife), CPM (Certified Professional Midwife)

HB-1194
Submitted on: 2/9/2025 12:10:23 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaymie Lewis	Individual	Oppose	Written Testimony Only

Comments:

Dear Honorable Chairs and Committee members,

I strongly oppose HB1194. HB1194 exacerbates the already flawed HRS-457j limiting access to care, continues to threaten criminalization of innocent participants, and overextends the State of Hawaii's authority over traditional practices of Kanaka Maoli. In addition, HB1194 further restricts both CMs and CPMs in their scope of practice and is not in alignment with their education and training. HB1194 does not take into considertion the community's repeated requests to participate in a Midwifery Licensing Program that is in alignment with their needs and instead prioritizes outside agency and big business interests. Please vote IN OPPOSITION of HB1194.

Thank you for your kind consideration.

In light,

Jaymie Lewis, Mother of 3 children born at home in Kailua

HB-1194
Submitted on: 2/9/2025 12:11:14 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Krystal Yasukawa	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Krystal Yasukawa. I am a mother, and have had passed home births with a licensed naturopathic doctor and experienced doulas. It is critical as part of a mother's prenatal care, to offer her the choice of choosing how and who would be present at birth. To a mother who chooses to home birth, this is a sacred, important experience, one that is not chosen lightly. To preserve a woman's autonomy, do not create bills that infringe on this right.

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!

Thank you.

HB-1194
Submitted on: 2/9/2025 12:11:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tiare Romias	Individual	Oppose	Written Testimony Only

Comments:

Aloha, My name is Tiare Romias. I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice.

- The needs of the community are complex and harm is done by incorrect language..

- Everyone needs clear protection.

- Community processes need respect.

- HB 1194 is too problematic to fix.

- There is no evidence that restricting any type of midwives makes anyone safer.

- The real safety hazard is lack of access to care.

- Hospital transports being dangerously interfered with is also a real safety hazard.

- HB1194 harms families.

- HB1194 harms reproductive choice.

- HB1194 does not give a realistic way for local clinical midwives to be licensed.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives,

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo!

HB-1194
Submitted on: 2/9/2025 12:11:44 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kendra Miranda	Individual	Oppose	Written Testimony Only

Comments:

If you DO NOT oppose this bill and laugh it out of the room, tell me again how you represent the people? As a mom of 6 beautiful successful home births with traditional midwives, I cannot even fathom listening to people juxtapose an opinion on hindering this. Is it fear of the unknown or people who look different than you? You will be stripping freedom from the people and our futures and you will be judged. You are waking a sleeping bear and this is such an absolute waste of tax dollars. My last home birth I had to choose differently in midwifery care based on the last bill you passed. Eventually you will choke us too much with your tyrannical overreach. If you do not oppose this--you are boldly going against freedom and telling us we don't know how to make educated decisions with our own lives.

HB-1194
Submitted on: 2/9/2025 12:13:59 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

My name is Jessica Johns, and I am a practicing OBGYN in Honolulu testifying in strong opposition to the HB1328 which proposes to allow broad exemptions for licensure for midwives. As someone who is deeply committed to public safety and the well-being of families, I urge you to reconsider the potential consequences of this bill.

Licensure standards for midwives exist to ensure that individuals providing care during labor and delivery have met the necessary qualifications and have received proper education and training. By allowing broad exemptions, we are undermining the very foundation of patient protection and potentially putting mothers and babies at risk.

Midwifery is a critical profession that requires knowledge in areas such as prenatal care, emergency response, complications during childbirth, and postnatal care. Without these essential skills, the likelihood of preventable harm increases. Licensure ensures that midwives meet minimum educational standards and are held accountable for their practice. These standards are not just bureaucratic hurdles—they are a safeguard for public health and safety.

Exempting individuals from licensure could lead to a situation where midwives lack the necessary education or experience to recognize and respond to complications, which can be life-threatening in a birth setting. I have cared for women in the hospital, who have grave complications from deliveries that goes unrecognized. They're only brought in when it's obvious something is very wrong. By that time, interventions are already well behind and the health of the mother, and usually the baby, are in a dire state.

In addition, I would like to emphasize that this bill could have long-term consequences for the credibility and safety of the profession itself. The public's trust in midwifery is closely tied to the understanding that licensed professionals adhere to rigorous standards. By allowing broad exemptions, we risk undermining that trust and jeopardizing the safety of those who seek midwifery care.

I urge the committee to prioritize the health and safety of all patients by maintaining strict licensure requirements for midwives. I respectfully ask you to reject this bill and ensure that midwifery care continues to be regulated by appropriate educational standards that protect the public.

Thank you for your time and consideration.

Sincerely,

Jessica Johns, MD, FACOG

HB-1194
Submitted on: 2/9/2025 12:14:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keith Tsukamaki	Individual	Oppose	Written Testimony Only

Comments:

Aloha Committee members,

My name is Keith Tsukamaki and I am the partner of a liscensed midwife (CPM)

I strongly oppose this bill because it criminalizes cultural practices and jeopardizes womens safety.

Please oppose this bill,

Mahalo nui,

Keith Tsukamaki

HB-1194
Submitted on: 2/9/2025 12:16:07 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marcus Gamble	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedoms and choices of educated families and their birthing plans. This is yet another way to establish yet another licensure to charge more people and make the government more money regulating something. The DCCA is already overinflated and is overly used to oversee way to many programs in this state. Theres is no way that the DCCA is efficiently running all these departments.

HB-1194
Submitted on: 2/9/2025 12:17:51 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stacey Alapai	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill HB 1194 that would restrict cultural practices and limit the choices available for pregnant people to choose their care. This is a step backwards for birthing practices and our right to choose.

There is already so much distrust of the western medical system and this bill would further perpetuate that and send Hawaiian birth workers "underground" making it less safe for all of us.

HB-1194
Submitted on: 2/9/2025 12:18:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amalia Ruck	Individual	Oppose	Written Testimony Only

Comments:

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
Submitted on: 2/9/2025 12:19:38 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kanisha Bruce	Individual	Oppose	Written Testimony Only

Comments:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am Kanisha Bruce, I live in Haleiwa and am pregnant. I strongly believe in a women's right to choice and this extends to where and how I want/ choose to give birth. In my opinion this bill is an extension of the oppression of women's rights and another weapon to limit a women's right to choose for her family and herself. Furthermore it is a direct attack on Hawaiian traditions and culture.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten

through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the

families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

HB-1194
Submitted on: 2/9/2025 12:24:09 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaime Schrack	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
Submitted on: 2/9/2025 12:26:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julianne Spitzer	Individual	Oppose	Written Testimony Only

Comments:

I do not support this bill as it does not allow for inclusivity for cultural practices that should be protected & respected, especially in the island of Hawaii.

HB-1194
Submitted on: 2/9/2025 12:27:38 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brianna Damas	Individual	Oppose	Written Testimony Only

Comments:

I oppose because this bill restricts the freedoms and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 12:30:33 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaimie Song	Individual	Oppose	Written Testimony Only

Comments:

Opposing HB1194:

I respectfully oppose HB1194 as it relates to midwives and the rights of mothers in choosing their birth attendants. The bill is overly vague and could criminalize family members or friends who support a woman during birth, regardless of whether they are licensed. A mother has the right to choose who attends her birth, as supported by the federal Patient Protection and Affordable Care Act and ACOG guidelines, which recognize the importance of personal choice in maternity care. This bill may restrict that right, especially for those in underserved communities. I urge you to reconsider the bill in its current form.
Mahalo for your consideration.

HB-1194
Submitted on: 2/9/2025 12:31:52 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyra Kahele	Individual	Oppose	Written Testimony Only

Comments:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice.

- The needs of the community are complex and harm is done by incorrect language..

- Everyone needs clear protection.

- Community processes need respect.

- HB 1194 is too problematic to fix.

- There is no evidence that restricting any type of midwives makes anyone safer.

- The real safety hazard is lack of access to care.

- Hospital transports being dangerously interfered with is also a real safety hazard.

- HB1194 harms families.

- HB1194 harms reproductive choice.

- HB1194 does not give a realistic way for local clinical midwives to be licensed.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives,

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo!

HB-1194
Submitted on: 2/9/2025 12:32:07 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Seyna M	Individual	Oppose	Written Testimony Only

Comments:

This bill is HEWA! It restricts and reduces the freedom of choice and right to birth in any way a pregnant person sees fit. Stop criminalizing alternative birthing practices that have been around for centuries and those that have been trained in said traditional practices.

HB-1194
Submitted on: 2/9/2025 12:34:38 PM
Testimony for HLT on 2/10/2025 2:00:00 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 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,
Dr. Avery Olson, OBGYN Resident Physician

HB-1194
Submitted on: 2/9/2025 12:34:54 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Natali Galarita	Individual	Oppose	Written Testimony Only

Comments:

Takes away rights and goes against Hawaiian culture.

HB-1194
Submitted on: 2/9/2025 12:35:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Arien Reed	Individual	Oppose	Written Testimony Only

Comments:

Please oppose and kill HB1194. This bill reduces reproductive choice and access to care for birthing women in Hawaii. It also disrespects and undermines cultural and indigenous birthing practices that go back thousands of years. Women have the right to birth in alignment with their ethnic and spiritual views and it is unconstitutional to remove that choice by passing a law that limits their options. We have been fighting against these limiting bills for years and we will continue to oppose legislature that does not respect women, their birthing process, their right to choose where and with the support of whom they wish to birth, as well as undermining connection to indigenous practices. Women should have the right to have any and all attendants they choose, whether doulas, friends, family members, or medical professionals and HB1194 limits that choice and criminalizes a woman's right to create a healthy birthing environment for her, her baby, and her family. Stop trying to control and medicalize birth and allow women to do what they have been doing for time immemorial. Stop HB1194 now and for good. We do not consent to this nonsense.

HB-1194
Submitted on: 2/9/2025 12:36:10 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sierra Baker	Individual	Oppose	Written Testimony Only

Comments:

HB1194 criminalizes people who practice indigenous birthing traditions and restricts care for local families. Indigenous traditions must be protected. Becoming a midwife in Hawai'i is challenging and this bill will make it even more difficult for local practitioners to become licensed and stay in Hawai'i. Families should have the right to choose who attends and supports their births.

HB-1194
Submitted on: 2/9/2025 12:36:42 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Merciful Ananda	Individual	Oppose	Written Testimony Only

Comments:

I am a naturopathic physician and trained in midwifery. I am a licensed physician in Hawaii and have a thriving family medicine practice. I attend out of hospital births as a licensed physician and traditional home birth pracitioner. Many that hire my team would rather than birth on their own unassisted than birth at a hospital for a variety of reasons. Unfortunately it is true that unassisted births in Hawai‘i are already increasing and will surge without your help.

I have lived on the north shore of Oahu since 2020. I completed all training necessary to practice as a licensed midwife in other states, however my additional training plus five years of medical school and 2 years of residency will not be recognized if HB 1194 goes through.

Because of covid and other infectious diseases, the number of people signing on for home birth is off the charts. People want to avoid exposures in the hospital, and they want the high quality health care that our home birth midwifery community provides. The majority of these people inquiring will do whatever it takes to make sure they get to birth outside of the hospital.

The in-hospital OBs, nurses and nurse midwives are overwhelmed and are sending people away. We need more INCLUSIVE legislation so our birth community can come together and build bridges between traditional birth attendents and conventional providers. HB 1328 has been years in the making to do just this.

If you care about reducing the incidence of infant and maternal mortality, please oppose HB 1194. ALL THE SUPPORT FOR 1328!!

HB-1194
Submitted on: 2/9/2025 12:38:19 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kadi Verhaeghe	Individual	Oppose	In Person

Comments:

Testimony of Katherine Verhaeghe

Maui, Hawaiâ€˜i

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs, and Committee Members,

I write to you today in strong opposition to HB 1194, Relating to Midwifery.

I have served as a traditional midwife on the island of Maui for over 40 years, dedicating my life to supporting families in our rural and underserved communities. I have been there for women who were forgotten by the healthcare systemâ€”women who slipped through the cracks, who had no access to culturally appropriate care, who needed someone to see them, hear them, and stand beside them during one of the most profound moments of their lives. This bill does not reflect the reality of what is happening in our communities, nor does it protect the people who have been doing this work for generations.

Throughout my career, I have witnessed firsthand the maternal healthcare crisis that has developed before my very eyes. When I began this work, women in our communities still had options. We had midwives who understood not only the science of birth but also the deep cultural and spiritual aspects of bringing life into the world. Over the years, we have watched as unnecessary restrictions, hospital closures, and systemic failures have made it nearly impossible for womenâ€”especially those in rural areas and low-income familiesâ€”to receive the care they deserve. HB 1194 further erodes those options, stripping away access, criminalizing care, and ignoring the needs of our people.

I am also a mother. My own daughter has spent years working toward her Certified Professional Midwife (CPM) license so that she can continue this work for the next generation. This bill fails to support her. It fails to support the many students who have dedicated their lives to this calling. It tells them that their skills, their experience, their dedication to serving our families are not enough. It tells them that unless they conform to a system that was never designed for our communities, their work is not legitimate.

This bill would criminalize my children for supporting each other during birth, for upholding our cultural traditions, for doing what our families have done for generations. Caring for one another. How can we justify a law that would make it illegal for a grandmother, an aunty, or a sister to be present at a birth in their own 'ohana? This is not safety. This is not choice. This is not justice.

The true crisis in maternal healthcare is not traditional midwives, it is the lack of access, the lack of culturally appropriate care, the lack of providers who understand and respect our ways. HB 1194 does not address these issues. Instead, it makes them worse. It removes more care options, pushes traditional practices further underground, and places unnecessary burdens on families and practitioners alike.

If we truly care about the well-being of birthing families, we need real solutions, not legislation that prioritizes bureaucracy over community voices. We need policies that support midwives, both traditional and clinical. So that we can expand access to care, not eliminate it. HB 1194 does not do this. HB 1328 does.

For these reasons, I urge you to oppose HB 1194 and instead support HB 1328.

Mahalo for your time and consideration.

Katherine Verhaeghe

Paia-Haiku, Maui

HB-1194
Submitted on: 2/9/2025 12:38:51 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Faye M Plescia	Individual	Oppose	Written Testimony Only

Comments:

I do not support this bill. It endangers individuals from have autonomy over their bodies and their choice to birth within the comfort of their home with family and friends present. This block cultural and religious practices that honor childbirth and having deep personal relationship with our birthing community.

HB-1194
Submitted on: 2/9/2025 12:39:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Safholm	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194. I am a believer in CHOICE. Every woman has the right to decide the health and care of their own body and this includes birth. Women should be supproted in making decisions and choices. As a doula for 12 years AND as somebody who had a planned homebirth with midwives and doulas, but who CHOSE to move to the hospital for pain relief, I can tell you that I made those choices. ME. The person who was pregnant and birthing. The focus should be on EDUCATION and SUPPORT for birthing women. Women should have the right to have whomever they wish at their birth. Birth, across the centuries and across ALL cultures has incorporated others whom the woman wants at their birth. Don't take this away. HAWAII already has limited care and access for maternity, prenatal, postapartum care. Do not take this away from Hawaii.

HB-1194
Submitted on: 2/9/2025 12:43:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keoni Shizuma	Individual	Oppose	Written Testimony Only

Comments:

Aloha committee members of the House Committees on Health and Consumer Protection and Commerce,

I am testifying in opposition to HB1194.

We should be protecting traditional birth practices of indigenous cultures, as well as providing safe and alternative options for pregnancy and birth practices. This bill does not do that. This bill restricts access to birth care, reducing options for families in the birthing process. It identifies that western practices are acceptable and anything that isn't that (indigenous and cultural practices) are criminalized. Please be inclusive in the options for families, not exclusive, as this bill is.

Mahalo for your consideration,

Keoni Shizuma, from Kaneohe, Oahu

HB-1194
Submitted on: 2/9/2025 12:46:49 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Iwamoto	Individual	Oppose	Written Testimony Only

Comments:

Aloha e Members of the Committees on Health and Consumer Protection and Commerce,

I am writing in **OPPOSITION** to **HB1194**, Relating to Midwives.

I am the proud mother of two beautiful, thriving children, both of whom were born in our home in Kāneʻohe. It was essential to their father and me that our children be birthed in an environment in which I was completely comfortable. As several of my close family members have died in hospitals by contracting viruses completely separate from why they were admitted to the hospital in the first place, I personally have a gripping fear of hospitals. While I completely respect the choice of others to give birth in such settings, I instinctually knew that this was not the right choice for me.

During the labor and delivery of both of my children, everything went smoothly, and I was completely at ease, thanks to my knowledgeable, experienced midwife and doula. I am fully convinced (and there is plenty of research to support my claim) that laboring in the comfort of my home, in an environment that allowed me to move with the contractions in a way that was instinctual to my body, and being surrounded *only* by people that I asked to be present were all essential elements to my smooth, relatively quick, and completely safe births.

HB1194 restricts care to licensed midwives, immediate family, and emergencies. But extended family and hānai family are essential to the support system for Hawaiian women and women of many other cultures represented in Hawaiʻi. *The choice of who attends our births and who touches a woman's body during birth should be left to the birthing woman alone.* HB1194 violates this right.

Nobody has the right to tell a birthing woman who can attend her birth and who cannot. Furthermore, this restriction forces practices underground, which can be dangerous because it increases reluctance to go to the hospital when it is warranted.

HB1194 restricts cultural practices, requiring Kanaka Maoli practitioners to submit invasive forms, and not allowing many others to practice. This would unfortunately move us away from genuine respect and care for Indigenous traditions and self-determination.

HB1194 would only recognize Midwifery Education Accreditation Council (MEAC) schools, which are only located in the contiguous 48 States, requiring expensive travel. Because most

entry midwife students are young mothers, MEAC is not feasible for Hawai‘i. However, HB1328 offers an alternative—a Portfolio Evaluation Process (PEP), which is a locally accessible training apprenticeship and training as a path to clinical licensure. PEP midwives are recognized by the majority of states and certifying bodies. This is the only realistic path for *local* clinical midwife students. PEP students take the same exam and receive the same certificate as MEAC midwives.

HB1194 is extremely flawed in many ways. The good news is that there is an alternative, competing bill—HB1328—that addressed these flaws.

Please vote **NO** for **HB1194**.

Mahalo nui loa.

HB-1194
Submitted on: 2/9/2025 12:49:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michele Yamada Pangilinan	Individual	Support	Written Testimony Only

Comments:

My name is Dr. Michele Yamada Pangilinan, and I work in both urban and rural areas of Oahu as an Obstetrician and Gynecologist and Perinatal Addiciton Medicine specialist. I strongly support this bill that will ensure the safety of our most vulnerable populations, birthing people and infants, and marginalized populations that fear the medical institution due to past trauma.

I have practiced in Hawai‘i for 18 years, and I have been directly involved with caring for patients attemping home births with lay providers, who were wonderful support people, but unable to recognize problems with labor progress or the health of birthing person and baby during the labor process. In my experience as an Obstetrics hospitalist at the Kapiolani Medical Center, there are definite harms including septic shock from intrauterine infections, and postpartum hemorrhages requring massive transfusions and sometimes hysterectomies. I have delivered babies with sepsis and hypoxic ischemic encephalopathy due to extremely prolonged labor or head entrapment from a planned breech delivery with unskilled provider. With that being said, I have had wonderful exeriences with midwives in the community who have the knowledge and training to recognize a complication and to effect rapid transfer to the hospital and consult a physician via phone to assist in planning. Patient care and outcomes are much improved. This is safe practice, standard of care.

I honor cultural practices, patient voice and choice, and alternative care delivery options as these are important for healing in my patients with substance use and mental health disorders. I ask that the professionals providing these options for birthing people be vetted, informed, and safe. Licensure standards for midwives, like physicians exist to ensure that individuals providing care during pregnancy and labor have met the necessary qualifications and have received proper education and training. Allowing exemptions or disregard to standards of care is as egregious as allowing a physician without license to practice medicine. We pledge to do no harm as physicians and I am compelled to ask you to support this bill for the simple reasons of keeping professionals accountable and keeping the public safe.

Please protect us and vote yes on HB 1194

Thank you for this opportunity to speak,

Michele Yamada Pangilinan, MD, FACOG, FASAM

Assistant Professor, JABSOM

Generalist OBGYN, Hawai'i Pacific Health

HB-1194
Submitted on: 2/9/2025 12:54:28 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose this bill HB1194

HB-1194
Submitted on: 2/9/2025 12:54:42 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

My name is Dani Mathisen, and I am a resident 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.

HB-1194
Submitted on: 2/9/2025 12:55:46 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Morea Mendoza	Individual	Oppose	In Person

Comments:

Aloha members of the Committee on Health and the Committee on Consumer Protections and Commerce,

I am writing in **strong opposition** to HB1194, as it fails to adequately recognize and protect the diverse cultural and community-based midwifery practices that have proven to positively serve Hawai‘i’s birthing families.

Failure to Recognize the PEP Apprenticeship Pathway

HB1194 excludes the **Portfolio Evaluation Process (PEP)** apprenticeship as a valid route to midwifery licensure. The PEP pathway has been instrumental in training skilled midwives within their own communities, allowing for mentorship models that are deeply rooted in local, traditional, and culturally relevant ways of learning. By dismissing this path, the bill denies an accessible pathway to licensure for both experienced midwives who have far more experience than a school could provide as well as local aspiring midwives with no option but to attend school online or relocate out of state.

Inadequate Protection of Diverse Cultural Birth Practices

While the bill acknowledges Native Hawaiian birth traditions, it does not extend equal protections to **all cultural birth practices** present in Hawai‘i. Families from Pacific Islander, Asian, and other indigenous backgrounds also carry deeply rooted birthing traditions that deserve recognition. **A truly inclusive midwifery program must ensure that all traditional and culturally relevant practices are honored and protected**, rather than narrowly focusing on a single lineage.

State Overreach in Defining ‘Family’ Support

HB1194 also **oversteps by imposing restrictions on who qualifies as a birthing person’s support network**. Midwifery care is inherently **community- and family-centered**, and many cultures define family beyond the nuclear model. By attempting to legislate who is “qualified” to support a birthing person, the state is **disrupting long-standing traditions of collective caregiving**, particularly in communities where aunties, grandmothers, and non-blood relatives play essential roles in birth support. This is a direct contradiction to the values of cultural competency and informed choice that should be central to any midwifery licensure program.

Conclusion

Rather than imposing restrictive and exclusionary regulations, Hawai‘i should be **expanding pathways** for culturally competent midwifery care, ensuring that all traditional and community-based models of learning and practice are valued. I urge the committee to **oppose HB1194** and work toward a more inclusive, community-driven approach to midwifery licensure that truly reflects the needs and traditions of Hawai‘i’s diverse families.

Mahalo for your time and consideration.

Morea Mendoza

msomaoang@gmail.com

HB-1194
Submitted on: 2/9/2025 12:59:04 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dinna Schwiering	Individual	Oppose	Written Testimony Only

Comments:

My name is Dinna Schwiering, and I strongly oppose HB1194, which restricts cultural midwifery practices. As a mother who has had two home births, I chose traditional midwifery care over hospital birth—even with insurance—because I felt safer, more supported, and more informed. The knowledge and guidance my midwives provided were invaluable and life-changing.

This bill threatens families' rights to choose their birth experience and disregards the cultural significance of midwifery. I urge you to oppose HB1194 and protect access to this essential, traditional care.

Mahalo for your time.

HB-1194
Submitted on: 2/9/2025 1:01:43 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
MICHAEL POSTEL	Individual	Oppose	Written Testimony Only

Comments:

Please oppose HB 1194 as it unnecessarily restricts the freedoms and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 1:02:41 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marguerite Ann Heart	Individual	Oppose	Written Testimony Only

Comments:

To Whom it May Concern,

I implore you to oppose bill HB1194. After safely and successfully birthing 3 babies here in Hawaii, 2 of which were homebirths and 1 which was in the hospital, AND witnessing the successful homebirth of my precious grand daughter, the homebirths of 2 of my friend's babies, AND knowing countless children who were successfully and safely born at home ALL of which were assisted by competant and caring midwives, **I can adamently say with full confidence that NO ONE SHOULD BE ALLOWED TO TAKE WOMEN'S RIGHT TO CHOOSE A HOME BIRTH AWAY from her just because you don't agree!** How dare you even consider this? Who are you to think you can control what a woman chooses to do with the most sacred experience of her life? Midwives are experts in their knowledge of delivering babies and know what they are doing and have been doing for 1000's of years. It is NOT YOUR PLACE to make these midwives criminals for delivering babies at home. Please do the right thing and OPPOSE this bill! Stop this harassement!! It is MY choice what to do with my body. NOT YOURS!!

Please oppose bill HB1194

Sincerely,

Marguerite Ann Heart

HB-1194
Submitted on: 2/9/2025 1:03:00 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ammon Hoopii	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and child birth 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
Submitted on: 2/9/2025 1:08:16 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Do not allow this bill to go through. It is completely unconstitutional to tell or control, birthing practices, advice, or any help around people just wanting to bring children in the world the healthiest way. The medical system has become so corrupt and is run by pharmaceutical companies where children are born more unhealthy, and in a more dangerous environment in the hospitals and taking advice from the doctors who are only trained in one way when there are many.

HB-1194
Submitted on: 2/9/2025 1:08:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Beckley Dye	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE HB1194. Please VOTE NO on my behalf.

HB-1194
Submitted on: 2/9/2025 1:09:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eliza Fields	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. It is restrictive and dangerous as such for the families of Hawaii.

HB-1194
Submitted on: 2/9/2025 1:12:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christopher Gouveia	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194 because it will prohibit more birthing choices and instead, restricts birthing options to only hospitals and opens the door to possible unsafe and unhealthy treatments.

HB-1194
Submitted on: 2/9/2025 1:13:37 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nikima Glatt	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Strong Opposition to HB 1194

Chair Takayama, Vice Chairs, and Members of the Committee,

My name is Nikima Glatt, APRN-RX, FPMHNP-BC, DrPH Candidate, and I am writing today in strong opposition to HB 1194, Relating to Midwifery.

As a healthcare provider, emergency responder, and advocate for culturally competent care, I personally have seen firsthand the critical role that midwives both clinical and traditional play in ensuring safe and accessible maternal healthcare. I was on the ground in Lahaina after the wildfires, providing emergency medical care to displaced families. Many pregnant women sought care at relief hubs and within our community because they already lacked access to midwifery and maternal health services before the disaster. The reality is that restricting midwifery does not increase safety; it only forces essential care underground, creating unnecessary risks for families. I have personally worked with and witnessed the hard work, dedication, and competent care of midwives who were ESSENTIAL to our community and saving lives through the wildfire disaster. Without the help and support of our midwives we would have lost more lives.

HB 1194 does not reflect the will of the community. The home birth and midwifery community in Hawaii has been clear: we need a licensure process that is accessible to local clinical midwives while also protecting traditional and cultural birth practices. HB 1328 was crafted with broad community input to achieve this. HB 1194, on the other hand, fails to respect traditional practices, criminalizes unlicensed midwives including cultural practitioners and further restricts access to care, especially for rural and Indigenous communities.

This bill places families at risk. The existing law already criminalizes extended family members, such as grandparents and aunties, for attending births within their own ohana. HB 1194 continues this harmful criminalization, even though there is no evidence that these cultural practices are unsafe. In fact, research shows that culturally aligned care improves maternal outcomes. Denying families the right to choose their own birth support is a violation of bodily autonomy and reproductive choice.

HB 1194 also fails to create a realistic pathway for local midwives to become licensed. Currently, 97% of licensed midwives in Hawaii are not from the islands, and none are Kanaka Maoli. The licensure pathway requires schooling on the continent, making it nearly impossible for local midwives who are trained in both clinical and cultural practices to gain legal recognition. This lack of a pathway is discriminatory and directly impacts access to safe, culturally competent care.

Additionally, HB 1194 does not support Medicaid reimbursement for licensed midwives, further limiting care for lower-income families. Instead of expanding access, this bill reinforces barriers that disproportionately harm those who need midwifery services the most.

Good regulation should be necessary, effective, flexible, proportional, transparent, accountable, and consistent. HB 1194 fails to meet these standards. It does not ensure safety, does not protect cultural practices, and does not respect the needs of the community.

For these reasons, I strongly urge you to reject HB 1194 and instead pass HB 1328, which provides a comprehensive and community-driven solution.

Mahalo for your time and consideration.

Nikima Glatt, APRN-RX, FPMHNP-BC, DrPH Candidate

HB-1194
Submitted on: 2/9/2025 1:15:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
benjamin simpson	Individual	Support	Written Testimony Only

Comments:

Aloha! We live big island & we SUPPORT HB1194

Not requiring licensure for midwives is DANGEROUS for hawaii families! We strongly support HB1194 as it continues both the current licensure requirement and accredited midwifery education. Continuing these requirements are critical for public safety.
HB1194 is the only bill that aligns with the State Auditor's Summary of their Sunset Analysis 25-03, recommending continued mandatory licensure of midwives, due to the inherent risks of pregnancy, childbirth, and the services that midwives provide.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 a professional licensing statute and not a bill about home birth. Therefore it does not address, regulate or prohibit the location someone may choose to birth, as this is not a bill about birth. HB1194 only regulates people who are practicing midwifery, as its sole purpose is the regulation of midwifery; so it does not regulate people who are not practicing midwifery and it does not prohibit anyone from choosing who they wish to attend or support their birth. HB1194 aligns with other professional licensing program formats and only licenses the provider; it does not prohibit the provider from a specific place of practice. For example, in other autonomous provider statutes, such as physicians, it doesn't state in statute where a physician must practice. This is important as it has allowed physicians to practice where they see fit to provide their services to meet the needs of the community: in clinics, hospitals, mobile units, homes, boats, by telehealth, and in the field.
HB1194 clarifies the scope of practice of midwifery, redefines the definition of the practice of midwifery so that it is specific to midwives. It further clarifies that the practice of midwifery does not include native Hawaiian healing practices, which are protected by the Constitution, and it also does not prohibit licensed midwives from including cultural practices should they choose to.
HB1194 is the only bill introduced that aligns with global and national standards of midwifery education, ensuring accredited education is continued as a requirement for licensure.
HB1194 adds essential requirements to HRS457J, including continuing education, data submission, and peer review for licensure renewal.

Please vote YES for HB1194.

Mahalo - benjamin simpson

HB-1194
Submitted on: 2/9/2025 1:17:26 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anne Dericks	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE HB 1194. Please Vote NO.

HB-1194
Submitted on: 2/9/2025 1:18:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert Dye	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO.

HB-1194
Submitted on: 2/9/2025 1:18:46 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allie Biggerstaff	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
Submitted on: 2/9/2025 1:19:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeanine Acopan	Individual	Oppose	Written Testimony Only

Comments:

What happened to "My choice, My body"? Does it only apply to the murdering of innocent children that so many corrupt official's in our government support? Hypocrites!

Testimony of
Ila Jhaveri, L.Ac.
Hawi, Hawaii

Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,
Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair
Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,
Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Dear Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

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

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- **HB 1194 is not the community's choice.** It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- **The needs of the community are complex and harm is done by incorrect language.**. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- **Everyone needs clear protection.** Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- **Community processes need respect.** Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- **HB 1194 is too problematic to fix.** While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- **There is no evidence that restricting any type of midwives makes anyone safer.** It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- **The real safety hazard is lack of access to care.** Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- **Hospital transports being dangerously interfered with is also a real safety hazard.** If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- **HB1194 harms families**. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- **HB1194 harms reproductive choice**. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- **HB1194 does not give a realistic way for local clinical midwives to be licensed.** Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- **HB1194 does not support the full scope of practice for CMs and CPMs**, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There

is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- **HB1194 does not address medicaid reimbursement for licensed midwives**, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.
-

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

> ***Necessity*** – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
> ***Effectiveness*** – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
> ***Flexibility*** – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
> ***Proportionality*** – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
> ***Transparency*** – is the regulation clear and accessible to all? Have stakeholders been involved in development?
> ***Accountability*** – is it clear who is responsible to whom and for what? Is there an effective appeals process?
> ***Consistency*** – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.

Thank you for taking the time to consider this,
Sincerely,
Ila Jhaveri, L.Ac.

HB-1194
Submitted on: 2/9/2025 1:21:40 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Noah Hoopii	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and child birth 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

HB-1194
Submitted on: 2/9/2025 1:22:07 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
sweden kelaoha	Individual	Oppose	Written Testimony Only

Comments:

Aloha

Im apposing this bill because it DOES NOT protect the people of Hawai'i or the midwives of Hawai'i. Instead it criminalizes even a grandmother for giving pregnancy advice. Forces ALL midwives to go through MORE exspensive schooling then nessasary.

HB-1194
Submitted on: 2/9/2025 1:23:20 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Susan Sims	Individual	Support	Written Testimony Only

Comments:

As a Certified Nurse Midwife, licensed as an APRN, I am in strong support of HB1194. I believe people who advertise themselves as midwives must complete an accredited educational program, be certified, and licensed,in order to be a accountable to the public they are serving. I fully support Midwives Alliance of Hawaii position on this bill.

Susan Sims CNM APRN

HB-1194
Submitted on: 2/9/2025 1:24:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kekapala Dye	Individual	Oppose	Written Testimony Only

Comments:

Vote NO on HB1194.

HB-1194
Submitted on: 2/9/2025 1:24:47 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I support midwives, and the right to choose your birth story without interference.

HB-1194
Submitted on: 2/9/2025 1:24:55 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaitlin Joy	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194 because midwifery and traditional birthing practices deserve to be legal options for birthing persons.

HB-1194
Submitted on: 2/9/2025 1:25:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kulia Pascual	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and child birth 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
Submitted on: 2/9/2025 1:25:57 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I believe women should have the right to give birth how they want to.

HB-1194
Submitted on: 2/9/2025 1:26:49 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Kennedy	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill as it restricts the freedom and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 1:27:36 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I am writing to express my strong opposition to House Bill 1194, which would impose unnecessary restrictions on midwifery practice and limit women's birthing rights in our community.

I am particularly concerned about how HB1194 would negatively impact healthcare, cultural preservation, women's autonomy, and professionals.

This bill ignores the fundamental right to healthcare. It reduces the number of available qualified care providers. It'll make it harder for families to find providers who align with their values and traditions and it'll limit options for prenatal, birth, and postpartum care.

This bill threatens long-standing birthing traditions that have served our communities for generations. It undermines the traditional pathways through which birthing wisdom has been passed down and it disconnects communities from their traditions.

This bill affects women's autonomy greatly. It'll force families into a one size fits all model. It ignores individuality and the freedom to choose. It restricts women's fundamental right to choose their preferred birth experience. If women have the right to terminate a pregnancy they should also have the right to choose how to birth.

I myself had a homebirth with a midwife. I gave her permission to bring along 2 midwives in training. They were more than supportive in the whole experience. Went above and beyond. They were also able to gain more experience in the field because of this. This bill would strongly have a professional impact on those experienced and aspiring midwives. It disrupts established mentorship and training relationships.

HB1194 would move our community backwards.

Instead of restricting access to care, we should be working to expand options and support all forms of qualified midwifery practice. This bill would do the opposite.

I strongly urge you to oppose HB1194. This legislation would harm our communities by restricting access to care, limiting women's choices, and threatening important cultural traditions. We need policies that expand access to health care options, not restrict them.

Thank you for your consideration of these serious concerns.

Respectfully,
Madison

HB-1194
Submitted on: 2/9/2025 1:28:50 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lori Kamemoto, MD, MPH	Individual	Support	Written Testimony Only

Comments:

February 9, 2025

To: House Committee on Health and House Committee on Consumer Protection & Commerce

From Lori Kamemoto, MD, MPH

Re: HB1194

Position: Strong Support

Dear Chairs Takayama & Matayoshi, and Committee Members:

As a Hawaii Obstetrician-Gynecologist for the past 30-plus years, I have had the privilege to care for thousands of Hawaii pregnant patients at several large hospitals in Honolulu and on the Big Island. My goal has been my patients' goal - a healthy and happy mother & baby.

As a Resident-in-training, my first experience with a patient transferred from an attempted home birth to the hospital was a high-risk patient who was in labor at home. At one point during labor, the midwife could no longer hear the baby's heartbeat and the patient was advised to drive to the hospital. There was no heartbeat upon arrival and the patient delivered a stillbirth. I will never forget the pain, self-blame and guilt this patient expressed to me. Sadly, more transfers from attempted home births to the hospital would follow in Honolulu and on the Big Island. All patients deserve to know the potential benefits and risks of their health care to make informed decisions about their own care.

I strongly support HB1194, which upholds proper educational and licensing requirements for midwives in Hawaii. I have worked with well-trained midwives in the hospital setting, they are valuable partners in maternity care. However, ensuring consistent and accredited education is key. HB1194 strengthens the home birth midwife-physician collaboration 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 educational programs—just as other healthcare professionals are. The PEP (Portfolio Evaluation Process) pathway lacks standardization and does not provide the level of clinical oversight and education necessary to ensure safe care.

Allowing unregulated pathways weakens trust, jeopardizes patient safety, and creates unnecessary risks for mothers and babies.

Whether the patient makes an informed decision to deliver at home or at the hospital - as Ob-Gyns, our utmost concern is patient safety resulting in a healthy and happy mother & baby. Mahalo for your support of Hawaii Women's Health!

HB-1194
Submitted on: 2/9/2025 1:32:15 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carie Kwan	Individual	Oppose	Remotely Via Zoom

Comments:

I am Dr. Carie Kwan, the owner of The Chiropractic Studio. I am also a pregnancy and pediatric chiropractor. I strongly oppose HB 1194. It is imperative to preserve a woman's right to chose where and whom she births with. If we take away this right, what more will the government take away from women. The experience of birth should be recognized as sacred for the woman and all the people she decides to be there. It is not a decision for anyone else to decide for her. Traditional midwifery must be preserved because not every woman wants to birth in the hospital, where most clinical midwives are located. Traditional midwifery allows for the option to birth at home, like where I chose to birth both my babies. I would never chose to birth in a hospital unless completely medically necessary. HB 1194 takes away any choice I have for birthing at home with the traditional midwives I have birthed with before.

HB-1194
Submitted on: 2/9/2025 1:33:14 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Beair	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am Jennifer Beair, MD, an obstetrician-gynecologist in Honolulu 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**.

A few years ago, I had a patient that transferred to a home birth attendant. She went in to labor at 43 weeks (ACOG recommends delivery at 42 weeks), and was in labor for several days at home before coming to the hospital and renquired delivery via cesarean. Her baby was in the NICU for a few weeks. This scenario could have been prevented if she received obstetrical care from a certified provider.

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,

Jennifer Beair, MD, FACOG

HB-1194
Submitted on: 2/9/2025 1:33:38 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Richelle Paoli	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB 1194 as it is not a culturally relevant bill and does not allow for autonomy of birthing people.

Testimony of
Symantha Robblee
Kailua, Oahu

Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,
Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia
Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair
Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,
Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Hello, Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

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

I am a new mom who recently gave birth with the assistance of a midwife. I went the routine or normal route of receiving care from an OBGYN at a hospital in the initial stages of my pregnancy and decided it was not for me. Hospitals are stressful and are spent with more time waiting than being seen and really cared for. My partner and I at the very minimum waited for 90 minutes each visit to be seen for a total of 5 minutes. The care I received was the same as looking in a text book for a second and giving me a generic answer. While that is what some women need, that was not what I needed. I do not need to go to a hospital in my changing body to get an answer I could have told myself. I took on a midwife to guide me through the process of what my body was going through and needed at each milestone. If not for the love, guidance and connection my midwife brought I do not think I could have had a birth as easy as mine was. My birth was at home, zero medical interventions (stitching, medication etc). My team was built by my midwife, of people I was built a trust with. My doctor's visits could not do what midwives do for their patients. Midwives are essential and I believe the reason is that my baby and I have done so well from the moment of conception to six weeks after birth.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and

deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

The needs of the community are <u>complex</u> and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this

criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?
Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?
Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you **please do not pass HB 1194, and instead pass HB 1328**.

Thank you
Symantha Robblee

HB-1194
Submitted on: 2/9/2025 1:35:55 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nichole Yessamie Calagias	Individual	Oppose	Written Testimony Only

Comments:

Bill HB1194 was introduced at the opening of the session without the time for broad stakeholder input. This bill restricts practice for CPM's like myself and infringes on cultural amd reproductive freedom. Families share with me everyday how much they value their rights to decide for themselves where and with whom they choose to birth with and navigate all stages of the childbearing years.

CPM's and Cm's will only be in deeper fear of persecution as we hold this great weight of midwifery with regulations that create unnesessary restrictions when we have a national acredidation that we practice under and standards of care we already work within. MEAC only traing as a route to becoming a CPM on Maui would be very limiting, creating more restrictive regulations would even make that harder as when a preceptor has an open investigation on her she is not allowed to be a preceptor for a MEAC school. These cases aften take years to clear even when the midwife is working within her scope and regulations. This in fact limits the available teachers on the islands.

The restrictions of people at births without licenses is very dangerous. It will delay transfer as birthing women do not want to risk the saftey of their chosen support people or leave them.

This is a very dangerous bill and needs to be understood that way. Mahalo for your time and consideration.

Yessie

HB-1194
Submitted on: 2/9/2025 1:37:24 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kealohilani Hoopii	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and child birth 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
Submitted on: 2/9/2025 1:37:58 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyle Kahele	Individual	Oppose	Written Testimony Only

Comments:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice.

- The needs of the community are complex and harm is done by incorrect language..

- Everyone needs clear protection.

- Community processes need respect.

- HB 1194 is too problematic to fix.

- There is no evidence that restricting any type of midwives makes anyone safer.

- The real safety hazard is lack of access to care.

- Hospital transports being dangerously interfered with is also a real safety hazard.

- HB1194 harms families.

- HB1194 harms reproductive choice.

- HB1194 does not give a realistic way for local clinical midwives to be licensed.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

HB1194 does not address medicaid reimbursement for licensed midwives,

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo!

HB-1194
Submitted on: 2/9/2025 1:38:04 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
adaure ezinne dawson	Individual	Oppose	Remotely Via Zoom

Comments:

I oppose HB 1194. This bill has not recieved any input from those of us CPMS that are actively practicing in Hawaii and it shows. It does not align with the midwifery model of care which is adopted by the credentialing body NARM. We are being asked to do a peer review and present 5 cases per review some of us don't even do 5 births a month. It's clear that this bill is disconnected from the reality of what is happening on the ground. Also it is clear that this bill does not intend to incorporate a CPM's full scope of practice and restricts us from helping our clients get some meds they may need covered by insurance. Finally I am a fully licensed PEP trained midwife! To say this pathway is not sufficient to gain licensure is truly frustrating! I know from first hand experience the rigor and education that is required to even be mentally prepared to sit for the credentialing exam. I'm appalled by the rejection of this vetted pathway.
thank you for your time and consideration of my comments.

A EZINNE DAWSON, LM CPM

HB-1194
Submitted on: 2/9/2025 1:38:26 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julianne Byun	Individual	Support	Written Testimony Only

Comments:

Hello,

My name is Dr. Julianne Byun, and I am an OBGYN resident in Oahu. I am writing to urge your support for comprehensive midwifery licensure in Hawaii HB1194, while opposing SB370, SB274, and HB407, which would allow unlicensed individuals to practice midwifery under the broad umbrella of cultural practice. With the impending sunsetting of SB1033 - which supported regulation of midwifery with licensure requirements in order to protect the health of newborns and parents - now is the time to ensure that all midwives meet appropriate safety and competency standards while also respecting Native Hawaiian birthing traditions.

Hawaii families deserve safe, regulated, and culturally competent maternal care. While it is essential to preserve and support Native Hawaiian midwifery practices, broadly allowing unlicensed individuals to practice midwifery under an undefined cultural exemption creates significant risks for both mothers and babies. SB370, SB274, and HB407 fail to provide essential safeguards and undermine the professional integrity of midwifery care.

Instead, I urge you to support HB1194 which will

- Create a clear licensure pathway for midwives to ensure accountability, safety, and professional oversight.
- Prevents the exploitation of cultural exemptions by unqualified individuals who may lack the necessary training to provide safe maternal care.
- Recognize and protects traditional Native Hawaiian midwifery while maintaining patient safety.

With Hawaii facing ongoing maternal health disparities and provider shortages, we must not allow legislation that weakens safety standards under the guise of cultural practice. Instead, we need strong, inclusive licensure laws that protect families and elevate midwifery as a recognized, regulated profession.

Mahalo for your time and consideration.

HB-1194
Submitted on: 2/9/2025 1:38:41 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chris James	Individual	Oppose	Remotely Via Zoom

Comments:

It perplexes me that a woman that wants to bring life into this world in a certain manner of health choice, naturally, and with sanctity is persecuted by government(corporate) regulations trying to limit her choices under the guise of "we know what's best" and "its dangerous".....all while ignoring the fact that percentages tell us that you are more at risk of having complications in a hospital setting than you are at home using your own midwife.

Today to date the percentage of risk of complications is higher in the hospitals. So you have to ask yourself why is there not more regulations being brought forth towards the hospital to bring them up to the level that even the current midwives are at? Corporate greed is the answer to this question and they use well meaning people by highlighting a few extraordinary mishaps and thus convince potentially good hearted people to do their dirty work for them so that they can get legislation passed that protects their corporate profits.

The factions of society that support abortion(death) use the argument of "My body, my choice".....and they do this for convenience sake and to support their warped belief that it is their right to murder a child if it is in their own womb, however when you have someone that uses this same "My body. My choice" to debate their desire to have free choice how they want to caringly bring a life into this world.....all the supporters of My body, my choice from the abortion side of the isle turn away and don't support it because it doesn't really matter to them because they are for choice of death not for choice of life.

This bill brings regulations that make it almost impossible for midwives to stay in practice and go into practice thus very much limiting a woman's choice of having midwives avaliable. Forcing an industry to go underground creates less saftey not more. Therfore i strongly oppose bill HB1194 and command that eyes will be opened to see the dark reality of bill HB1194

HB-1194
Submitted on: 2/9/2025 1:39:15 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Austin Schmidt	Individual	Oppose	Written Testimony Only

Comments:

- OPPOSE HB1194“ This bill criminalizes anyone who gives pregnancy/childbirth advice without a medical licenseâ€”including doulas, cultural practitioners, and even grandmothers. It also forces all midwives (even very experienced ones) through expensive, off-island MEAC schools and makes it harder for licensed midwives to practice. If passed, it will exclude and criminalize traditional Hawaiian midwives and limit birth assistants, leaving many families without care

HB-1194
Submitted on: 2/9/2025 1:39:19 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sonya Niess	Individual	Oppose	Written Testimony Only

Comments:

Sonya Niess, MPH

Maui, Hawaii

OPPOSITION to HB1194

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Dear Honorable Chair Takayama, Chair Matayoshi, Vice Chairs, and All Members,

I am writing to you today to express my strong opposition to HB 1194, Relating to Midwifery.

As a doula with 20 years of experience supporting families on the islands of Maui and Oahu, and as a mother of four, I have seen firsthand the deep impact that birthing choices and practices have on families. I've worked closely with local midwives, traditional cultural practitioners, and families who rely on culturally relevant care. While the intentions of this bill are well-meaning, it presents significant harm to the communities I've served for two decades.

Here are some of the concerns I've seen over my years of practice and my experience on the ground:

HB 1194 Does Not Reflect the Community's Needs or Values:
Our community's needs are unique, shaped by our diverse cultures and the generations of families who have supported one another through traditional practices. I've seen, as both a professional and a mother, how critical it is for families to have access to care that is not only safe but also culturally appropriate. Families on the islands have been clear: we need a licensing system that works for both clinical midwives and traditional practitioners, including our Native Hawaiian and other cultural birth traditions. HB 1194 does not represent the community's voice, and that is a disservice to families, especially those who rely on the rich cultural heritage that supports their birth choices.

The Need for Comprehensive and Collaborative Solutions:
The complexities of birth practices, especially home birth, cannot be addressed with a one-size-fits-all approach. In my work, I've seen the importance of collaboration among midwives, cultural practitioners, and legal professionals. HB 1328, developed over years of community involvement and collaboration, represents the thoughtful, inclusive process necessary to address these issues. Unfortunately, HB 1194 lacks the extensive vetting and input from the community and practitioners who are directly involved in this work.

The Threat to Cultural Practices and Extended Family:
One of the most distressing aspects of HB 1194 is its potential to criminalize the practices that are deeply embedded in the cultural fabric of our communities. I've attended births where extended family members—grandparents, aunts, uncles, and hānai relatives—played a critical role in providing the support and care that birthing families needed. As a mother, I understand the importance of having trusted loved ones present during such a sacred time. HB 1194 criminalizes these familial roles, despite centuries of tradition, and this is harmful, especially when there is no evidence suggesting that this practice poses a danger to maternal health.

Lack of Access to Safe and Culturally Competent Care:
I've witnessed how essential cultural care is to the well-being of families, particularly in underserved areas of our islands. Many of the families I support choose home birth because it allows them to stay in a familiar environment and often provides access to practitioners who understand their cultural values. This bill restricts access to that care,

which could exacerbate maternal health disparities, especially in communities where the lack of culturally competent healthcare has contributed to higher rates of maternal mortality.

A Disservice to Local Practitioners and Families:
As a doula, I've worked with countless local midwives and students who are learning the art of midwifery. The current licensure requirements, particularly the MEAC schooling that is based on mainland practices, make it exceedingly difficult for local, indigenous midwives to obtain licensure. This bill does not offer a realistic pathway for these local practitioners to be licensed, and without a culturally relevant licensing pathway like the PEP pathway, the local practice of midwifery and the knowledge that is passed down through generations is at risk of being displaced.

Impact on Reproductive Choice:
I believe in the importance of reproductive choice, and as a doula, I've always worked to support families in choosing who they want present during their births. HB 1194 limits these choices by criminalizing certain practices and practitioners, and that is a direct threat to personal agency and autonomy during one of the most intimate and important moments in a family's life.

HB 1194's Flaws Are Too Great to Overcome:
While I understand the good intentions behind this bill, its flaws are too significant to be easily corrected. The work put into HB 1328 was extensive, thoughtful, and collaborative, and it addresses the issues in a way that is comprehensive and inclusive. HB 1194 has not undergone this same level of thorough consideration, and as a result, it fails to address the needs of the community in a meaningful way.

For these reasons, I urge you to reject HB 1194 and instead pass HB 1328, which was developed through a rigorous, community-led process that reflects the needs of all stakeholders involved.

Thank you for your time and consideration.

Sincerely,
Sonya Niess, MPH
Doula & Mother of Four

HB-1194
Submitted on: 2/9/2025 1:39:24 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teresa Norton	Individual	Oppose	Written Testimony Only

Comments:

Testimony of TERESA NORTON, KAILUA, OAHU.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a mother of a 6 month old baby and she is the mayor reason why I am concern about this bill.

I think this bill discriminates against Native Hawaiian practitioners and healers in their own land, it does great harm to our community.

Many people only have access to traditional healers and they do not have the resources to become certified but they have the knowledge that comes from generations and culturally, we must protect this part of the Hawaiian Culture. Mothers have the RIGHT to choose HOW and WHERE to give birth. I CHOSE TO HAVE A TRADITIONAL MIDWIFE FOR PRENATAL CARE, HOME BIRTH AND POST PARTUM CARE, that is the only way I would like to do it, the labor of love from the midwives is unmatched by any other type of care, WOMEN have the right to choose the type of care they want for themselves and their children. HAWAIIAN MIDWIVES DO NOT HAVE THE RESOURCES TO BECOME CERTIFIED, THE STATE DOES NOT HAVE THE RIGHT TO TEACH HAWAIIAN CULTURAL PRACTICES. WE MUST PROTECT THIS PART OF THE CULTURE.

HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families. This will only increase the risk of death for mothers and babies.

HB-1194
Submitted on: 2/9/2025 1:39:57 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ciera Fong	Individual	Oppose	Written Testimony Only

Comments:

I am a Hawaii resident and married to a native Hawaiian.

I've had all four of my children at home. Ages 13-5 yes old.

Please don't take away our freedom to choose!

Mahalo nui!

HB-1194
Submitted on: 2/9/2025 1:42:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, Chair Matayoshi, Vice Chair Chun and distinguished members of the Committee on Health and the Committeee on Consumer Protection and Commerce:

As a woman, a doula, and a potential mother, I strongly OPPOSE HB1194 and urge you all to do the same. I have been at births in the hospital setting and in the home setting, with both Dr's, CNM (Certified Nurse Midwives) and CPMs (Certified Professional Midwives), some that practice as Traditional Midwives do. I have seen how necessary it is to have a broad community of qualified practioners to choose from.

This bill will limit availability and access to that choice of provider. It will make Kanaka Maoli licensure unlikely as it requires MEAC schooling, not accessible in Hawaii and of which there are only 9 nationwide. It also requires cultural practioners to keep records for 10 years and certify orally and via state form that they are not midwives. This is an odd requirement as they are not medical providers. It essentially considers cultural practioners illegal.

This bill only exempts imediate family that attend the birth, and leaves no room for extended family, doulas, or hanai family. It does not provide support for Medicaid reimbursement, it makes licensure of qualified providers more restrictive and offers no protection to traditional attendants. It will likely lead to less communication during hospital transport, due to protocols that birthing families oppose, and will likely lead to more unassisted or poorly assisted births.

Only Midwives Alliance of Hawaii supports this bill, with their website listing 7 midwives statewide. While the alternative, HB1328, is endorsed by Hawaii Homebirth Collective and the Hawaii Affiliate of the American College of Nurse Midwives both with a significantly greater number of members that are qualified midwives.

Please join the majority of midwives, moms/moms to be, and doulas in opposing HB1194.

Respectfully,

Lana Olson

HB-1194
Submitted on: 2/9/2025 1:44:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carol Maxym	Individual	Support	Written Testimony Only

Comments:

For the safety of our mothers and keiki, please support this bill.

HB-1194
Submitted on: 2/9/2025 1:46:12 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacqueline Hahn, ND	Individual	Oppose	Written Testimony Only

Comments:

I have delivered babies (several hundred!) at home on Big Island since 1998 with no negative outcomes, as a trained and licensed ND with home birth OB specialty. This bill will take the few licensed and trained and professionals out of the loop, those very professionals that are well trained in medical management and referrals and working WITH the medical systems in the community when patients have higher risks and need higher level of medical management. People will find lesser trained people to assist in home birthing, as home birthing is a human biological right, or they will have unattended births. Statistics do not warrant removing CPM's and licensed doctors (ND's) with this level of care and training from the already limited healthcare options available in Hawaii, already SO limited!

please do not tear these amazing professionals from legally practicing and let the chips fall where they may. Anyone can have a hospital birth, and all outcomes aren't perfect there either, despite all the attempts to make it so. Those that don't trust the hospital model will simply not go there. Respectfully,

Dr.Jacqueline Hahn

246 Ululani St, Hilo, Hi

HB-1194
Submitted on: 2/9/2025 1:47:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tiffany Merrick	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts freedoms and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 1:47:28 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dillon Keoho	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1194. This bill criminalizes those who offer essential pregnancy and child birth 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
Submitted on: 2/9/2025 1:47:34 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Saville	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB 1194 that restricts care to licensed midwifes , restricts cultural practices and doesn't allow the spreading of valuable information . A woman should be able to choose how she wants to give birth and receive care and where she wants to give birth .

HB-1194
Submitted on: 2/9/2025 1:47:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sonya Chung	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1194. Women deserve to choose to have any and all types of support during pregnancy and childbirth including doulas, cultural practitioners and family members. Please protect our right to choose our birth teams and vote NO on HB1194. Thank you!

HB-1194
Submitted on: 2/9/2025 1:48:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Alexandra Kisitu	Individual	Oppose	Written Testimony Only

Comments:

Testimony of

Dr. Alexandra Kisitu

Kaneohe, Oahu

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members:

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a medical sociologist who has dedicated myself to over a decade of reserach on midwifery and homebirth in Hawaii. I hold a doctorate from UH Manoa, and I am a homebirth mother myself. published author, professor, and educator in Hawaii.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

- add any more points here, or you can just erase this.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Mahalo,

Dr. Alexandra Kisitu

HB-1194
Submitted on: 2/9/2025 1:48:47 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jenny Nakagawa	Individual	Oppose	Written Testimony Only

Comments: Testimony of Jenny Nakagawa Honolulu, Oahu Committee on Health Rep. Gregg Takayama, Chair Rep. Sue L. Keohokapu-Lee Loy, Vice Chair Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds, Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia Committee on Consumer Protection & Commerce Rep. Scot Z. Matayoshi, Chair Rep. Cory M. Chun, Vice Chair Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong, Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members. I am writing today to strongly OPPOSE HB1194, Relating to Midwifery. I am a local mom of three children — all of them the products of high risk pregnancies. Due to my health needs and the needs of my unborn babies, I was unable to follow my desired plan for a peaceful home birth; however, I believe that all women and their families have the right to choose the situations and circumstances for the deliveries of their children. While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure: HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole. The needs of the community are complex and harm is done by incorrect language. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging. Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work. Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only. HB 1194 is too problematic to fix. While the intention here is

good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result. There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families. The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health. Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports. HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution. HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them. HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all. HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access. HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group,

rather than the community. The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed: Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful? Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling? Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive? Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way? Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development? Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process? Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied? This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation. HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework. For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328. Mahalo, Jenny Nakagawa

HB-1194
Submitted on: 2/9/2025 1:50:16 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Debra Ota	Individual	Support	Written Testimony Only

Comments:

I strongly support HB1194 which makes midwife regulatory laws permanent. As a lifelong resident of Hawai‘i, as a professional working in the state, and as a mother, sister, and aunt I understand the importance of midwifery in caring for our families in Hawai‘i. Please keep our families safe from unregulated systems and practitioners. I urge you our legislators to support HB1194.

Thank you for your consideration and the opportunity to provide testimony.

HB-1194
Submitted on: 2/9/2025 1:51:05 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsea Margolies	Individual	Oppose	Written Testimony Only

Comments:

Chair Takayama, Chair Matayoshi, Vice Chairs, and all members,

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

My name is Chelsea, and I live on the island of Kauaʻi, where I am a mother of two young children, a certified coach, a therapist-in-training, and wife of a Wilcox physician. I work closely with parents, supporting them in navigating the perinatal period with confidence, connection, and autonomy. As someone deeply immersed in the world of birth work and maternal well-being, I understand firsthand the profound impact that midwifery care has on families, especially in a place as unique and culturally rich as Hawaiʻi.

While the intentions of this bill may be good, HB1194 does significant harm to our community. Here are my major concerns:

HB 1194 does not reflect the community's choice.

Laws must align with the needs and voices of the people they impact. The midwifery community in Hawaiʻi has been clear about the necessity of solid licensure pathways for local clinical midwives, alongside explicit protections for traditional and cultural birth attendants, including Kanaka Maoli practitioners. HB1194 does not come from the community, nor does it have widespread community support.

HB 1194 contains fundamental errors due to lack of community involvement.

Developing appropriate midwifery legislation is complex. HB1328 was carefully crafted through years of extensive collaboration between midwives, cultural practitioners, attorneys, and other experts. HB1194 lacks this depth of engagement, making it deeply flawed and difficult to amend.

HB 1194 fails to protect traditional midwifery practices.

Midwifery is a deeply rooted practice in cultures worldwide, and in Hawaiʻi, it holds particular significance. Restricting traditional practitioners without clear protections does not make birth safer; it merely erases essential cultural practices that have served families for generations.

HB 1194 places dangerous restrictions on hospital transports.

Forbidding certain midwives from legally practicing does not stop them from attending births—it only forces them underground. This leads to dangerous situations, where midwives may hesitate to call for medical support out of fear of legal repercussions. Families should never feel unsafe seeking hospital care.

HB 1194 criminalizes extended family attending births.

Hawai‘i’s current midwifery laws already criminalize family members, including grandparents and hānai relatives, for attending births within their own ‘ohana. HB1194 continues this unjust criminalization, despite no evidence that these traditional support systems are unsafe.

HB 1194 restricts reproductive choice.

Birthing families have the right to choose who touches them during labor and birth. Limiting midwifery options infringes on bodily autonomy and reproductive freedom, forcing families into models of care they may not align with.

HB 1194 blocks local midwives from becoming licensed.

Currently, 97% of licensed midwives in Hawai‘i are from the U.S. Continent, and none are Kanaka Maoli. This is because Hawai‘i’s licensure pathway requires MEAC-accredited education, which is only available outside the state. Without a PEP pathway, local aspiring midwives cannot gain licensure, pushing them out of practice and diminishing culturally aligned birth care. This is discriminatory and harmful to both families and future midwives.

HB 1194 does not support Medicaid reimbursement for midwives.

Medicaid coverage for licensed midwives would greatly benefit low-income families, increasing access to safe, holistic care. HB1194 fails to address this critical issue, making midwifery care even less accessible to those who need it most.

HB 1194 does not meet international or national regulatory standards.

The International Confederation of Midwives (ICM) and US Midwifery Education, Regulation, and Association (US MERA) set clear benchmarks for ethical, effective midwifery regulation, including necessity, effectiveness, flexibility, proportionality, transparency, accountability, and consistency. HB1194 fails to meet these criteria, making it a poor regulatory framework.

A better alternative exists: Support HB1328.

Instead of HB1194, I strongly urge you to support HB1328, a well-crafted bill that has undergone rigorous community input and refinement. HB1328 ensures safe, culturally competent, and legally protected midwifery care in Hawai‘i.

For all these reasons, I respectfully request that you do not pass HB1194 and instead support HB1328.

Mahalo for your time and consideration.

Sincerely,
Chelsea
Kaua‘i Resident, Mother, and Perinatal Support Professional

HB-1194
Submitted on: 2/9/2025 1:51:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Scott Saville	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill.

Thank you,

Scott

HB-1194
Submitted on: 2/9/2025 1:51:36 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dale Robins-Seabury	Individual	Oppose	Written Testimony Only

Comments:

I strongly appose HB 1194.

Testimony of: Daniela Martinez
Licensed Midwife, Certified Professional Midwife
Actively attending home births on Oahu.

I am in OPPOSITION of HB1194 and ask that you DO NOT PASS HB1194

I am a Licensed Midwife and this bill does not represent me. I am one of only 4 Licensed Midwives on Oahu with an active home birth practice. I was not consulted about my needs, opinions, interests, or those of the families I serve in order to create this bill. Do you know who helped inform this bill ? Do they actually attend home births in Hawai'i? Do they currently attend home births at all ? Are they home birth mothers and fathers ?

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.

HB1194 creates more hurdles and further fragments an already strained maternity care system. Hawai'i has a shortage of nurses and Doctors due an incredible amount of compounding factors. Part of it being the exuberant amount of bureaucratic red tape that burdens every facet of Hawai'i living. Please don't add more red tape that will not only not increase safety but will further exacerbate a severely challenged maternity care system.

This bill is a disservice and threat to all BIPOC communities. We live in a time where the deep impacts of colonization are widely acknowledged and actively being remedied. Yet HB1194 is another step in the direction of colonialism. Please do not pass HB11994.

Respectfully,
Daniela M.G, LM
danielamartinez.midwife@gmail.com

Act 32 and Perpetuating Practices of Hawai‘i Nā Pua o Haumea: How Hawai‘i’s Midwifery Licensure Law Adversely Impacts Traditional Native Hawaiian Birthing Practices

Harley Broyles[*]

[*] J.D. Candidate, Class of 2022, William S. Richardson School of Law. This paper is not intended to take a side or create a divide between midwifery or medical births, nor to say what is better or safe. Nor is this paper intended to say that the practices of traditional midwives are the same as practices performed by Native Hawaiian practitioners. I write this paper for other mothers who do not have the means, time, or energy to thoroughly explore their options; to share my experience and the current laws relating to birth in Hawai‘i; and to empower mothers to make their own decisions in where, how, and with whom they choose to bring their children earthside. With that, thank you to the APLPJ editors for your hard work and commitment to representing the underrepresented through academic legal publication, and for allowing me to share my story. I would also like to thank Professors Linda Hamilton Krieger and Troy Andrade for their guidance and tremendous support. Mahalo to all of those in the birthing community that took the time to share your experiences and mana‘o with me. Mahalo nunui to my ‘ohana for their endless love and tireless faith in me. Mahalo piha to Iokepa and Waiawakuikaahoakaleialiila, for being my reasons for everything. Me ke aloha pau ‘ole.

Hānau ka pēpē, hānau ka māmā
Birth results in a mother as well as a baby.

I. INTRODUCTION

Birth is a special and remarkable moment for both mother and child. Shortly before beginning law school, I received news that I was pregnant and due in October of 2019. My partner, as a Native Hawaiian, wanted our son to be born on the land that would raise him, and I thought having a home birth would be a meaningful experience for my son and me. As a first-time mother, pregnancy and birth sometimes felt foreign and scary. Anxious about this life-changing event, I felt it important to seriously consider all my options for birth, thus, I was drawn to home birthing because of the cultural importance of birthplace in Native Hawaiian tradition and custom. I wanted my son to be born on the land that he would soon be named after, further connecting him to his birthplace and highlighting his kuleana to the ʻāina . But when I asked my obstetrician ("OB" or "OB-GYN") what my options were for a home birth, she became dismissive. She warned, "If you do that, we will not see you anymore." After my doctor's discouraging response, I felt that sticking with my OB-GYN was my only option, and I gave up the possibility of a home birth.

Toward the end of my pregnancy, after one weekend with a slightly-higher-than-normal blood pressure, my doctor insisted on inducing my labor. When the pitocin[1] did not work for hours, my OB urged me to allow the hospital to pop my water bag to speed up the process. I politely asked my doctor if we could wait one more hour. My OB became agitated, said "fine," and quickly ended the call. A couple of hours later, I was fully dilated, and upon my OB-GYN's arrival, my son, Waiawakuikaa, was born shortly after.

[1] Pitocin, or oxytocin injection, is used for the induction and stimulation of labor. L. M. Hellman et al., *PITOCIN—1955*, 73 AM. J. OBSTETRICS & GYNECOLOGY 507, 507 (1957).

My story is one of many.[2] Pregnant women are constantly pressured to turn to medical regimens and succumb to medical interventions because of the influential push from their OB-GYN. My story demonstrates how many OB-GYNs see pregnancy, and not the woman. No matter how simple my wants or asks, they were at the inconvenience of my OB. Medical professionals often dismiss any thoughts of an alternative birth plan and pressure women to use medical interventions to speed up the process, to accomplish the goal of getting the baby out as quickly as possible.

I was never informed about the option of a midwife. I was completely unaware of anything regarding pregnancy and childcare, and more so, unknowing of the benefits of midwifery for the holistic health of myself and my baby. I was never informed of the option of a midwife by my general physician or my OB-GYN, despite midwives' once being the primary care providers for pregnant mothers and newborn babies.[3] As the medical community grew and became technologically advanced, midwives were suppressed in practice and the American medicine system of care became the norm for expecting mothers.[4] Resulting from that era, the narrative that midwives are "unqualified" or "dangerous" still exists today, and the medical community continues to suppress midwifery while state governments attempt to control midwifery practices, often in ways that diminish the availability of midwives altogether.[5] My experience was not at the fault of my OB-GYN or physician, but the fault of the system that has come to view birth as a dangerous practice and no longer provides women with the tools to explore their options.

The inherent struggle between midwives and Western medicine licensing structures creates a conflict that is starkly visible in indigenous communities with traditional birthing practices. Many common practices of midwives are practices related to traditional birthing practices in indigenous communities. Midwives prioritize holistic health and consider the wellness of both mother and baby, physically, mentally, and spiritually. With colonization and the push for conventional medicine as the primary form of health care, traditional knowledge for all indigenous communities was interrupted. Many of these communities are in the process of trying to revive

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[2] Women often face drastic changes in their birth plan because of the use of different medical techniques or interventions. One study found that women "who have little to no control over the decision-making process as changes are happening tend to use negative adjectives when describing their overall birth experience; for example, 'defeated,' 'frustrated,' and 'traumatizing.'" Katie Cook & Colleen Loomis, *The Impact of Choice and Control on Women's Childbirth Experiences*, 21 J. PERINATAL EDUC. 158, 165 (2012).

[3] *See* DEBORAH A. SULLIVAN & ROSE WEITZ, LABOR PAINS: MODERN MIDWIVES AND HOME BIRTH 1 (1988).

[4] *See id.* at 6–7, 14. For this article, I use "mothers," "expecting mothers," and "pregnant mothers" interchangeably.

[5] *See id.* at 13–14.

those practices but still run into obstacles in the formalization of those practices.

As part of the push of Western medicine, states began to enact midwifery licensure laws requiring that midwives go through a formal education program to qualify for licensure.[6] The State of Hawai‘i's new midwifery law imposes formal education and licensing mandates on midwives.[7] Act 32 was undoubtedly implemented to promote public safety and welfare. However, it has consequences which fall on midwives, on a mother's choice in birth, and on Native Hawaiian traditional midwives and their practices. It creates further barriers to licensure which indirectly creates the potential for impacts on the ability for traditional Native practitioners to perform traditional Hawaiian birthing practices. The Act's proponents claim that it does not impede a person's ability to incorporate cultural practices, but the Act is ambiguous on such protections and exemptions and does not provide the public on what a Native Hawaiian cultural practice may consist of or guidance of such.[8] The Act also does not provide insight into the future of what midwifery in Hawai‘i will be and provides no guidance for future legislation on midwifery.[9]

This paper analyzes the recently enacted Act 32, which provides for the licensure of direct-entry midwives, and how the Act's implications for midwives are especially burdensome for Native Hawaiian families and their cultural practices. This paper is not opposed to licensure of midwives but analyzes the effects such licensure has on the midwifery industry and Native Hawaiian practices–it is intended to caution legislators and the public of the repercussions of licensure on traditional and customary practice of midwifery in Hawai‘i. This paper then provides suggested next steps to ensure that Native Hawaiian birthing practices and mothers' agency are fully protected. Act 32 creates barriers for midwives in the practice of midwifery, and these barriers are even harsher for Native Hawaiians who desire a traditional birth because of the existing lack of access to traditional midwives. The barriers are presented in the difficulties the Act creates for Native Hawaiian midwives and traditional midwives who are forced to keep their traditional practices separate from their pathway in midwifery.[10] Accordingly, the Hawai‘i legislature must pass formerly introduced bills

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[6] *See* Raymond G. DeVries, *Midwifery Licensure and Strategies of Dominance*, 7 ALSA FORUM 174, 177 (1983).

[7] *See* S.B. 1033, 30th Leg., Reg. Sess. (Haw. 2019).

[8] *See id.*

[9] *See id.*

[10] This should not be understood as Native Hawaiian traditional midwives and Traditional midwives being one in the same; Native Hawaiian traditional midwives and traditional midwives are completely separate, as both have different histories, current practices, and world views. Telephone Interview with Pua ‘O Eleili K. Pinto, Native Hawaiian Birth Assistant, Ka Lāhui o ka Pō (Jan. 23, 2021).

and alter the current rules and regulations relating to midwifery to guarantee access to all midwives and promote traditional Native Hawaiian birthing practices as accessible to all Native Hawaiians that choose that pathway for birth.

To understand why Act 32 alone does not perpetuate Native Hawaiian birth practices, it is important to consider the history of midwifery generally and specifically in Hawai‘i. Traditional midwives are important to the union of birth and culture, and Act 32 does not ensure that these midwives may continue to provide services. The following sections of this paper clarify the historical importance of midwives and how legislation has led us to the status of midwives today. Part II of this paper discusses the history of midwifery, and how the practices of midwifery may be heavily contrasted from American medicinal practice. This section also discusses Native Hawaiian birthing practices and how historically, medical regulations have adversely and negatively affected Hawaiian birthing practices. Part III of this paper discusses the legislative history of Act 32 and the implications the licensure has on the state of direct-entry midwifery. Then, Part IV discusses consequences of Act 32 for the practice of midwifery in Hawai‘i and addresses how these consequences are more detrimental for Native Hawaiians engaging in traditional Hawaiian birthing practices. Lastly, Part V provides next steps and avenues the legislature must take in ensuring a woman's choice in birth and Native Hawaiian birthing practices are preserved.

II. HISTORICAL BACKGROUND: THE PRACTICE OF MIDWIFERY

Women have been using midwives for prenatal, birth and post-natal care for hundreds of years.[11] Modern midwives are of the most important and routine care providers throughout Europe.[12] There have been tenacious efforts to promote midwifery care in developing countries.[13] The practice of midwifery focuses on the holistic health of the growing baby and learning mother, but despite the holistic health benefits of using a midwifery during

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[11] *See* HELEN VARNEY & JOYCE BEEBE THOMPSON, A HISTORY OF MIDWIFERY IN THE UNITED STATES: THE MIDWIFE SAID FEAR NOT 3 (2016).

[12] In the United Kingdom and the Netherlands, midwives attend over two-thirds of all births–compared to the U.S. where eight percent of births are attended by midwives. Carissa Stephens, *Midwives Are Growing in Popularity. Here's What You Need to Know*, HEALTHLINE, https://www.healthline.com/health/midwives-growing-in-popularity-what-to-know#Benefits-of-midwives (last visited Mar. 21, 2022).

[13] The United Nations Populations Fund ("UNFPA") is the United Nations' sexual and reproductive health agency that has been pushing to promote midwifery in various developing countries. *See About Us*, UNFPA (Jan. 2018), https://www.unfpa.org/about-us. UNFPA urges that "[w]ell-trained midwives could help avert roughly two thirds of all maternal and newborn deaths . . . [and] could also deliver 87 per cent [sic] of all essential sexual, reproductive, maternal, and newborn health services." *Midwifery*, UNFPA (Oct. 4, 2019), https://www.unfpa.org/midwifery.

pregnancy, a majority of women in the United States ("U.S.") birth in hospitals because childbirth in the U.S. is framed as a potentially dangerous event requiring medical intervention[14] and monitoring.[15] As a result of the push that made women fearful of birth and promoted the use of medical intervention, midwives became a more rare form of maternal care.[16] The suppression of midwifery care had the most grave consequences for traditional midwives, impairing both the ability of traditional midwives to carry on traditional practices and the ability of mothers to have traditional births.[17] Native Hawaiians are one of many cultures that cherish pregnancy and birth traditions, the perpetuation of which have been detrimentally affected by the suppression and regulation of midwifery.[18]

A. *The Origins of Midwifery and of Its Downfall*

In the U.S., midwives have helped mothers through pregnancy and birth for hundreds of years.[19] Midwives migrated from various other countries and brought their traditional birthing practices with them.[20] For nearly 250 years, prior to obstetricians and gynecologists, traditional midwives were the primary form of care for pregnant women in the U.S.[21] Midwives were trained through experience and observation, and often served alongside physicians prior to technological advancements.[22] It was

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[14] For this paper, I use words "medical intervention" and "intervention" interchangeably. Types of interventions will be explained later in this paper. *See infra* p. 8.

[15] SULLIVAN & WEITZ, *supra* note 3, at 1.

[16] *See* Jessica C.A. Shaw, *The Medicalization of Birth and Midwifery as Resistance*, 34 HEALTH CARE FOR WOMEN INT'L 522, 525 (2013).

[17] *See* Alicia Bonaparte, *"The Satisfactory Midwife Bag": Midwifery Regulation in South Carolina, Past and Present Considerations*, 38 SOCIAL SCI. HIST. 155 (2015). Through the seventeenth to twentieth century, in many southern states, "granny midwives or grannies were older black women who passed Central and West African herbal knowledge to younger women, which fostered cultural reproduction and rebellion against seventeenth-century dominant Western medical practices." *Id.* at 157. With licensure requirements and midwifery regulation, granny midwives were labeled "unsafe", and practice began to dwindle. *See id.* at 160.

[18] Traditional midwives and Native Hawaiian traditional midwives have very different histories. Note that this article is not intended to say that the suppression of MW and NH MW, as if they are one in the same, but because laws today suppress the general practices, more specific practices areas are affected as well.

[19] JUDITH PENCE ROOKS, MIDWIFERY AND CHILDBIRTH IN AMERICA 12 (1997); Sarah Anne Stover, *Born by The Woman, Caught by The Midwife: The Case for Legalizing Direct-Entry Midwifery in All Fifty States*, 21 HEALTH MATRIX 307, 313 (2011).

[20] *See* DeVries, *supra* note 6, at 96, 180 (noting that traditional Mexican birth attendants, or "partera," historically provided significant care to pregnant women in Texas); Bonaparte, *supra* note 17, at 157.

[21] ROOKS, *supra* note 19, at 11.

[22] *Id.* at 61; Stover, *supra* note 19, at 313–14.

not until the late nineteenth century did women begin to drift towards using Western medicine as a primary form of pregnancy care, largely due to the anti-midwifery agenda of obstetricians.[23]

As part of their anti-midwifery agenda, obstetricians appealed to pregnant mothers by framing midwifery as a dangerous form of care attributable to the lack of formal education akin to medical doctors.[24] Physicians exaggerated the dangers of childbirth, framing complications as a common event that only obstetricians would be able to address, and only trained men within easy reach would be able to prevent certain death for a mother, baby, or both.[25] Interventions became a routine process of giving birth, and over time, changed how society framed birth experiences.[26] The normalization of medical interventions led to the more common use of these interventions, and this led to women feeling less confident in their ability to have a natural birth and disempowering women in birth generally.[27] The midwifery industry suffered because of the preference for an increasingly medicalized birth.[28] Midwives have attempted to combat this fear that the medical industry has instilled in women by prioritizing a woman's choice

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[23] *See* Chris Hafner-Eaton & Laurie K. Pearce, *Birth Choices, the Law, and Medicine: Balancing Individual Freedoms and Protections of the Public's Health,* 19 J. HEALTH POL. POL'Y & L. 813, 815–16 (1994); Stover, *supra* note 19, at 315.

[24] *See* Stover, *supra* note 19, at 315. It takes approximately twelve years of schooling, internship, and residency work to become an OB-GYN. *How to Become a Gynecologist*, HOSPITALCAREERS.COM, https://www.hospitalcareers.com/career-paths/how-to-become-a-gynecologist/ (last visited Apr. 14, 2022). An individual must first obtain their bachelor's degree (four years), and medical degree (four years), and then complete four years of residency work. *Id.*

[25] SULLIVAN & WEITZ, *supra* note 3, at 10.

[26] Shaw, *supra* note 16, at 527 (citing Judith Lothian, *Birth Plans, the Good, the Bad, and the Future*, 35 J. OBSTET. GYNEC. & NEONATAL NURSING 295 (2006); Sarah Munro et al., *Decision Making in Patient-Initiated Elective Caesarean Delivery: The Influence of Birth Stories*, 54 J. MIDWIFERY & WOMEN'S HEALTH 373 (2009); Diana C. Parry, "*We Wanted a Birth Experience, Not a Medical Experience": Exploring Canadian Women's Use of Midwifery*, 29 HEALTH CARE FOR WOMEN INT'L 784 (2008)).

[27] *Id.* at 528 (citing Veronique Bergeron, *The Ethics of Cesarean Section on Maternal Request: A Feminist Critique of the American College of Obstetricians and Gynecologists' Position on Patient-Choice Surgery*, 21 BIOETHICS 478 (2007); Judith Lothian, *Birth Plans, the Good, the Bad, and the Future*, 35 J. OBSTET. GYNEC. & NEONATAL NURSING 295 (2006); Nancy K. Lowe, *Context and Process of Informed Consent for Pharmacologic Strategies in Labor Pain Care*, 49 J. MIDWIFERY & WOMEN'S HEALTH 250 (2004)).

[28] *See id.*

set out in her birth plan[29] when the medical model of care often overrides that plan.[30]

B. *Midwifery Versus Medical: Competing Models of Care*

The midwifery model of care contrasts sharply with the American medicine model of care. The midwifery model of care considers the holistic health of the baby and the mother, with no individual more important than the other.[31] The medical model of pregnancy care views the mother and the baby are viewed as "conflicting entities with conflicting needs."[32] Under this model, pregnancy is a condition, external to the woman, which causes her symptoms like an ailment.[33]

In a medicalized childbirth, interventions are commonplace, and mothers are often encouraged to partake in interventions.[34] Interventions are often used and include but are not limited to: elective induction, spinal analgesia, general anesthetic, forceps, vacuum delivery, cesarean section, episiotomy, and continuous electronic fetal monitoring.[35] Pain, for example, is viewed as something to be eliminated by the use of intervention (like an epidural anesthetic).[36]

The obstetric model of care focuses on pathology and prioritizes prevention, often leading to obstetric intervention as a commonality in childbirth.[37] The obstetrician is the person who delivers the baby, the mother is simply a means for helping the doctor deliver the baby, and the relationship between doctor and patient is limited to issues regarding the pregnancy, nothing more.[38] Pregnancy and birth presupposes a series of

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[29] A birth plan is a way for a woman to document a plan for birth, which outlines her wishes and preferences in labor, birth, and post-partum. *See* Amy Cassell, *How to Make a Birth Plan*, BABYCENTER (Oct. 27, 2021), https://www.babycenter.com/pregnancy/your-body/calculators-birthplan_10328792.

[30] *See* Shaw, *supra* note 16, at 529; Suzanne Hope Suarez, *Midwifery is Not the Practice of Medicine*, 5 YALE J.L. & FEMINISM 315, 324 (1993).

[31] *See* Stover, *supra* note 19, at 320.

[32] Suarez, *supra* note 30, at 336.

[33] *Id.*

[34] *See* Shaw, *supra* note 16, at 527.

[35] *See id.*

[36] *Id*. at 531.

[37] Susan Corcoran, *To Become A Midwife: Reducing Legal Barriers to Entry into the Midwifery Profession*, 80 WASH. U.L.Q. 649, 653 (2002).

[38] *See Midwife vs. Medical Models of Care*, BIRTH LINK, https://birthlink.com/midwife-vs-medical-models-of-care/ (last visited Apr. 11, 2022).

risks that medical doctors must systemize, control, and fit into a time frame.[39]

The midwifery model of care is much more holistic and focuses on the woman as a whole person, ensuring a mother's overall well-being, as well as that of the baby.[40] A pregnant woman is recognized as the primary decision-maker in her pregnancy and birth, and the role of the midwife is to "identify problems, provide information, give options and support the woman to make the best decisions."[41] Midwives allow women to have the choice to give birth outside of a hospital, whether that be at-home or in a midwife-run birth center.

Midwives typically assist women through a natural birth, without interventions. Instead of eliminating pain, "pain is often viewed . . . as a natural step toward birth that has the purpose of opening the birth canal and preparing the body for delivery."[42] Unlike doctors, "[m]idwives do not 'deliver' babies, but instead . . . 'catch' the baby"[43] as the mother labors, necessarily recognizing the woman's body as delivering the baby.[44]

"Midwives seek to empower women by supporting a woman's right to control all decisions related to her body, her pregnancy, and her birth."[45] The midwifery model of care focuses on building rapport between the midwife and the mother. The overall goal of a midwife is to continuously identify and treat complications without medical interventions to allow the mother to have a safe, physically, and emotionally healthy birth experience.[46]

Additionally, the midwifery model of care provides overall beneficial implications for pregnant and birthing women.[47] According to the World Health Organization ("WHO"), "), the full package of midwifery care

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[39] Michael Pike, Restriction of Parental Rights to Home Births Via State Regulation of Traditional Midwifery, 36 BRANDEIS J. FAM. L. 609, 609–10 (1997).

[40] *See* Corcoran, *supra* note 37, at 653–54.

[41] Stover, *supra* note 19, at 320.

[42] Shaw, *supra* note 16, at 531.

[43] Midwives recognize that they are not the individual actively in labor and deliver, pushing a fetus through the birth canal, and this acknowledges a woman as the mechanism which delivers the baby and as the primary actor in birth. Stover, *supra* note 19, at 320.

[44] *Id.*

[45] Shaw, *supra* note 16, at 531 (citing Diana Parry, *"We Wanted a Birth Experience, Not a Medical Experience": Exploring Canadian Women's Use of Midwifery*, 29 HEALTH CARE FOR WOMEN INT'L 784 (2008); Amber T. Pewitt, *The Experience of Perinatal Care at a Birthing Center: A Qualitative Pilot Study*, 17 J. PERINAT. EDUC. 42 (Summer 2008)).

[46] *See* Stover, *supra* note 19, at 320-21; Shaw, *supra* note 16, at 531.

[47] *See* THE MIDWIVES MODEL OF CARE, https://mana.org/about-midwives/midwifery-model (last visited Mar. 21, 2022).

could avert eighty percent of all maternal deaths, stillbirths, and newborn deaths could be averted with the full package of midwifery care.[48] Also, fewer artificial interventions are used since the midwifery model of care uses interventions as a last resort.[49] About one out of three women giving birth are subject to cesarean delivery, an artificial intervention process and nearly all women undergo continuous electronic fetal monitoring during birth.[50] Medical interventions are imposed to avoid risk, but, like with any medical procedure, the "safety of the woman in labor and her infant is affected when routine medical interventions compromise the woman's ability to labor naturally."[51] Additionally, when birth becomes medically managed, women lose their confidence in their ability to give birth naturally give birth, and their doctors become the primary decision-makers or, at the very least, an influential party in the woman's decisions.[52] The midwifery model of care allows the woman to assert her own choices in her pregnancy and birth and recognizes that childbirth results in the well-being of mother and child, both growing together in new territory.[53] All midwives are

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[48] *See* MIDWIFERY EDUCATION AND CARE, https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery/maternal-health-83-percent-midwifery-care (last visited Mar. 4, 2022).

[49] Joanne Rouse, *Indiana's Midwifery Statute and the Legal Barriers That Will Render It Unworkable*, 48 IND. L. REV. 663, 670 (2015).

[50] *See* NAT'L CTR. FOR HEALTH STATS., https://www.cdc.gov/nchs/nvss/births.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fbirths.htm (last visited Mar. 21, 2022); Shaw, *supra* note 16, at 523.

[51] Shaw, *supra* note 16, at 527. For example, there are various risks and dangerous events that may result from a cesarian section. Babies born by c-section are more likely to develop transient tachypnea (breathing difficulties). *C-Section*, MAYO CLINIC (June 12, 2020), https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655. For mothers, c-sections increase the risk of infection, postpartum hemorrhage, and blood clots. *Id.* Also, mothers who give birth by c-section are more likely to need c-section for future children, experience more pain and have a longer recovery than women who give birth vaginally. *Id.*

[52] *See* Shaw, *supra* note 16, at 528. For example, when cesarian sections became safer to perform, they became a norm for addressing challenging births, which prior to c-sections, were attended by skilled medical professionals. Veronique Bergeron, *The Ethics of Cesarean Section on Maternal Request: A Feminist Critique of the American College of Obstetricians and Gynecologists' Position on Patient-Choice Surgery*, 21 BIOETHICS 478, 485 (2007). Many North American hospitals instituted mandatory c-sections for babies in the breech position (baby is positions bottom nearest the birth canal) or for women who have had a previous c-section. *Id.* Women who could have still attempted a vaginal birth were pressured into c-sections under hospital rules and instilled with fear that their baby may be at risk because of the difficulties presented at birth. *See id.* C-section was not a last resort, instead, an easy remedy to a challenging birth. This means that C-sections were not used only in the rare cases of emergency, but as a frequent practice when minor difficulties arose during birth.

[53] *See* Stover, *supra* note 19, at 321 (quoting ROOKS, *supra* note 19, at 373). The

different in their procedure and practice, with varying credentials, but they all use the midwifery model of care as the basis of their practice.[54]

C. *The Current State of Midwifery and the Traditional Midwife*

There are a variety of kinds of midwives practicing in the U.S. today, all of whom are regulated differently by each state.[55] The main distinction between midwives today centers on their level of education and apprenticeship.[56] There are two categories of midwives generally, Certified Nurse Midwives ("CNM"), and direct-entry midwives, the sole contrast between these categories being that the former has a nursing degree.[57] Direct-entry midwives encompass Certified Professional Midwives ("CPM"), Certified Midwives ("CM"), and Traditional Midwives, all of who are midwives by virtue of midwifery schooling, apprenticeship, or a combination of both.[58]

The first category of midwives, Certified Nurse Midwives, have completed nursing school, are registered nurses, and focused on midwifery

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medical model of care fails to recognize that a baby is not the only being, being born. When a baby is born, a woman becomes a different person, a mother. The medical model of care does not properly address the needs of the mother, being a new mother. Mothers are told how to care for their new baby, but not often told of how to take care of themselves as new mothers.

[54] All the agencies which provide midwifery recognition are based on the midwifery model of care. *See, e.g.*, *Midwives Model of Care*, NAT'L ASSOC. OF CERT. PRO. MIDWIVES [NACPM], https://nacpm.org/about-cpms/midwifery-model-of-care/ (last visited Mar. 21, 2022); *The Midwives Model of Care*, MIDWIVES ALL. N. AM. [MANA], https://mana.org/about-midwives/midwifery-model (last visited Mar. 21, 2022).

[55] *See* STATE BY STATE, https://mana.org/about-midwives/state-by-state (last visited Mar. 21, 2022). Midwives have become increasingly popular in rural areas. *See* Sofia Jeremias, *The Rise of Midwives in Rural America*, DESERETNEWS (Sept. 1, 2021), https://www.deseret.com/2021/9/1/22650628/the-rise-of-midwives-in-rural-america-nurse-midwifery-maternal-death-rate-medicine. Obstetric care has become increasingly difficult to access because of financial burdens and geographic inaccessibility, so midwives may provide care for individuals in rural areas that would not have access, otherwise. *Id.* Midwives have also been increasingly utilized in rural communities because of the fear of worse outcomes for women of color in the medical system and in cultures that do not view birth as a medical procedure. *See id.* In 2018, infant mortality rates were the highest among African Americans (at 10.75 deaths per 1,000 live births) and Native Hawaiians and other Pacific Islanders (at 9.39 deaths per 1,000 live births). Danielle M. Ely & Anne K. Driscoll, *Infant Mortality in the United States, 2018: Data From the Period Linked Birth/Infant Death File*, NAT'L VITAL STAT. REPS., vol. 69, no. 7 (July 16, 2020) https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf.

[56] Telephone Interview with Lea Minton, Certified Nurse Midwife, Hawai'i Midwife Alliance (Feb. 3, 2021).

[57] *See* Stover, *supra* note 19, at 317–18.

[58] *Id.* at 318; *see Types of Midwives*, Midwives All. N. Am., https://mana.org/about-midwives/types-of-midwife (last visited Mar. 5, 2022).

in their graduate education.[59] CNMs operate similarly to obstetricians, providing services primarily within the hospital or birth clinics, and purchase liability insurance.[60] CNMs are nurses as well as midwives, and are not typically barred by midwifery licensure requirements because of their status as nurses.[61] CNMs are certified by the American Midwifery Certification Board ("AMCB") and are able to practice legally in all fifty states.[62] "CNMs are independent practitioners in most states, however a few states require physician supervision."[63]

The next category of midwives, direct-entry midwives, are "recognized as legal practitioners in some U.S. States."[64] Direct-entry midwives have not attended nursing school, and instead received training through an alternate route.[65] Judith Rooks, a leader in the midwifery community with a storied career in midwifery and public health, described direct entry midwifery as follows:

> The midwife strives to support the woman in ways that empower her to achieve her goals and hopes for her pregnancy, birth[,] and baby, and for her role as mother. Midwives believe that women's bodies are well designed for birth and try to protect, support, and avoid interfering with the normal processes of labor, delivery, and the reuniting of the mother and newborn after their separation of birth.[66]

Direct-entry midwives are much less medicalized than CNMs, taking more of a natural, rather than a technological approach in birth, particularly because of the lack of a nursing degree.[67]

Within the category of direct-entry midwives are Certified Midwives. CMs are similar to CNMs, with a graduate degree in midwifery but do not go through nursing school and, therefore, are not nurses.[68] CMs

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[59] Telephone Interview with Lea Minton, *supra* note 56.

[60] *Id.*

[61] *Id.*

[62] *Legal Status of U.S. Midwives*, MANA https://mana.org/about-midwives/legal-status-of-us-midwives (last visited Mar. 22, 2022); Rouse, *supra* note 49 at 670.

[63] *Legal Status of U.S. Midwives*, *supra* note 62.

[64] *Id.*

[65] Telephone Interview with Lea Minton, *supra* note 56.

[66] MARY M. LAY, THE RHETORIC OF MIDWIFERY GENDER, KNOWLEDGE, AND POWER 5 (2000).

[67] *See id.*

[68] *See id.* at 4.

are under the same national certification as CNMs, the AMCB.[69] CMs primarily work in hospitals or birthing clinics, but may assist with home birth depending on whether they went through training to assist in community births.[70] CMs and CNMs may both assist births in any setting, in the hospital or at home, but primarily in the hospital since that is where most women give birth.[71]

Another type of direct-entry midwife is the Certified Professional Midwife.[72] CPMs have historically been trained through apprenticeship training, but now may also be trained through an accredited midwifery school.[73] Presently, with the creation of more accredited midwifery programs, there are CPMs who are midwives solely through apprenticeship, and also midwives who have solely gone through midwifery school.[74] CPMs are nationally certified by the North American Registry of Midwives, and are permitted to practice in states that license them.[75] Thirty-five states have legally authorized CPMs to practice, while the other fifteen states leave CPMs at risk of criminal prosecution for practicing without a license.[76]

Finally, there are Traditional Midwives ("TMs").[77] Traditional midwives incorporate tradition, whether cultural or religious, into their midwifery practice and typically become a midwife through apprenticeship.[78] Traditional midwives "believe that they are ultimately accountable to the communities they serve; or that midwifery is a social contract between the midwife and client/patient and should not be legislated

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[69] *See id.* at 8*;* AM. MIDWIFERY CERT. BD. [AMCB], https://www.amcbmidwife.org/about-amcb (last visited Mar. 22, 2022).

[70] Telephone Interview with Lea Minton, *supra* note 56.

[71] *Id.*

[72] *Legal Status of U.S. Midwives*, *supra* note 62.

[73] Telephone Interview with Lea Minton, *supra* note 56.

[74] *Id.*

[75] *See About NARM*, N. AM. REG. OF MIDWIVES [NARM], https://narm.org/about/the-cpm-credential/history-of-the-development-of-the-cpm-credential/ (last visited Mar. 22, 2022).

[76] *Legal Status of U.S. Midwives*, *supra* note 62; *see also Legal Recognition of CPMs*, NAT'L ASSOC. CERT. PRO. MIDWIVES [NACPM] (Jan. 30, 2022), https://nacpm.org/about-cpms/who-are-cpms/legal-recognition-of-cpms/.

[77] Traditional midwives carry specific cultural traditions, thus, there are many different kinds of traditional midwives with very distinct worlds views and practices in birth. Telephone Interview with Pua 'O Eleili K. Pinto, *supra* note 10.

[78] *See id; Types of Midwives*, MIDWIVES ALL. OF N. AM. [MANA], https://mana.org/about-midwives/types-of-midwife (last visited Mar. 13, 2021); *Becoming a Midwife*, MIDWIFERY EDUC. ACCRED. COUNCIL [MEAC], https://www.meacschools.org/becoming-a-midwife/ (last visited Apr. 21, 2022).

at all; or that women have a right to choose qualified care providers regardless of their legal status."[79]

D. *Traditional Native Hawaiian Birthing Practices*

In the Native Hawaiian culture, kānaka (humans), kūpuna (ancestors), akua (gods), and ʻāina (the land or natural environment) are interconnected at birth.[80] There are abundant moʻolelo (stories) and ʻoli (chants) that reveal this relationship between human beings, gods, and the land.[81] The Kumulipo, Hawaiian creation chant, consists of 2,000 lines telling of the birth of man and woman, coral polyp and starfish, the high chiefs and stragglers, the goddess Haumea.[82] The chant begins with pō (darkness, realm of the gods), the source of all those in ao (light, consciousness) earthly existence.[83] Native Hawaiian Professor Lilikalā Kameʻeleihiwa states the importance of birth in Hawaiian culture precisely, "every aspect of the Hawaiian conception of the world is related by birth, and as such, all parts of the Hawaiian world are one indivisible lineage."[84]

Haumea is the Hawaiian goddess of fertility and has been referred to as the patroness of childbirth.[85] In the story of Muleiula's childbirth, Muleiula was in labor, preparing for a cesarean section operation, when Haumea appeared and said, "In our land babies are born naturally without cutting open the mother."[86] Haumea told Muleiula that the remedy would

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[79] *Types of Midwives*, MANA, *supra* note 78.

[80] *See* KUMULIPO, A HAWAIIAN CREATION CHANT (Martha W. Beckwith ed., 1951).

[81] *See, e.g.*, *id*. Another Native Hawaiian moʻolelo portraying the relationship between humans, ancestors, gods, and the land is the story of Hāloa. It is important to note that there are many versions of this story. One version is written as such: Papahānaumoku (earth mother) and Wākea (sky father) have a child named Hoʻohōkūkalani. Wākea mates with his daughter Hoʻohōkūkalani, and they have a child named Hāloa. Hāloa was born stillborn, and they buried him in the ʻāina. From Hāloa's gravesite grew a plant or the kalo. Hoʻohōkūkalani conceived again, giving birth to the first man, Hāloanaka. Hāloanaka's kuleana was to take care of his elder brother, Hāloa or the kalo, and Hāloa to reciprocate that care by providing for his younger brother. This demonstrates the interconnected relationships in Native Hawaiian culture, the gods watch over the ʻāina and kanaka (Native Hawaiian people), and the ʻāina and kanaka are siblings, having to take care of one another in a reciprocal relationship. *See* MOʻOLELO: HĀLOA HOʻOKUAʻĀINA, https://www.hookuaaina.org/mo%ca%bbolelo-haloa/ (last visited Feb. 12, 2022).

[82] KUMULIPO, *supra* note 80, ll. 13-15, 18, 528-29, 1771 (highlighting a few examples of the many living creatures born in the Kumulipo).

[83] *See id.*

[84] LILIKALĀ KAMEʻELEIHIWA, NATIVE LAND AND FOREIGN DESIRES: PEHEA LA E PONO AI? 2 (1992).

[85] MARTHA BECKWITH, HAWAIIAN MYTHOLOGY 285, 289 (1970).

[86] *Id.* at 283. Like many Native Hawaiian moʻolelo, this is one of many versions.

be to eat the blossom, Kanikawī Kanikawā, of the plant Kalauokekahuli.[87] This moʻolelo portrays the interplay between birth, the gods, and the land, and an example of how Native Hawaiians may have handled birth.[88]

In the Native Hawaiian culture, birth was a communal event and a woman's diet was a major consideration throughout pregnancy and in birth.[89] "Prenatal care was practiced long before the advent of Western medicine."[90] Mothers relied on the natural environment to provide lāʻau lapaʻau (medicine).[91] Other things a mother ate, whatever her food cravings, gave insight into the kind of person the child would become.[92] Hoʻoponopono (to correct or make right), the process of mediating problems, was implemented in the family prior to the baby's arrival because familial issues were seen as impacting the baby's birth journey.[93] Native Hawaiians considered all energies that surrounded a pregnant mother in birth, and this awareness of all elements was a normal obstetrics practice in the traditions of Native Hawaiian birth traditions.

1. The Pale Keiki and Other Specific Traditional Birthing Practices

In ancient Hawaiʻi, the pregnant woman's whole family was versed in helping her give birth.[94] For example, a makua kāne (father) could take charge of the delivery, aided by other adult members of the family.[95] "If the ʻohana lacked a member trained in obstetrics, then a pale keiki . . . or kahuna pale keiki would be engaged."[96] A pale keiki[97] went beyond the duties considered of a "midwife;"[98] they were normally trained by family and

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[87] *Id.*

[88] This moʻolelo is not intended to imply that a natural birth was the preferred way for Native Hawaiians to give birth. Native Hawaiians performed C-sections for specific functions, other moʻolelo telling of Haumea performing such operations during birth. This highlights Oiwi ability to navigate when a medical intervention is needed and when it may be diverted, as a skill set of Haumea. Telephone Interview with Pua ʻO Eleili K. Pinto, *supra* note 10.

[89] *See* 2 MARY KAWENA PUKUI & CATHERINE A. LEE, NANA I KE KUMU LOOK TO THE SOURCE 2–6 (2014).

[90] *Id.* at 3.

[91] *See id.* at 14–16, 20.

[92] *Id.* at 5.

[93] *Id.* at 11–12.

[94] *See id.*

[95] *Id.* at 3.

[96] *Id.*

[97] Pale keiki is defined as "to deliver a child" and "midwife. *See* MARY KAWENA PUKUI & SAMUEL H. ELBERT, HAWAIIAN DICTIONARY 311 (1986).

[98] Pale keiki also navigated dreams, managed communal ties, performed laʻau

became pale keiki because of their family lineage.[99] The pale keiki and family members, together, would act as an obstetric team when a mother went into labor.[100] This team was "concerned, not only with the safe delivery of a healthy child, but with the emotional support of the mother in labor, and the psychic forces that could aid or injure mother and child."[101]

Currently, there are no known practicing pale keiki in Hawai'i.[102] Native Hawaiian birthing practices were one of many traditions impacted by colonization, and though there may be an abundance of stories and information on pale keiki and Native Hawaiian birthing practices, that information could not be accessed in a timely matter for the purposes of this paper.[103] Pale keiki, like many other Native Hawaiian practices, has become hidden or even obsolete over time because of colonization and western influence. Further, most families are not as versed in birth as they would be under this tradition, and it is a rarely occurring practice for fathers to be hands-on in assisting the birth of their child.[104]

Pale keiki may have not survived the transition to the current Western medical atmosphere in Hawai'i, but there are many other practices relating to birth that Native Hawaiians partake in. Lā'au lapa'au plays an important role in pregnancy and childbirth. Pregnant women may be given a combination of natural ingredients to aid the mother in contractions or act as a lubricant for the baby's journey outside of the womb.[105] Lomilomi (Native Hawaiian massage) may also be incorporated during pregnancy and birth to help with pain.[106]

Like many indigenous cultures, there are also many Native Hawaiian traditions in birth relating to food. It is important for a mother to have her cravings fulfilled.[107] Native Hawaiians believe that it is not the

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lapa'au, incorporated ancestral knowledge and incorporated cosmic ties, and much more. Telephone Interview with Pua 'O Eleili K. Pinto, *supra* note 10.

[99] *Id.* The higher study a pale keiki was, they would be considered a "kahuna pale keiki."

[100] *Id.*

[101] *Id.*

[102] Telephone Interview with Cami Wong, Student Midwife, Native Hawaiian Traditional Midwifery (Feb. 3, 2021); Telephone Interview with Wahinehula Kaeo, Student Midwife, Native Hawaiian Traditional Midwifery (Feb. 18, 2021).

[103] *See* Pua 'O Eleili K. Pinto, *Pua Kanikawī Kanikawā: The Intimacy of Hawaiian Childbirth* (May 2019) (Master of Arts in Hawaiian Studies, University of Hawai'i at Mānoa) (on file with the editors).

[104] Telephone Interview with Pua 'O Eleili K. Pinto, *supra* note 10.

[105] Joy Kobayashi, *Early Hawaiian Uses of Medicinal Plants in Pregnancy and Childbirth*, 22 J. TROP. PEDIATR. 260, 261 (1976).

[106] PUKUI & LEE, *supra* note 89, at 9, 17.

[107] *Id.* at 5.

mother craving these foods, but the baby within her, and oftentimes cravings were analyzed to reveal certain traits or the nature of the coming child.[108] Upon delivery, it is important that a mother eat a well-balanced meal, typically of kalo (taro), some kind of protein, and vegetables.[109] A well balanced meal that nourishes a mother will ensure her physical health in labor.[110] Native Hawaiians, like midwives, also recognized the importance of caring for the holistic health of the mother.[111] It was not good practice to tell a mother to "think only of the baby."[112] A mother too has needs and desires that must be pampered in pregnancy.

The holistic health of the family is also an important part of Native Hawaiian birth. Hoʻoponopono was often incorporated before the birth of the baby to ensure a mother was at peace and the environment of people that the baby was being born into, harmonious.[113] Hoʻoponopono "allowed a woman to ventilate her . . . hurts and hostilities . . . to clear the way for the baby."[114] Native Hawaiians believe babies to be susceptible to energies, and it was important that families or any individuals to be around the baby were filled with positive energy, as not to pass bad energy on to the baby.[115]

In Native Hawaiian culture, there was also an emphasis on birthplace and the connection of a newborn to the land they are directly born on. When a Native Hawaiian child is born in this ʻāina, it is believed that the child has kuleana (responsibility) to the land.[116] The birth of a child on the land where they live creates an intimate relationship between the child and the land, like that between Hāloa and Hāloanaka, where the two must

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[108] *Id*.

[109] Telephone Interview with Pua ʻO Eleili K. Pinto, *supra* note 10. Notably, Native Hawaiian ancestral food went beyond nutrients, as the importance of these foods were not based on health benefits alone, but also connections to the gods and much more.

[110] *Id*.

[111] *See* PUKUI & LEE, *supra* note 89, at 8-9.

[112] *Id.* at 9.

[113] *Id.* at 11–12.

[114] *Id*. at 21.

[115] *See id.* at 11. In the birth of my own son, his father's family encouraged us to keep him home for the first few months after he was born. They also insisted we put a hat on him if we were to take him outside of the house. The poʻo (head) of a baby is open at birth, and in Native Hawaiian culture, that openness leaves the baby susceptible for bad energies to enter through the top of the baby's head. So, Waiawa was kept home, exclusively, for the first three months of his birth to avoid any bad energies which may enter his body.

[116] Telephone Interview with Kaiulani Sharon Odom and Puni Jackson, Native Hawaiian Birth Assistants, Ka Lāhui o ka Pō. (Feb. 24, 2021).

care for one another.[117] Though this native practice has been obscured over time, the importance of birth place for Native Hawaiians is evident in the preservation of the stones of Kūkaniloko. Just outside of the town of Wahiawā, a place named Kūkaniloko was once known as the birth site for chiefs, where their mothers labored on large smooth stones.[118] For Native Hawaiians, birthplace is not only a place where a child is born, but represents the relationship created between the child and the land and/or represents the importance of their lineage.

Native Hawaiian birth traditions include a variety of cultural practices which address the health of not just the baby and mother, but that of the land and the family as well. Though colonization and the movement toward allopathic medicine obscure many of these traditions, Native Hawaiians continue to fight to incorporate these traditions and, in some instances, work to innovate and revitalize cultural practices.[119] Further, Native Hawaiians have faced adversity and prejudice in continuing their traditional birth practices and have been met with friction by hospitals because of previous legislation which impacted their traditional practices.

2. Tension Between Traditional Hawaiian Birthing Practices and Other Medical Regulations in Hawai‘i

Native Hawaiian traditional birthing practices have been in tension with dominant western medicine and medical regulations in Hawai‘i throughout history, where western medicine has dominated all health spaces. The medical evolution in Hawai‘i has led to the overuse of medical systems and interventions in Hawai‘i, and a movement towards birth independent from culture. Native Hawaiians have been confronted with

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[117] *See* MO‘OLELO: HĀLOA HO‘OKUA‘ĀINA, https://www.hookuaaina.org/mo%ca%bbolelo-haloa/ (last visited Mar. 22, 2022).

[118] *See About Kūkaniloko*, KŪKANILOKO.ORG, https://kukaniloko.weebly.com/about-k362kaniloko.html (last visited Feb. 22, 2022). To be clear, Kūkaniloko was not for commoners nor a common birthing place. I mention Kūkaniloko as an example, to highlight the importance of birth to specific areas.

[119] Ka Lāhui O Ka Pō is one group that has worked tirelessly to help Native Hawaiians incorporate Native Hawaiian traditional practices in pregnancy and birth. *See Birthing a Nation*, KA LAHUI O KA PO, https://www.rootskalihi.com/ka-lahui-roots-kkv (last visited April 6, 2022). They provide an eight week birthing serioes to help families reclaim ancestral practices and cultivate connection. They describe their program as allowing

> [p]articipants [to] feel strengthened in their cultural roots, more confident in their own choices, and [a] deeper connection in their personal relationships. Mākuakāne especially find strength and confidence through this class as they connect more profoundly with traditional kuleana and ‘ike of fatherhood, learning how they fit into the processes of pregnancy and childbirth.

Id.

resistance from the medical community in their fight to bring back their traditional practices in birth.[120]

The Native Hawaiian birth tradition of ʻiewe (placenta) was one of the traditions that faced harsh conflicts and resistance from the medical field. Traditionally, after a baby was born, the ʻiewe would be buried,[121] and sometimes, with a tree planted in its burial place. Hawaiians believe that the proper care of the ʻiewe, ensures the child's lifelong health and well-being.[122] Additionally, it is done to literally deepen the next generation connection to ʻāina and feed many generations to come.[123] The ʻiewe is typically buried in a place with a special connection to the child, connecting the child to his or her homeland, and to prevent the child's spirit from wandering.[124] Traditionally, the ʻiewe would then be buried, and today, it is usually carried out by the father or family members.[125]

ʻIewe has a deep significance for Native Hawaiians. A child's ʻiewe is often referred as the child's honua (foundation).[126] This honua is a place of safety within the mother, supplying the baby with everything it needs to survive.[127] This metaphorical meaning is emphasized by the kanu (bury, plant) of the ʻiewe into the honua (other meanings include land, earth, world).[128] The "role of the child's honua while it is inside its mother's womb is the same as the role of [the] honua" we walk on.[129] The State of Hawaiʻi disregarded the importance of ʻiewe for Native Hawaiians in policies governing ʻiewe.

For example, "[i]n 2005, the State of Hawaiʻi Department of Health began enforcing a policy that classified the ʻiewe as infectious waste."[130] So, when a Native Hawaiian family asked to take the ʻiewe of their newborn home, the hospital declined because of the policy that said that ʻiewe were

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[120] *See, e.g.*, Tara Godvin, *Hawaiians Await Bill on Access to Placenta*, STAR BULLETIN (Apr. 17, 2006), http://archives.starbulletin.com/2006/04/17/news/story01.html.

[121] PUKUI & LEE, *supra* note 89, at 16.

[122] Melody Kapilialoha MacKenzie, *Hawaiian Custom in Hawai'i State Law*, *in* 13 & 14 Y.B.N.Z. JURIS. 112, 149 (2010 & 2011).

[123] Telephone Interview with Pua ʻO Eleili K. Pinto, *supra* note 10.

[124] *Id.*

[125] Native Hawaiian Legal Corportation, *Hospital destroys babies' 'iēwe without warning*, KA WAI OLA (July 1, 2017) https://kawaiola.news/ea/hospital-destroys-babies-iewe-without-warning/ (last visited May. 3, 2022).

[126] *Id.*

[127] *Id.*

[128] *See id.*

[129] *Id.*

[130] MacKenzie, *supra* note 122, at 149.

toxic waste.[131] Another couple filed a lawsuit in the U.S. District Court for the District of Hawai‘i, contesting the policy as a violation of the right to religious freedom under the U.S. Constitution and the guarantee of Hawaiian traditional and customary practices.[132] When this mother had given birth, the federal court ordered the ‘iewe to be frozen and stored at the hospital while the suit was pending, but when the ‘iewe disappeared from the hospital, the court dismissed the lawsuit.[133]

Native Hawaiian families joined together and went to the State Legislature demanding relief. In 2006, the State enacted Act 12, which "allow[ed] a hospital to release the ‘iewe to the mother or her designee after a negative finding of infectious or hazardous disease."[134] A draft of the bill stated that "the State has the obligation to assure that religious and cultural beliefs and practices are not impeded" without strong reason.[135] Further, a "final committee reviewing the bill noted that ‘the rich ethnic and cultural practices of Native Hawaiian traditions are essential to sustaining the Hawaiian culture, and need protection.'"[136] Senate Bill 2133 ("S.B. 2133") was enacted as Act 12, now under section 321-30 of the Hawai‘i Revised Statutes ("HRS") as stated:

> Upon negative findings of infection or hazard after appropriate testing of the mother, the human placenta may be released by the hospital to the woman from whom it originated or to the woman's designee. The department shall establish a release form which shall stipulate appropriate measures for the safe release of human placenta.[137]

Though this may have been a success and represented that the State Legislature may be utilized to create legislation to perpetuate Native Hawaiian traditional birth practices, the enactment of Act 12 did not end the problems Native Hawaiian families were facing in bringing their child's ‘iewe home.

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[131] *See* Godvin, *supra* note 120.

[132] MacKenzie, *supra* note 122, at 149 (citing Complaint, N.S. and E.K.N. v. Hawaii, Civ. No. 05-00405 HG (D. Haw. June 24, 2005)).

[133] MacKenzie, *supra* note 122, at 149 (citing N.S. and E.K.N. v. State of Hawaii, Civ. No. 05-00405 HG (D. Haw. June 24, 2005)).

[134] MacKenzie, *supra* note 122, at 150 (citing S.B. 2133, 23d Leg., Reg. Sess. (Haw. 2006)).

[135] S.B. 2133 SD 2 HD 2 CD 1, 23d Leg., Reg. Sess. (Haw. 2006).

[136] MacKenzie, *supra* note 122, at 150 (citing S. COMM. ON HEALTH, STAND. COMM. REP. NO. 3185 on H.B. 2057, H.D. 2, 23d Leg., 1st Sess. (Haw. 2006)).

[137] HAW. REV. STAT. § 321-30 (2021).

Despite the law, hospitals often either refuse to allow women to take home their child's ʻiewe or often lose the ʻiewe.[138] Hospitals have no uniform standard for giving the ʻiewe to families. Some families have had to deal with having their child's ʻiewe being contaminated by the hospital putting it in formaldehyde,[139] or must deal with the ʻiewe being passed around throughout the hospital and touched by many hands.[140] Hospitals still do not see ʻiewe as sacred or meaningful, but rather as toxic waste or bodily waste, evident by the experience that Native Hawaiian families face in taking home their child's ʻiewe.[141]

Native Hawaiian Midwives, therefore, are important for ensuring traditional Hawaiian practices, like the safe delivery of the ʻiewe, are carried out properly. With the intimacy of using midwife in birth, and the rapport established between mother and midwife, a mother may feel content in knowing that her child's ʻiewe is being delivered safely and preserved properly. Traditional practices through Native Hawaiian midwives, however, are also impacted by harmful gaps in the State of Hawaiʻi's health legislation. The requirement for midwifery licensure, which restricts direct-entry midwives and traditional midwives, is one significant barrier to the continuation of Native Hawaiian traditional birthing practices. With less traditional midwives and direct-entry midwives, who are more familiar with incorporating culture into birth, traditional practices are more difficult to incorporate into birth.

E. *Midwifery Licensure in the United States*

The U.S. is among one of the few developed countries that do not integrate any midwifery as a primary form of care for expecting mothers. In developed countries outside of North America, midwifery is the primary form of maternity care, and obstetricians usually deal with mothers at high-

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[138] Telephone Interview with Pua ʻO Eleili K. Pinto, *supra* note 10.

[139] Formaldehyde is a toxic chemical mostly known for use in building materials and modern-day embalming fluid for the preservation of dead bodies.

> Formaldehyde is a colorless, flammable, strong-smelling chemical that is used in building materials and to produce many household products. It is used in pressed-wood products, such as particleboard, plywood, and fiberboard; glues and adhesives; permanent-press fabrics; paper product coatings; and certain insulation materials. In addition, formaldehyde is commonly used as an industrial fungicide, germicide, and disinfectant, and as a preservative in mortuaries and medical laboratories.

NAT'L CANCER INST., *Formaldehyde and Cancer Risk*, NIH (June 10, 2011), https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/formaldehyde/formaldehyde-fact-sheet.

[140] Telephone Interview with Pua ʻO Eleili K. Pinto, *supra* note 10.

[141] *See id.*

risk for complications or who otherwise require special medical attention.[142] For example, "[i]n the Netherlands, over a third of all births are planned home births with a midwife in attendance."[143] The British parliament also issued a report strengthening midwives as the "primary maternity care providers."[144] In addition, "New Zealand has given midwives powers similar to family physicians, including autonomous private practice, prescription writing and hospital privileges."[145] In New Zealand and Britain, the infant mortality rate is substantially lower than that of the U.S.[146] Despite this, the U.S. has continued to promote medical obstetrics as the primary form of care, and has made it more difficult for midwives to achieve licensure if they do not meet a standard of formal education.[147]

The U.S. is appearing to move in the direction of midwifery as a common practice because of an increase in licensure statutes. Each state has laws that govern the practice of midwifery within its borders, primarily including CNMs and selectively allowing direct-entry midwives, if at all.[148] CNMs are registered nurses, and therefore licensed as nurses.[149] What licensure allows of CNMs, however, varies by state, some allowing CNMs to practice as advanced nurse practitioners or allowing CNMs to be registered solely as midwives.[150] In terms of direct-entry midwives, currently only thirty-five states have a law licensing direct entry midwives.[151] Fifteen states lack a direct entry midwife licensure law, and therefore do not regulate direct entry midwives.[152] Therefore, despite the influx of statutes and laws requiring licensure, the regulation of the industry under the guise of "public safety" does not promote the use of midwifery,

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[142] Marsden Wagner, *Midwifery in the Industrialized World*, 20 J. SOC. OBSTET. & GYNAECOL. 1225, 1232 (1998).

[143] *Id.* at 1233.

[144] *Id.*

[145] *Id.*

[146] *See* Marian F. MacDorman et al., *International Comparisons of Infant Mortality and Related Factors: United States and Europe, 2010*, 63 NAT'L VITAL STAT. REPS. 1, 1 (2014), https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf.

[147] See Kerry E. Reilley, *Midwifery in America: The Need for Uniform and Modernized State Law*, 20 SUFFOLK U.L. REV. 1117, 1124 (1986).

[148] STATE BY STATE, https://mana.org/about-midwives/state-by-state (last visited Mar. 24, 2022).

[149] *See* Reilley, *supra* note 147, at 1121–23.

[150] *See* STATE BY STATE, *supra* note 148.

[151] *See* STATE BY STATE, https://mana.org/about-midwives/state-by-state (last visited Mar. 24, 2022).

[152] *See id.*

makes it harder for many midwives to practice, and decreases midwife access to mothers.

The direct entry midwives, and thereby mothers who would like access to them, harmed most by these policies are traditional midwives. As mentioned previously, many traditional midwives trained primarily through apprenticeship, and many state licensure statutes require that, to become licensed, midwives have some degree of formal western education and certification.[153] Native Hawaiian midwives typically fall into this category as do other indigenous midwives.[154] Native Hawaiians in Hawai‘i are one of many indigenous populations whose traditional practices are being impacted by midwifery licensure law.[155]

III. ACT 32: HAWAI‘I’S MIDWIFERY LICENSURE LAW

The Hawai‘i State Legislature has attempted to implement a midwifery licensure act for decades.[156] It is important to emphasize here, that any type of legislation around midwife practices is inherently prohibitive for traditional midwives because these are practices that do not fit within a western legal framework or licensing scheme.

Various studies led up to the eventual Act 32, the modern Hawai‘i midwife statute, none of which included impacts on traditional Native Hawaiian birthing practices or Native Hawaiian midwives.[157] With Act 32,

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[153] *See, e.g.,* Bonaparte, *supra* note 17, at 156 (discussing how midwifery laws enforced and mandated training sessions in South Carolina as a means of curtailing and replacing midwifery practice, consequently reducing the presence of black granny midwives in the state).

[154] *See, e.g., In Mexico, Midwives Offer Care Rooted in Ancestral Tradition*, PARTNERS IN HEALTH (May 5, 2021) https://www.pih.org/article/mexico-midwives-offer-care-rooted-ancestral-tradition. In Mexico, Mexican traditional midwives are understood to be born with the gift of midwifery, with knowledge that is “almost like doing magic.” *Id.* In this article, the author writes of a new generation of midwives using “ancestral tradition to usher in new life,” and recognizes joining ancestral tradition with a woman’s choice in choosing the most comfortable way for her to give birth. *Id.* “To change the world, you have to change the way we are born.” *Id.*

[155] *See e.g.*, Catherine Pearson, *Meet the Midwife Starting the First Native American Birth Center*, HUFFPOST (Nov. 2, 2015, 1:05 PM), https://www.huffpost.com/entry/meet-the-midwife-starting-the-first-native-american-birth-center_n_5626889de4b08589ef4939e8. Native Americans have also struggled with preserving and perpetuating their birth traditions because of western medicine and state regulation. *See id.* Traditions for Native Americans may include: burning sage to cleanse the space, drumming sessions, and/or a mother’s blessing way, a sacred ceremony. *See id.* All of these traditions are impacted by midwifery regulation, because with fewer available midwives, women must give birth in hospitals where traditions like those named above, may not be carried out. *See id.*

[156] Telephone Interview with Cami Wong, *supra* note 102.

[157] *See, e.g.,* OFF. OF THE AUDITOR, ST. OF HAW., REP. NO. 89-21, SUNSET EVALUATION REPORT: REGULATION OF MIDWIVES (Dec. 1989),

"[i]t must be remembered that [any] regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is birth, not midwifery."[158] Native Hawaiian practices in birth revolve around the unique instances of each birth with midwives playing a key role in the incorporation of cultural and personal values. Native Hawaiian traditions are thereby suppressed when midwives are regulated, as that typically means such practices must fit within a specific statutory framework.

A. *History of Midwifery Regulation in Hawai'i*

Hawai'i first began regulating the practice of midwifery in 1931 when the Territorial Legislature enacted Act 67, which required midwives to register with the Board of Health ("BOH").[159] In 1941, the Hawai'i Territorial Legislature sought to safeguard public health by further regulating midwifery, enacting Act 87.[160] "Act 87 made it illegal to practice midwifery without a certificate of registration or a permit."[161]

It was not until 1988 that Hawai'i created more midwifery legislation, when the Legislature added a midwifery licensing program administered by the Department of Health ("DOH") under Chapter 321.[162] A year later, the Hawai'i State Auditor performed the *Sunset Evaluation Report: Regulation of Midwives*,[163] which recommended that regulation of midwives be continued.[164] The regulatory program under Chapter 321 at

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https://files.hawaii.gov/auditor/Reports/1980-1989/89-21.pdf.

[158] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg. 108–11 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF (statement of Laulani Teale, Master of Pub. Health) (opposing S.B. 1033).

[159] OFF. OF THE AUDITOR, ST. OF HAW., REP. NO. 89-21, SUNSET EVALUATION REPORT: REGULATION OF MIDWIVES (Dec. 1989), https://files.hawaii.gov/auditor/Reports/1980-1989/89-21.pdf. A sunset evaluation, also referred to as a sunset review, is an "evaluation of the need for the continued existence of a program or an agency." *See* Wash. Joint Legis. Audit & Rev. Comm. [JLARC], *What is a Sunset Review?*, WASH. ST. LEGIS. (2021), https://leg.wa.gov/jlarc/Documents/WhatisaSunsetReview.pdf.

[160] *See* OFF. OF THE AUDITOR, ST. OF HAW., REP. NO. 89-21, SUNSET EVALUATION REPORT: REGULATION OF MIDWIVES 7-8 (1989), https://files.hawaii.gov/auditor/Reports/1980-1989/89-21.pdf.

[161] *Id.* at 8.

[162] *See id.* at 1.

[163] *Id.*

[164] *See id* at 15; *see also* OFF. OF THE AUDITOR, ST. OF HAW., REP. NO. 99-14, SUNRISE ANALYSIS OF A PROPOSAL TO REGULATE CERTIFIED PROFESSIONAL MIDWIVES (1999), https://files.hawaii.gov/auditor/Reports/1999/99-14.pdf [hereinafter SUNRISE ANALYSIS].

that time, "required that no one except physicians could practice midwifery unless licensed by the State as a nurse midwife."[165]

When the DOH repealed the midwifery statute, the purview of nurse-midwife regulation transferred from the BOH to the Board of Nursing ("BON").[166] At that time then as a result of the statute change, the only midwives who were allowed to legally practice in the State of Hawai'i were CNMs because the BON licensed all nurses who also practiced midwifery. Hawai'i no longer had laws regulating midwifery other than the BON administrative licensing purview.[167]

There were various efforts to reintroduce midwifery licensure legislation to allow licensure of midwives other than CNMs. In 2014, the legislature introduced Senate Bill 2569 ("S.B. 2569"). In this bill, the legislature recognized the use of midwifery in Hawai'i and intended to establish a home birth board to serve as an advisory board for licensure.[168] Under the proposed SD1 of S.B. 2569, the board would have granted a license to midwives who provided certification as a CPM by NARM, filed a board approved application for licensure and paid the fee, and provided documentation of successful completion of board approved MEAC accredited courses.[169] This bill allowed licensure of more midwives by encompassing CPMs, but still failed to recognize traditional midwives. This bill was stalled shortly after its introduction, passing a second reading and land referred to the Ways and Means Committee.[170]

The legislature attempted to introduce midwifery licensure related legislation again in 2016 with House Bill 1899.[171] H.B. 1899 starts off by saying, "The legislature finds that the Hawaiian Islands have a culture and traditional heritage that includes midwifery care."[172] At the time, there was no legislation regulating midwives and this bill sought to do a study on the possibility of licensure for CPMs.[173] In this bill, the legislature intended to conduct a study on the qualifications and training of midwives, to include a determination of whether licensure or continuing education requirements were necessary, to evaluate alternative forms of regulation, to evaluate the cost impact on the state of requiring licensure, and to review other related

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[165] *See* Sunrise Analysis, *supra* note 164, at 3–4.

[166] *Id.* at 4.

[167] *See id.*

[168] S.B. 2569 SD1, 27th Leg., Reg. Sess. (Haw. 2014).

[169] *Id.*

[170] *See* S. COMM. ON HEALTH, COM. & CONSUMER PROT. & JUD. & LAB., 27TH LEG., REG. SESS., STAND. COMM. REP. NO. 2432 ON S.B. 2569, S.D. 1, (Haw. 2014).

[171] H.B. 1899, 28th Leg., Reg. Sess. (Haw. 2016).

[172] *Id.*

[173] *See id.*

issues.[174] Essentially, the legislature wanted to determine whether licensure laws regulating CPMs were warranted.[175] This bill resulted in the *2017 Sunrise Analysis:*[176] *Regulation of Certified Professional Midwives* ("2017 Sunrise Analysis").[177]

Consequently, the 2017 Sunrise Analysis only reinforced the stereotype that midwives were dangerous, stating that "[t]he 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."[178] This study discounted H.B. 1899 for not being strict enough and posing licensure as optional, and instead concluded that stricter and mandatory licensing should be adopted.[179] The study relied on Hawai'i's Regulatory Licensing Reform Act[180] in finding that the "entire midwifery profession should be subject to mandatory licensure."[181] Again, this study failed to consider any of the impacts on culture or tradition, alleging that public health and safety concerns substantially outweigh any negative effects arising from regulation.[182] The study relied on the statistic of 2.59 deaths per 1,000 home births as posing a danger to the public, and as the reason for

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[174] *Id.*

[175] *See id.*

[176] A Sunrise Analysis is "a review of whether it is necessary for a legislature to enact legislation to regulate an . . . unregulated profession or occupation in order to protect the health, safety, or welfare of the public." DEAN SUGANO, LEGIS. REF. BUREAU, REP. NO. 6, 2002, SUNRISE REVIEWS: REGULATORY STRUCTURES AND CRITERIA (2002), https://lrb.hawaii.gov/wp-content/uploads/2002_SunriseReviews.pdf. The Hawai'i's Regulatory Licensing Reform Act "requires the Auditor to conduct sunrise reviews." *Id.* Specifically, the Auditor must "analyze new regulatory measures being considered for enactment that, if enacted, would subject unregulated professions or vocations to licensing or other regulatory controls." *Id.*

[177] *See* OFF. OF THE AUDITOR, ST. OF HAWAI'I, REP. NO. 17-01, SUNRISE ANALYSIS: REGULATION OF CERTIFIED PROFESSIONAL MIDWIVES (2017), https://files.hawaii.gov/auditor/Reports/2017/17-01.pdf [hereinafter 2017 SUNRISE ANALYSIS].

[178] *Id.*

[180] HAW. REV. STAT. § 26H-6 (1977). The Hawai'i's Regulatory Licensing Reform Act established general policies for the regulation of all professions and vocations in Hawai'i. The Act outlines when licensing is necessary, how regulation shall be implemented, that regulations shall be avoided if costs are artificially increased, regulation shall be eliminated when there is no further benefit to consumers, regulation shall not unreasonably restrict entry into the profession by qualified persons, and the imposition of fees. *Id.* § 26H-2.

[181] 2017 SUNRISE ANALYSIS, *supra* note 177, at 11.

[182] *See id.* at 8.

why midwives must be regulated. [183] However, the research failed to acknowledge that infant mortality rates were much higher than measured by the Center for Disease Control and Presevention, at 5.58 deaths per 1,000 live births.[184] Ultimately, the study recommended that the legislature require mandatory licensure of all midwives that follow strict western requirements.[185]

Following the 2017 Sunrise Analysis, House Bill 2184 ("H.B. 2184") was introduced to the legislature in 2018. The purpose of the bill was "to regulate midwives engaged in the practice of midwifery care by establishing licensure requirements and regulatory requirements."[186] The bill alleged to "empower consumer choice, reduce access disparities, enhance provider availability, and improve quality of maternal child health care."[187] This bill essentially excludes direct entry midwives from licensure, and again, any legislation of midwife licensing inherently causes barriers for non-western midwives' practices. H.B. 2184 was ultimately deferred by the Consumer Protection and Commerce Committee. The legislation following H.B. 2184—Senate Bill 1033—replicated H.B. 2184 and became the current codified midwifery licensure bill.[188]

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[183] *See id.* at 10 (citing Melissa Cheyney et al., *Outcomes of Care for 16,924 Planned Home Births in the United States*, 59 J. MIDWIFERY & WOMEN'S HEALTH 17, 23 (2014), https://onlinelibrary.wiley.com/doi/epdf/10.1111/jmwh.12172). Studies comparing midwifery care and physician care found that midwives provide comprehensive care with excellent health outcomes and with the use of fewer interventions. Anne Z. Cockerham & Tekoa L. King, Commentary, *One Hundred Years of Progress in Nurse-Midwifery: With Women, Then and Now*, 59 J. MIDWIFERY & WOMEN'S HEALTH 3, 3–7 (2014). Additionally, the study cited to did not actually discern the true risks related to place of birth because of "the low absolute number of events and the lack of a matched comparison group." Melissa Cheyney, *supra*, at 26.

[184] *See* KENNETH D. KOCHANEK ET.AL., NO. 395, MORTALITY IN THE UNITED STATES, 2019, NCHS DATA BRIEF (2020), https://www.cdc.gov/nchs/data/databriefs/db395-H.pdf. This data was collected based on death certificates filed in the United States, and does not indicate whether all of these deaths occurred within hospitals or outside of hospitals. *See id.* The United States ranks among one of the countries with high infant mortality rates, just below Chile (7.0), Turkey (9.2), and Mexico (12.1). *See* UNITED HEALTH FOUND., AMERICA'S HEALTH RANKINGS ANNUAL REPORT, 2019,019), https://www.americashealthrankings.org/lear n/reports/2019-annual-report/international-comparison. In countries that rank much lower than the United States, like the United Kingdom (3.9) and Netherlands (3.6), midwives greatly outnumber OB-GYNs. *See id.*; Tikkanen, Roosa et.al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*, The Common Wealth Fund (Nov. 18, 2020) https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries.

[185] 2017 SUNRISE ANALYSIS, *supra* note 177.

[186] H.B. 2184, 29th Leg., Reg. Sess. (Haw. 2018).

[187] *Id.*

[188] *See* S.B. 1033, 30th Leg., Reg. Sess. (Haw. 2019) .

B. *Senate Bill 1033 and Community Testimony*

Senate Bill 1033[189] was introduced in 2019, because of the apparent "growing public concern over non-credentialed and uncertified individuals calling themselves 'midwives' who have been allowed to market themselves and provide midwifery services as a business."[190] The Senate Committees on Commerce and Consumer Protection and Health stated:

> This measure protects the health and safety of women and unborn infants and is not a prohibition on a woman's ability to choose the birth attendant of her choice; it is about licensure of a profession. Licensure will provide consumers with increased access to midwifery care from providers who are skilled professional midwives. Through licensure, midwives will be able to work to their fullest scope and within a collaborative health care system. It is vital that all women have access to safe, qualified, highly skilled providers in all aspects of the birthing process.[191]

The committee insisted that S.B. 1033 was a measure necessary to protect the health and safety of women and newborns, despite countless mothers who wrote testimony in opposition of this bill, in fear they were being deprived their ability to make free choices in their birth.[192]

Many members of the community wrote in opposition and support of the bill. Those in support of S.B. 1033 were concerned with the safety and health of mothers and babies, and suspected that some midwives practicing in the community may be incompetent.[193] Those who wrote in opposition were concerned for various reasons; the most prominent being the prohibition of traditional midwives, the effect of the legislation on Native Hawaiian traditional birth practices, and how the requirements for licensure under S.B.1033 will impact choices and access for expecting mothers.[194] Mothers wrote testimony vouching for midwives, urging the

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[189] *Id.*

[190] S. COMM. ON COM., CONSUMER PROT. & HEALTH, 30TH LEG., REG. SESS., STAND. COMM. REP. NO. 659 ON S.B. 1033, S.D. 2, H.D. 1, (Haw. 2019).

[191] *Id.*

[192] *See infra* text accompanying note 196.

[193] *See, e.g., Testimony on S.B. 1033, S.D. 2, H.D.1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 9–10 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF.

[194] *See e.g.*, *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 108–11 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF (statement of Laulani Teale, Master of Publ. Health) (opposing S.B.

legislature not to pass the bill because traditional midwives would be forbidden from practice under S.B. 1033, despite practicing for decades and assisting hundreds of successful births.[195] Current midwives wrote how detrimental this licensure would be to the midwifery community, causing a divide between those who do and do not qualify for licensure, depriving mothers of many midwives who trained by apprenticeship or other non-western knowledge center.[196] Regardless of the overwhelming testimony, S.B. 1033 was passed and enacted as Act 32.[197]

C. *The Passage of Act 32*

In April 2019, S.B. 1033, now known as Act 32, was passed.[198] Act 32 generally covers homebirths because it governs CPMs[199] and CMs,[200] who are not qualified to work in hospitals in Hawai'i.[201] The Act defines a "midwife" as "a person licensed under this chapter."[202] "Midwifery" is further defined as the provision of one or more of the following services:

> Assessment, monitoring, and care during pregnancy, labor, childbirth, post-partum and interconception periods, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary; Supervising the conduct of labor and childbirth; and Provision of advice and information regarding the progress of childbirth and care for newborns

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1033); *id.* at 311 (statement of Ramona Hussey, Former Att'y & Homebirth Mother)*; id*. at 692–93 (statement of Ye Nguyen, Licensed Naturopathic Physician).

[195] *See id.* at 311 (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033).

[196] *See e.g.*, *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 100–01 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF (statement of Rachel Struempf, Direct Entry Midwife & Pres. of Haw. Midwifery Council).

[197] S.B. 1033, 30th Leg., Reg. Sess. (Haw. 2019).

[198] *Id.*

[199] Act 32 defines a Certified Professional Midwife as "a person who holds a current and valid national certification as a certified professional midwife from the North American Registry of Midwives, or any successor organization." *Id.*

[200] Act 32 defines a Certified Midwife as "a person who holds a current and valid national certification as a certified midwife from the American Midwifery Certification Board, or any successor organization." *Id.*

[201] Telephone Interview with Lea Minton, *supra* note 56.

[202] S.B. 1033, at 6. This definition limits the interpretation of a "midwife" to the confines of the act itself, despite midwifery long predating licensure laws and performing services well beyond monitoring of a mother and child, as the act states. This definition completely dismisses the historical significance of midwives.

and infants.[203]

Under section 11 of the Act, licensed midwives are given the authority to purchase and administer certain legend drugs[204] and devices. Act 32 makes no specific mention of home birth or traditional midwives, despite the impact it has on both practices.

Act 32 provides licensure for applicants that produce the following: an application for licensure, the required fee, and proof of certification as a Certified Professional Midwife or Certified Midwife.[205] For CPMs, an applicant must provide proof of successful completion of a formal midwifery education and training program that is either an educational program accredited by the MEAC or a midwifery bridge certificate issued by the NARM who obtained a certificate before January 2020 through a non-accredited pathway or have maintained licensure in a state that does not require accredited education.[206]

There are numerous exemptions to licensure under section 6, which include the following: Certified Nurse-Midwives,[207] professionals certified to work within another area of practice that overlaps with midwifery, students enrolled in a midwifery educational program, persons rendering aid in an emergency with no fee, and healing practices by traditional Hawaiian healers.[208] Act 32 also exempts a separate category of birth attendants until July 2023.[209] Midwives under this separate exemption are not allowed to use legend drugs or devices, may not advertise that they are a licensed midwife, and must disclose to each client that the midwife does not possess a professional license, that their education and qualifications whether it had not been reviewed by the state, that they may not administer legend drugs, any determination that they have committed misconduct or are criminally or civilly liable for conduct related to midwifery, and an

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[203] *Id.*

[204] A legend drug is "medication that cannot be obtained legally without a prescription from a licensed health care provider." *Legend Drug*, THE FREE DICTIONARY, https://medical-dictionary.thefreedictionary.com/legend+drug (last visited Mar. 22, 2022). An example of a legend drug that a mother may want to obtain during labor is Butorphanol, which helps with pain management during contractions. *See Stadol (Butorphanol) During Labor*, VERY WELL FAMILY (June 14, 2021), https://www.verywellfamily.com/stadol-in-labor-4768117. Another commonly used legend drug is Pitocin, which helps induce labor. *See Pitocin Induction: The Risks and Benefits*, Healthline (July 10, 2020), https://www.healthline.com/health/pregnancy/pitocin-induction#takeaway.

[205] S.B. 1033, 30TH LEG., REG. SESS., 13–14 (Haw. 2019).

[206] *Id.* at 14.

[207] *See generally* HAW. REV. STAT. § 457 (2014) (statute governing CPM licensing).

[208] S.B. 1033, at 9–12.

[209] *Id.* at 10.

emergency plan for being transported to the hospital.[210] This exemption was created to "allow this community to define themselves and develop common standards" with the intent "to enact statutes that will incorporate [these] birth practitioners and allow [this category of midwives] to practice to the fullest extent under the law."[211] The Act, however, provides no guidance for this "community" in setting common standards or defining themselves, or how to ensure their future qualification for licensure under the Act. This and the following section highlight the law's inability to cohesively regulate traditional practices, and the harm it causes in terms of an expecting mothers access to the services of midwife she chooses.

IV. CONSEQUENCES AND INCONSISTENCIES OF ACT 32 AND THE STATUTE'S ADVERSE EFFECTS ON NATIVE HAWAIIAN BIRTHING PRACTICES

Act 32 insists that it "will continue to allow a woman to choose where and with whom she gives birth."[212] Considering the implications and consequences of Act 32, this is simply untrue, and it is clear that the Hawai'i State Legislature enacted Act 32 without considering how the practice of midwifery and the community who use midwifery services would be affected.

Under the licensing scheme of the Act, individuals who have become midwives through the route of apprenticeship, alone, will not qualify for licensure.[213] The Act has acknowledged that midwives may receive certification even if they have gone through a non-accredited pathway but provides that if the individual has not received certification through NARM by January 2020, they would not be eligible for licensure.[214] The legislature created the separate exemption for these midwives, but then claimed it was an effort to "allow this community to define itself," basically meaning that the state is giving these midwives three years to meet the qualifications of licensure; that means going to school (if one can afford it) and tracking experiential hours.[215]

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[210] *Id.* at 10–12.

[211] *Id.* at 3.

[212] *Id.* at 2.

[213] *See id.* at 13–14.

[214] *Id.* at 14.

[215] *See id.* at 10. It takes approximately three years to complete curriculum for a certified midwifery program. *See FAQs*, NAT'L MIDWIFERY INST. INC. [NMI], https://www.nationalmidwiferyinstitute.com/faqs (last visited Apr. 21, 2022). In Hawai'i, the number of homebirths annually makes up a very small portion of total birth. *See* HAW. HOME BIRTH TASK FORCE, A REPORT TO THE GOVERNOR AND THE LEGISLATURE OF THE STATE OF HAWAI'I PER ACT 32, SESSION LAWS OF HAWAI'I (2019), https://humanservices.hawaii.gov/wp-content/uploads/2020/01/FINAL-12.10.19-HHBTF-Report-12.11.19.pdf. In 2018, there were 302 home births, compared to 16,649

Even if a midwife in Hawai‘i were to attempt to meet the requirements for licensure, the Act imposes requirements without providing any means or a pathway to achieve licensure within the State of Hawai‘i. [216] There are midwifery schools in the U.S., but they are outside of Hawai‘i and come at a high cost.[217] Second, there are not enough available preceptors in Hawai‘i that accommodate the need for training midwives, which would allow student midwives to finish their apprenticeship hours and qualify for licensure.[218] Third, the licensure law does not align with the actual practices of midwifery, nor does it properly protect a mother's ability to have a homebirth if she so chooses.

The consequence is that traditional midwives trained in Native Hawaiian practices tend to have taken the apprenticeship route, and therefore would be barred from practice by 2023 under the current language of Act 32. With less access to midwives and the ability to give birth at home, coupled with the lack of education and advocacy for native birth practices, Native Hawaiian women may have a harder time incorporating traditional practices in birth. The attempt to protect Native Hawaiian traditional birth practices with the exemption stated in section 6 of Act 32 does not do enough to ensure that these practices are not only fully protected but perpetuated as well.

In addition to the impractical standard for licensure, the definition of "midwifery" in the Act that defines the practice of midwifery could also define the practice of: obstetrics, ordering and interpreting screenings and diagnostic tests, supervising conduct of labor, advise, and inform progress of childbirth.[219] The act fails to account for the true work of midwifery services that tend to the wholesome care of the mother, the services that midwives provide in informing and advising family members, and the

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hospital births. *Id.* To become a CPM, midwives are required to observe and assist in a number of births. Candidate Information Booklet, N. AM. REGISTRY OF MIDWIVES [NARM] (Dec. 2021), http://narm.org/pdffiles/CIB.pdf. With these apprenticeship requirements and the small number of homebirths in Hawai‘i, it may take a student midwife in Hawai‘i even longer to become certified or may even force a student midwife to travel to the contiguous United States in order to complete these requirements.

[216] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 108–11 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF (statement of Laulani Teale, Master of Pub. Health) (opposing S.B. 1033).

[217] *See id.*

[218] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., 56–60 (Haw. 2019), https://www.capitol.hawaii.gov/session2019/testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Kristie Duarte, individual) (opposing S.B. 1033).

[219] *See* S.B. 1033, 30th Leg., Reg. Sess., 6 (Haw. 2019).

holistic health monitoring of both mother and baby.[220] Act 32 does not acknowledge the relationship a midwife makes with a mother, and only accounts for the tasks of midwives with respect to treatment and screenings.[221]

Further, Act 32 adversely affects the implementation of Native Hawaiian birthing practices and the ability to innovate traditional practices to revitalize them are constricted. Despite Act 32's attempt to reconcile the impacts on Native Hawaiians by an exemption, the act fails to consider that any and all regulation of traditional midwifery "limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing because the central traditional practice in question is birth, not midwifery.[222] Papa Ola Lokahi, the organization that is empowered to enforce this exemption, does not have mechanisms to extend protection to Native Hawaiian traditional midwives for birth-related practices, such as lāʻau lapaʻau, hoʻoponopono, and lomilomi.[223] Act 32 also jeopardizes Native Hawaiian birthing practices because it is ambiguous as to what constitutes a Native Hawaiian birth practice.[224] The exemption fails to account for the ability of the legislature to alter the exemption and the act by any means in 2023.[225]

As discussed in the previous section, there is neither a pathway to licensure nor a sufficient number of preceptors, and more specifically,

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[220] *See* Shaw, *supra* note 16, at 532; Stover, *supra* note 19, at 320-21.

[221] *See Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 610 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033); S.B. 1033, 30TH LEG., REG. SESS. (HAW. 2019) at 6, 15–16.

[222] *See Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 610 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033); S.B. 1033, 30TH LEG., REG. SESS. (HAW. 2019) at 6, 15–16.

[223] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 111 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_SD2_TESTIMONY_HLT_03-19-19_.PDF (emphasis omitted) (statement of Laulani Teale, Master of Pub. Health) (opposing S.B. 1033).

[224] Although, in some cases ambiguity may be beneficial. Ambiguity may allow for broader interpretation, since the practices are not specifically outlined or defined. It truly depends on the particular circumstances in which the ambiguity arises. *See* Telephone Interview with Kim Kuʻulei Birnie, Communications Papa Ola Lokahi (Feb. 4, 2021).

[225] *See Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 51 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Sara Kahale, individual) (opposing S.B. 1033).

traditional Native Hawaiian preceptors in the State of Hawai‘i.[226] It is important for Native Hawaiian traditional midwives to be able to stay in Hawai‘i to train in midwifery and in Native Hawaiian practices, which can only be learned in Hawai‘i.[227] Lomilomi, ho‘oponopono, lā‘au lapa‘au and any other Native Hawaiian practices incorporated in childbirth are rooted in Hawai‘i. Hawai‘i is home to Native Hawaiian practices and the individuals who may teach them, a midwife simply cannot go to school in the contiguous U.S. and learn Native Hawaiian practices there.

Finally, Act 32 also does not consider that many traditional Native Hawaiian births are attended by midwives of other ethnicities, who are restricted by Act 32, thereby impacting Native Hawaiian birthing abilities.[228]

The legislature has deprived the community of a portion of midwives who may be well trained by apprenticeship to assist multiple births. Depriving the community of any number of midwives deprives women of the choice to birth with these midwives, and detriments Native Hawaiian birthing practices, which are primarily done with traditional midwives.

A. *The Midwives Who "Fall Through the Cracks"*

Licensure of any profession, despite being implemented for the public good, has consequences for those in the profession and for consumers, and these consequences are harsher for indigenous populations and culture. Professional licensure is considered a form of consumer protection, but birth is a normal biological process and does not pose a risk to consumer safety.[229]

Licensure is rooted in the theory that one must be qualified by way of formal education in order to be proficient in any specific practice.[230] Seemingly, licensure is not only imposed to protect the public, but protect the integrity of the medical industry and prestige associated with attending formal schooling.[231] With this, the midwifery industry is forced to sacrifice

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[226] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 28–29 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_ (statement of Laulani Teale, Master of Pub. Health) (opposing S.B. 1033).

[227] *See id.* at 108.

[228] *See id.* at 111.

[229] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 33 (Haw. 2019), https://www.capitol.hawaii.gov/session2019/testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Rachel Struempf, Direct Entry Midwife & Pres. of Haw. Midwifery Council).

[230] *See id.* at 32-33.

[231] *See id.*

qualified midwives who are midwives by apprenticeship, and have been practicing prior to the implementation formalized schooling for midwifery.[232]

Under section 8 of Act 32, to qualify for licensure, midwives must first provide an application for licensure, the required fees, and proof of unencumbered[233] certification as a CPM or CM.[234] CPMs must also provide proof of successful completion of a formal midwifery education and training program that is either accredited by the MEAC or a certificate issued by the NARM.[235] Accordingly, any midwife who has become a midwife through the apprenticeship route alone, and has not gone through some form of formal education, would not be eligible for licensure.[236]

Realistically, a midwife who has become a midwife through apprenticeship and, over her career, has delivered one hundred babies with a well-established reputation in the community, would not qualify for licensure, but a newly practicing midwife who just completed school and received a certificate from NARM, would be eligible for licensure. [237] Act 32 does not account for midwives who have not gone through formal schooling, a normal pathway to becoming a midwife for centuries, that would be completely outlawed under this law.[238] These midwives would be penalized for practicing midwifery, despite how qualified they may be.[239]

The licensing scheme of Act 32 also restricts CMs to practice solely with homebirths.[240] CMs are equally trained in midwifery as CNMs and are recognized as midwives by the AMCB as CNMs are, the only difference is that CMs do not have a nursing degree.[241] Despite CMs being as qualified as CNMs to practice midwifery, this bill reduces CMs to the same status as

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[232] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 38–39 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Les DeBina, individual) (opposing S.B. 1033).

[233] Unencumbered certification is certification free of disciplinary limitations, often limited and under a Board, which monitors those who earn certificates unless the certification is revoked. Mary Trentham, *Discipline 101 What is an Unencumbered License?*, 22 ARK. ST. BD. NURSING [ASBN] 16 (Feb./Mar. 2018), https://epubs.thinknurse.com/publication/?m=6575&i=483240&view=articleBrowser&article_id=3039870&ver=html5.

[234] S.B. 1033, 30th Leg., Reg. Sess., 13–14 (Haw. 2019).

[235] *Id.* at 14.

[236] *See id.*

[237] Telephone Interview with Cami Wong, *supra* note 102.

[238] *Id.*

[239] *Id.*

[240] *See* S.B. 1033, 30th Leg., Reg. Sess. (Haw. 2019).

[241] Telephone Interview with Lea Minton, *supra* note 56.

CPMs.[242] This is harmful because it discourages CMs from practicing in Hawai‘i because of the tight restrictions imposed on their midwifery practices, being limited to home births alone.[243] At the time of this paper, there are no practicing CMs in Hawai‘i.[244]

Further, not only does the Act create difficulties for CPMs and CMs to practice, but Act 32 has also made it more difficult to perpetuate Native Hawaiian practices. As previously stated, Act 32 has an exception carved out for Native Hawaiian practitioners, but the exception is vague, leaving room for error and the possibility that Native Hawaiian traditional midwives may be penalized in their practice. The exemption states,

> Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii.[245]

Essentially, Papa Ola Lokahi serves as the agency which conducts kupuna councils who may affirm what is or is not a traditional Hawaiian healing practice as to be exempted under this exemption.

Papa Ola Lokahi is a leader in Native Hawaiian health and has previously worked to address Native Hawaiian health topics in the law.[246] Papa Ola Lokahi worked with Congress in creating the Native Hawaiian Health Care Act.[247] In that Act, a traditional Hawaiian healer is defined in the Native Hawaiian Health Care act as "a practitioner—who—is of Hawaiian ancestry, and has the knowledge, skills, and experience in . . . personal health care of individuals."[248] The practitioner's "knowledge, skills, and experience [must be] based on demonstrated learning of Native Hawaiian healing practices acquired by—direct practical associations with Native Hawaiian elders, and oral traditions transmitted from generation to generation."[249]

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[242] *See* S.B. 1033, at 13.

[243] Telephone Interview with Lea Minton, *supra* note 56.

[244] *Id.*

[245] S.B. 1033, at 12.

[246] *See* PAPA OLA LOKAHI, http://www.papaolalokahi.org/ (last visited Mar. 25, 2022).

[247] *See* 42 U.S.C. §§ 11701-11714.

[248] *Id.* § 11711(10)(A).

[249] *Id.* § 11711(10)(B).

The Kupuna Councils designated in recognizing traditional healing practices as falling under the exemption are overseen by Papa Ola Lokahi. Kupuna Councils were "established to distinguish practitioners of Hawaiian healing traditions from medical clinicians in Hawai'i, and provide protections of such healing practices as assured by the Hawai'i State Constitution."[250] There are Kupuna Councils spread across the Hawaiian islands, consisting of "practitioners of traditional Native Hawaiian healing kupuna masters that serve in advisory capacities for their communities and shall include at least three members that are Native Hawaiian."[251] Kupuna Councils do not recognize individual Hawaiian healing practitioners, but Native Hawaiian healing practices themselves.[252]

These Kupuna Councils set the precedent for what should be considered by the legislature, a traditional Hawaiian birthing practice. If a kupuna council were to say that a specific birthing practice performed by a traditional Native Hawaiian midwife were not a traditional Hawaiian healing practice, that midwife would be penalized under Act 32, because he or she would not fall under the exception for Native Hawaiian practices. This is dangerous for the Native Hawaiian culture and Native Hawaiian midwives because many birthing practices, which may be specific to one family or place, may not be known by the individuals on kupuna councils. Native Hawaiian birthing practices today are often hard to find, or specific to a family or person, and if the kupuna councils do not recognize such a practice, not only is the midwife at risk for penalization, but the traditional practice may be discredited as well.

The exemption does not do enough to protect the revitalization of Native Hawaiian birth traditions. Act 32 is a regulatory mechanism that impacts the innovation necessary to keep Native Hawaiian Traditions alive. Native Hawaiians often must innovate to keep their practices alive because they have become too obscured or lost over time after suppression. ʻŌlelo Hawaiʻi (Hawaiian language) was once nearly lost because of laws banning the language.[253] In the revitalization of ʻŌlelo Hawaiʻi, Native Hawaiians created charter schools with the freedom to "explore innovative pedagogical methods."[254] The exemption for traditional healing practices under Act 32 does not allow for this kind of innovation for Native Hawaiian traditional practices. The exemption is set up as recognizing practices that are

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[250] *Kupuna Councils - An Overview*, PAPA OLA LOKAHI, http://www.papaolalokahi.org/kupuna-councils-an-overview.html (last visited Mar. 24, 2022).

[251] *Id.*

[252] *Id.*

[253] Shari Nakata, *Language Suppression, Revitalization, and Native Hawaiian Identity*, 2 DIVERSITY & SOC. JUST. FORUM 14, 15 (2017).

[254] *Id.* at 22.

commonly known or practiced, leaving no recognition for instances where traditions have been innovated to reflect an obscured traditional practice, or practices particular to a specific family or place. The standard is high for traditional Hawaiian practices, and there may be birth traditions that are not widely known by the broader community, creating a chilling effect for the revival of Native Hawaiian birthing practices.

B. *Jeopardizing Home Birth*

Act 32 shapes midwifery to be more medicalized than it truly is. Act 32 essentially defines midwifery as someone who can order lab work and administer legend drugs and devices, but many women turn to midwifery to avoid such procedures.[255] Many home-birth mothers actively choose non-medicalized births, and trained midwives who are trained aligned to follow a non-medicalized birth plan.[256] Act 32 blatantly dismisses the practice of midwifery separate from medical practice, assuming that licensure is necessary to ensure that midwives must be licensed to prescribe medications and "interpret[] screening and diagnostic tests."[257] But this is not what some mothers turn to midwives for, quite the opposite for mothers who choose a homebirth, with a traditional midwife, without any medical interventions.[258] Act 32 fully governs what midwives qualify to assist in homebirths, but does not accurately protect women's ability to home birth.

The Hawai'i Home Birth Task Force was created under Act 32, with the task to investigate issues relating to direct entry midwives and home births.[259] The task force performed data collection and reporting on home births, and the education, training and regulation of direct entry midwives.[260] The legislature created this task force to portray as if they intend to monitor homebirths in order to create legislation support home

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[255] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 610 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033); *see* S.B. 1033, 30th Leg., Reg. Sess., 15–16 (Haw. 2019).

[256] *See Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 610 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033).

[257] *See* S.B. 1033, 30th Leg., Reg. Sess., 6, 15–16 (Haw. 2019).

[258] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 610 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Ramona Hussey, Former Att'y & Homebirth Mother) (opposing S.B. 1033); *see* S.B. 1033, at 1.

[259] S.B. 1033, at 24.

[260] *Id.*

births, but the task force was designed to dissolve in June of 2020.[261] Act 32 went into effect in July of 2019 and, despite the impact this licensure law will have on midwives and home births, the legislature has not elected to monitor the impact Act 32 may have in the future, as the legislature has elected to dissolve the Home Birth Task Force in July of 2020.[262] If the Hawai'i State Legislature truly intended to center Act 32 around preserving mothers ability to seek out alternative to hospital births, the Hawai'i Home Birth Task Force would have been designed to do so during the period Act 32 was in effect, not immediately prior.

The exemption to licensure under section 6, subsection 5 of Act 32 exempts midwives who do not use legend drugs or devices, and discloses a number of factors to clients, in summary, that the midwife is not licensed. But this exemption is only valid until July 2023.[263] Accordingly, midwives, regardless of whether they use legend drugs or devices, will not fall under this exemption after July 2023. It is likely that the legislature will plainly outlaw midwives that fall under this exemption after 2023 because the intent of Act 32 is to have all practicing midwives licensed by 2024.[264] Therefore, in the long-term, Act 32 will force midwives to go through formal schooling or certification to be eligible, despite their qualifications and experience as a midwife, with no intent to compromise in the licensure of midwives who took the apprenticeship route to midwifery. [265]

Midwives are vital for mothers who choose home birth, and access to traditional midwives is important for Native Hawaiian birthing practices. Traditional midwives of any ethnicity are not protected under Act 32. The Committee on Commerce, Consumer Protection, and Health stated that one of the purposes and intents of S.B. 1033 included exempting "traditional birth attendants and Native Hawaiian healers from licensure requirements."[266] Despite this purpose and intent outlined by the committee, there is no such exemption for traditional birth attendants within Act 32, and traditional midwives are not protected from penalization for lack of licensure. Any reduction in the number of traditional midwives who can provide homebirth services is a detriment to Native Hawaiian birthing traditions.

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[261] *See id.*

[262] *See id.* at 10, 24.

[263] *Id.* at 10.

[264] *See* STAND. COMM. REP. NO. 1035 ON S.B. 1033 (2019); S. COMM. ON COM., CONSUMER PROT. & HEALTH, 30TH LEG., REG. SESS., STAND. COMM. REP. NO. 659 ON S.B. 1033, S.D. 2, H.D. 1, (Haw. 2019).

[265] *See* S. COMM. ON COM., CONSUMER PROT. & HEALTH, 30TH LEG., REG. SESS., STAND. COMM. REP. NO. 659 ON S.B. 1033, S.D. 2, H.D. 1 (Haw. 2019).

[266] *Id.*

"All women have a cultural background, which shapes how she speaks, how she raises her children if she chooses to have any, how she keeps a home and births a baby."[267] Many indigenous populations share the same main concept of birth, that birth is a spiritual experience that is a part of sacred cultural practices and teachings.[268] These teachings informed mothers of the dietary changes needed for new mothers and what ceremonies were to be performed.[269] Native Hawaiians, like many other indigenous populations, have traditional teachings and practices which are principal in the birth of a child; and many of these practices may not be easily incorporated within the hospital setting, which is why many Native Hawaiian mothers choose home births.

For example, in lāʻau lapaʻau, a pregnant mother may be given laʻau hoʻohānau keiki (birthing potion) to help with labor pains, or she may be given lau kahi to aid the proper position of the baby.[270] In the hospital, women are discouraged, and sometimes forbidden, from consuming anything but water or ice.[271] The reason behind this common policy is in the case that the laboring mother needs to undergo general anesthesia, any consumed foods could lead to pneumonia because of the aspiration of stomach contents.[272] This reasoning, is based on the expectation that the mother will require anesthesia, and fails to consider the importance of food and herbal medicines inherit to traditional practices.

If Native Hawaiian women choose to birth at home, but there are not any or enough traditional midwives to assist them, then it will only frustrate a mother's ability to homebirth and incorporate traditional practice. Also, with fewer traditional midwives, Native Hawaiian will struggle to incorporate birthplace traditions.[273] Without enough midwives, Native Hawaiian women will not be able to give birth to her child on the land that will raise the child and will not be able to live the tradition of establishing kuleana for the child to the land he or she is born on.[274]

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[267] Marlis Bruyere, *Cultural Birthing Traditions in the First Nations Peoples of Canada: Are Traditions Being Displaced by Modern Medicine?*, 27 INT'L J. CHILDBIRTH EDUC. 39, 39 (2012).

[268] *See id.*

[269] *Id.*

[270] Kobayashi, *supra* note 105, at 260.

[271] Robin Elise Weiss, *Eating and Drinking During Labor*, VERYWELL FAMILY (June 24, 2021), https://www.verywellfamily.com/should-we-eat-or-drink-in-labor-2752955.

[272] *Id.*

[273] Telephone Interview with Kaiulani Sharon Odom and Puni Jackson, Native Hawaiian Birth Assistants, Ka Lāhui o ka Pō. (Feb. 24, 2021).

[274] *Id.*

The Native Hawaiian people and culture are harmed when the state chooses to regulate and not perpetuate. The Native Hawaiian culture is already fighting to preserve and rediscover traditional birthing practices. Act 32 does not protect traditional midwives, many of whom have become midwives through apprenticeship.[275] Native Hawaiian mothers who decide to have a cultural birth need traditional midwives, of any culture, because traditional midwives are equipped with traditional knowledge and practices and how these practices arise in birth, which may make it easier for such midwives to follow Native Hawaiian traditions in birth.[276]

C. *No Pathway to Licensure in Hawai'i*

Act 32 effectively eliminates the only pathway of training for midwifery licensure in Hawai'i–apprenticeship.[277] Now, an individual who is a resident Hawai'i who would like to become a midwife must travel to the contiguous U.S. and pay out of state tuition at mainland midwifery institutions. Midwives who have become midwives by apprenticeship would not qualify for licensure, and since there are no midwifery schools in the state of Hawai'i, those who would like to become midwives in Hawai'i would not be able to do so under the only option available to them within the state, apprenticeship.[278] This leaves aspiring midwives with a single option, to look to the mainland U.S. for a midwifery school or program.

It is necessary for Hawai'i to have a pathway for professions that may be so intertwined with the local cultures, especially for the Native Hawaiian culture, to preserve cultural traditions and practices. The William S. Richardson School of Law ("WSRSL") and John A. Burns School of Medicine ("JABSOM") at the University of Hawai'i at Mānoa demonstrate how a professional education institution in Hawai'i were vital to preserve Native Hawaiian traditions and customs. WSRSL was created in 1971 after Chief Justice William S. Richardson ("CJ Richardson") pushed for the creation of a law school in Hawai'i to create Hawai'i lawyers.[279] CJ Richardson recognized what a unique and special place Hawai'i was, and without Hawai'i's own law school within the state, Hawai'i would only be filled with attorneys from other states.[280] CJ Richardson also considered the

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[275] Telephone Interview with Wahinehula Kaeo, *supra* note 102.

[276] *Id.*

[277] *Testimony on S.B. 1033, S.D. 2, H.D. 1 Before the H. Comm. on Health*, 30th Leg., Reg. Sess., at 34, 131 (Haw. 2019), https://www.capitol.hawaii.gov/Session2019/Testimony/SB1033_HD1_TESTIMONY_FIN_03-29-19_.PDF (statement of Mari Stewart, Birth Believers) (opposing S.B. 1033).

[278] *See id.*

[279] *Time Line*, U. HAW. MANOA WILLIAM S. RICHARDSON SCH. OF L. HAW., https://www.law.hawaii.edu/time-line (last visited Mar. 24, 2022).

[280] *See* Carol S. Dodd *The Richardson Years, 1966-1982*, UNIV. HAW. FOUND. 73

cultural importance of having Hawai‘i lawyers to ensure that there individuals in the profession who were familiar with the many cultures that exist in Hawai‘i, primarily, the Native Hawaiian culture, were well equipped and informed to deal with cultural issues within the profession.[281] It is necessary to have Hawai‘i lawyers work on legal issues that impact Native Hawaiian practices to ensure that these issues are dealt with by those who are affected by the outcomes of such legal decisions.[282]

JABSOM demonstrates the efforts of state officials to create Hawai‘i based professionals. In an article written by Dr. Darrell Kirch, the President, and CEO of the Association of American Medical Colleges, emphasized the important role JABSOM plays for the medical field in Hawai‘i:

> The School's basic mission is to teach and train high-quality physicians, biomedical scientists, and allied health workers for Hawai‘i and the Pacific. Its major purpose is to provide an opportunity for a medical education previously unavailable to residents of Hawai‘i and other Pacific nations.[283]

The existence of JABSOM has allowed for individuals from the state of Hawai‘i to stay home and pursue a professional career in the place they come from. It has also allowed individuals to learn in-state to prepare future physicians for the unique clientele in Hawai‘i and furthers that commitment that JABSOM has to the people in Hawai‘i.

Without a midwifery school in Hawai‘i, legislators are opening the door to having the midwifery industry in Hawai‘i run by out-of-state individuals. Birth is a life event deeply infused with Native Hawaiian traditions and practices. Those who are trained to provide services to the Native Hawaiian community should be exposed to Native Hawaiian traditions and culture, which may only be attained by a midwifery school within the state. Otherwise, when the only midwives available are ones completely unfamiliar with any Native Hawaiian traditions and practices, Native Hawaiian women will be less likely to use midwives in their births,

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(1985). CJ Richardson recognized that a "foreign system of laws and government . . . had been imposed upon [Hawai‘i] people," who considered "haole law" (haole meaning foreign) trivial. *Id.* CJ Richardson knew that Hawaiians needed to "work within the system to change the ills of the past." *Id.*

[281] *See id.*

[282] *See, e.g.,* Pele Defense Fund v. Paty, 837 P.2d 1247 (Haw. 1992). In *Pele Defense Fund v. Paty*, the Hawai‘i Supreme Court upheld the petitioners' traditional and customary gathering rights. *Id.* Traditional and customary gathering rights are vital to continuing Native Hawaiian traditions and customs. *See id.*

[283] *JABSOM's Mission & Distinctive Features*, JOHN A. BURNS SCH. OF MED.: VALUS, MISSION, & MISSION, https://jabsom.hawaii.edu/about-us/values-vision-mission/.

and therefore, be unable to carry out much of their traditions in their pregnancy and birth. It is not only important to have a pathway of education in Hawai‘i for midwives, but it is also important for student Native Hawaiian traditional midwives to have a preceptor within the state that may help them accomplish their apprenticeship hours incorporating Native Hawaiian culture.

A traditional Native Hawaiian midwife preceptor is necessary in preserving traditional Hawaiian birthing practices. In validating the apprenticeship pathway in the education and training of midwives, NARM recognizes Registered Preceptors to supervise CPM candidates to allow for registration through NARM.[284] A NARM Registered Preceptor must meet a number of requirements:

> The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, they must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.[285]

There are currently eight preceptors in Hawai‘i, none of whom are practicing Native Hawaiian traditional midwives. Without a Native Hawaiian traditional midwife as a preceptor, and the lack of a pathway to licensure in Hawai‘i, Native Hawaiian midwives are forced to navigate the system of midwifery and their tradition separate from one another.[286] For example, in midwifery training, midwives are taught how to help a mother in labor with pain management, emotionally and physically.[287] In Native Hawaiian tradition, a Native Hawaiian midwife may offer lā‘au lapa‘au or lomilomi to help with the pain, practices unique to Native Hawaiian tradition which are not done or incorporated in midwifery school.[288] A Native Hawaiian midwife would be unable to incorporate such practices under the guidance and supervision of her midwifery training.

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[284] *NARM Preceptors*, NARM, https://narm.org/preceptors/ (last visited Mar. 24, 2022).

[285] *Id.*

[286] Telephone Interview with Wahinehula Kaeo, *supra* note 102.

[287] *See* Shaw, *supra* note 16, at 531.

[288] *See* PUKUI & LEE, *supra* note 89, at 12-13, 17.

There is a divide between the tradition and birthing practices, although the intention of traditional midwifery is to join worlds of tradition midwifery, in a mother's birth.[289] In an interview with a Native Hawaiian student midwife, she spoke about the struggle she has endured from her traditional community and her midwifery education community.[290] The Native Hawaiian traditional community judges her for going to school, being the more "colonized" pathway to being a midwife.[291] The midwifery community judges her for incorporating too much tradition into midwifery, for straying away from the standardized practices taught in midwifery school.[292] Native Hawaiian cultural practices like herbal teas or topical ointments applied in birth made through lāʻau lapaʻau and hoʻoponopono, to ensure that a family is in harmony before the arrival of a baby, are foreign to general midwifery practices. These are traditional practices, special to Native Hawaiian culture, which a general midwife may not know to implement or be familiar with. Native Hawaiian culture ensures that all is harmonious for a mother and baby when a child is born, but it is important that a midwife's traditional and midwifery training be in harmony as well, to ensure the full incorporation of culture and holistic care.

V. PERPETUATION OF CHOICE: PROVIDING ACCESS TO MIDWIFERY AND ENCOURAGING THE PRACTICE OF NATIVE HAWAIIAN BIRTHING TRADITIONS

The Hawaiʻi State Legislature passed Act 32 without providing a framework to support midwives and traditional Native Hawaiian practices.[293] The Act alleges to protect a woman's right to give birth wherever and with whomever she wants, but not with a midwife who does not meet the licensure requirements after 2023, nor at home if there are not enough midwives to accommodate at-home births. To ensure that Native Hawaiian birthing practices may be revived and perpetuated, the State of Hawaiʻi must take steps to protect all experienced direct entry midwives, CPM, CM and traditional. This, in turn, will protect Native Hawaiian birthing practices because it will ensure that there are enough midwives to support at-home births for the maintenance of Native Hawaiian birthing practices, and it will also ensure that Native Hawaiian individuals who are attempting to become midwives made do so alongside their people and culture. The State Legislature must not only be content with allowing the practice of Native Hawaiian traditions, but it must also allow for the

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[289] Telephone Interview with Wahinehula Kaeo, *supra* note 102.

[290] *Id.*

[291] *Id.*

[292] *Id.*

[293] *See* S.B. 1033, 30th Leg., Reg. Sess. (Haw. 2019).

innovation and revival of these traditions which may accomplished by enacting other laws to facilitate choice in birth and awareness of options.

A. *Reintroduce House Bill 1223 So That Women Are Provided with Information on All of Their Options*

House Bill 1223 ("H.B. 1223") was introduced in January 2019 to "ensure women have access to both information about the practice of midwifery, including practices that protect or promote traditional native Hawaiian and other indigenous or cultural birth practices, and birth practitioners who follow the midwife model of care."[294] The bill was introduced in the same session as Act 32, likely as a complimentary bill to Act 32, both relating to the practice of midwifery. The bill sought to provide consumers with access to midwifery care and promote the choice of a birth plan and birth practitioner aligned with their cultural or religious beliefs.[295] The bill's provisions on midwifery stated;

> (a) Consumers shall have access to multiple routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs.
>
> (b) Traditional native Hawaiian and other indigenous or cultural beliefs and practices may be exercised to the fullest extent allowed under applicable federal law.
>
> (c) Notwithstanding any provision to the contrary in this chapter, birth practitioners shall ensure consumer access to all pertinent birth education information and materials. Such educational materials and midwifery care shall be provided in a form and manner to ensure the consumer is able to comprehend what is being communicated to them.[296]

House Bill 1223 was carried over to the 2020 regular session, but there has been no movement on the bill since, or any other bill introduced to accomplish H.B. 1223's purpose.

In Act 32, the Legislature provided that the Act would "continue to allow a woman to choose where and with whom she gives birth,"[297] but that is all this was—a statement within the Act. None of the provisions in the Act truly supported a woman's ability to choose where or with whom to give birth as she pleased. H.B. 1223 would guarantee that choice because it ensures that pregnant mothers are informed of their choices. Many mothers,

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[294] H.B. 1223, 30th Leg., Reg. Sess., 2 (Haw. 2019).

[295] *Id.*

[296] *Id.*

[297] S.B. 1033, at 2.

like myself, may not be aware of their options in giving birth with a midwife or understand the benefits of midwifery. H.B. 1223 ensures that women will have access to information about midwifery, including information about Native Hawaiian cultural birth practitioners and any practitioners who follow the midwife model of care.[298]

Although H.B. 1223 does not outline what actions will be taken to perpetuate midwifery and Native Hawaiian practices, it would be a positive step in the direction of doing so. Act 32, standing alone, fails to protect a mother's choice, and this, in turn, adversely impacts Native Hawaiian birthing practices. H.B. 1223 would guarantee that mothers will "have access to multiple routes of midwifery care and midwifery pathways to allow them to choose a birth plan and birth practitioner that supports their cultural or religious beliefs," and that traditional Native Hawaiian practices will be protected and exercised to the "fullest extent."[299] Reintroducing and passing H.B. 1223 would force the Hawai'i Legislature to keep to its word, and allow for the protection of public health and welfare while still ensuring that mothers will have a choice in their births and traditions.[300] H.B. 1223 would serve to compliment Act 32 and Senate Bill 893, the bill attempting to amend Act 32.

B. *To Protect and Perpetuate All Traditional Birth Practices, Furthering the Protection of Native Hawaiian Practices, the Legislature Must Pass Bills Like S.B. 893 and H.B. 2204*

Senate Bill 893 ("S.B. 893") was introduced in the 2021 legislative session, which sought to amend Act 32.[301] The most important amendment that this bill proposes relates to traditional midwives generally.[302] S.B. 893 defines a "traditional midwife" as:

> [A]n autonomous midwife who has acquired the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum through a spiritual or cultural lineage, is recognized nationally and internationally by the Midwifery Education Accreditation Commission[303] and Midwifery Alliance of North

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[298] H.B. 1223.

[299] *Id.*

[300] *See* H.B. 1223; S.B. 1033.

[301] S.B. 893, 31st Leg., Reg. Sess. (Haw. 2021) (Act 32 is referred to as § 457J in S.B. 893).

[302] *See id.*

[303] The Midwifery Education Accreditation Commission ("MEAC") is tasked with accrediting midwifery programs and schools. *Accreditation*, MEAC, https://www.meacschools.org/accreditation/ (last visited Mar. 25, 2022).

> America,[304] and does not advertise as a certified or licensed midwife.[305]

The bill also adds to the exemptions that the chapter shall not prohibit healing practices by traditional midwives.[306] S.B. 893 also changes the language of the requirement of a license, and generally provides that a direct entry midwife need not be licensed if the midwife does not intend to use legend drugs and discloses to clients that he or she is not a licensed midwife and has not be reviewed by the state.[307]

S.B. 893's passage would allow for all traditional midwives to be protected from licensure requirements and would allow midwives to practice if they do not intend to administer drugs and do not represent themselves as a licensed midwifes.[308] Accordingly, S.B. 893 would permit more midwives to practice. S.B. 893 necessarily defines traditional midwives, allowing all traditions and cultures to fall under the definition, and if passed, be exempted alongside Native Hawaiian traditions.[309] This amendment is vital for Native Hawaiian traditional birth practices because there are not many Native Hawaiian midwives, and many Native Hawaiian mothers turn to general traditional midwives because traditional midwives are more open to incorporating traditional practices during the pregnancy and birth process.[310] S.B. 893 also proposes to amend the definition of a "qualified midwife preceptor" to the following definition: "an exempt or licensed and experienced midwife, or other maternal health professional licensed in the State, who participates in the clinical education of midwives."[311]

This allows for Native Hawaiian midwives and traditional midwives, who may fall under the proposed exemption, to serve as qualified

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For a midwife to be recognized by MEAC, they need to have earned a midwifery certificate of degree at a MEAC-accredited school. *See Compare MEAC Schools*, MEAC, https://www.meacschools.org/midwifery-schools/compare/ (last visited Mar. 25, 2022).

[304] Midwifery Alliance of North America (MANA) is an organization that seeks to "unite, strengthen, support and advocate for the midwifery community and to promote educational, economic, and cultural sustainability of the midwifery profession." *Who is MANA?*, MANA, https://mana.org/about-us (last visited Mar. 25, 2022). For recognition by MANA, midwives are required to follow midwifery principles and professional standards, as well as continuing education. *Standards and Qualifications*, MANA, https://mana.org/about-us/standards-and-qualifications (last visited Mar. 25, 2022).

[305] S.B. 893, at 2.

[306] *Id.* at 5.

[307] *Id* at 4–5.

[308] *See id.*

[309] *See id.*

[310] Telephone Interview with Wahinehula Kaeo, *supra* note 102.

[311] S.B. 893, at 2.

midwife preceptors. There must be traditional midwives as qualified midwife preceptors so that student-midwives can properly learn how to incorporate traditional practices—if they so choose—during their apprenticeship hours. This would also allow Native Hawaiian student-midwives to fully implement traditional practices in births they observe or care for, while under the guidance of a midwife preceptor who may also be a Native Hawaiian midwife. S.B. 893 properly ensures that Native Hawaiian birth practices, and traditional birth practices generally, are fully protected under the state's regulation and licensure of midwifery.

More recently, a similar bill, House Bill 2204 ("H.B. 2204"), was pushed through the legislature this year.[312] The bill likely stemmed from the 2021 public apology from the American College of Nurse-Midwives ("ACNM").[313] In its press release, ACNM stated:

> ACNM acknowledges that it can no longer continue to attribute the white washing of midwifery to a lack of qualifications or interest by Black and Indigenous people. This fails to acknowledge that white supremacy acted as suppressor, then law enforcer and "teacher", [sic] then eliminator and replacer of Black and Indigenous traditional midwives with white midwives.
>
> ACNM leadership acknowledges and apologizes for past and present harms to BIPOC midwives and the organization's role in perpetuating and maintaining systemic racism in midwifery and healthcare.[314]

H.B. 2204 sought to expressly recognize traditional midwives and incorporate the spirit of the ACNM's apology by making amendments to Act 32.[315] H.B. 2204 incorporates the definition of a "traditional midwife" to be "a person who adheres to the core competencies of the National Aboriginal Council of Midwives and practices under the Hawaii Home Birth Elders Council."[316]

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[312] *See* H.B. 2204, 31st Leg., Reg. Sess. (Haw. 2022).

[313] The American College of Nurse-Midwives is the professional association that represents CNMs and CMs and sets the standard for excellence in midwifery education and practice in the United States. *See* AM. COLL. OF NURSE-MIDWIVES, https://www.midwife.org (last visited Apr. 11, 2022).

[314] Press Release, Am. Coll. Nurse-Midwives, Apology and Truth and Reconciliation Resolution from the American College of Nurse-Midwives Board of Directors (Mar. 30, 2021), https://www.send2press.com/wire/apology-and-truth-and-reconciliation-resolution-from-the-american-college-of-nurse-midwives-board-of-directors.

[315] *See* H.B. 2204, 31st Leg., Reg. Sess. (Haw. 2022).

[316] *Id.*

The bill also sought to amend the exemption section of Act 32 to now provide that the chapter shall not "[p]rohibit healing practices by traditional midwives engaged in traditional healing practices . . . [*nor*] *adversely impact the practice of traditional midwives*."[317] This bill clearly recognized the adverse impact legislation may have on traditional midwives and, in turn, birthing mothers, and that is why the bill sought to make amendments to Act 32 to promote access to and practice of traditional midwives.[318] H.B. 2204, if adopted, would allow for traditional midwives to practice more freely in Hawai'i and ensure that the chapter "not impede a person's ability to incorporate or provide cultural practices" in birth.[319] Sadly, as of the time of this paper, H.B. 2204 has yet to make it to a hearing and will likely not pass this legislative session.[320]

C. *Provide a Pathway to Licensure in Hawai'i*

Hawai'i must formulate a plan to create a pathway to licensure. Various other institutions have been created with the recognition that it is important for Hawai'i to have its own professionals. Hawai'i is recognized as a unique place, home to various cultures, and to make sure Hawai'i's midwives can cater to the various cultures and people we have within the state, there should be an institution which may provide a midwifery education. That importance is only further highlighted by the state's prioritization of preserving the Native Hawaiian culture, and to ensure native Hawaiian birthing practices continue with growing generations, a midwifery education based in Hawai'i is crucial.

The existence of a law school and medical school in Hawai'i demonstrates the importance of having an institution in-state to create professionals which understand the dynamics of the state in which they practice. WSRSL and JABSOM were created to demonstrate the commitment to the people of Hawai'i in the legal and medical fields. Act 32 has a commitment to the women and children of Hawai'i to ensure safe births while also allowing mothers to have a choice in their birth.[321] A midwifery school or a focus on midwifery within JABSOM is necessary to further the commitment of Act 32 to the pregnant and birthing women of Hawai'i. Because birth is a life event deeply infused with Native Hawaiian traditions and practices, midwives who are trained to provide services should be getting the training with exposure Native Hawaiian traditions and cultural practices, which can only be attained by a midwifery school here.

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[317] *Id.* (emphasis added).

[318] *See id.*

[319] *See id.*

[320] *See id.*

[321] S.B. 1033, 30th Leg., Reg. Sess., 2 (Haw. 2019).

A midwifery school or focus in Hawai‘i would also allow Native Hawaiian midwives to fully carryout their practices. Lā‘au lapa‘au is based in Native Hawaiian plants and would only be able to be incorporated in birth if a Native Hawaiian traditional midwife were here in the islands near the native foliage. Ho‘oponopono and lomilomi are taught in Hawai‘i by kupuna (elders) or kumu (teachers) with expertise and cannot be learned outside the state of Hawai‘i. It is important for Native Hawaiian traditional midwives to stay in Hawai‘i so that they may fully implement cultural practices, with Native Hawaiian women who choose to incorporate those practices.

D. *Amend the Hawai‘i Administrative Rules to Allow for a Midwife-Run, Freestanding Birth Center in Hawai‘i*

Freestanding birthing centers serve as another option for women who consider using midwifery services in their birth. Birth centers are "facilities designed to provide care to women with low risk pregnancies who want a choice between a hospital and home birth and want to participate in their own care."[322] Birth centers are separate from hospitals and provide more individualized care centered around a woman's goals in her pregnancy.[323] Birth centers are typically run by midwives and incorporate the midwifery model of care in practice.[324]

There are no freestanding birthing centers within the state of Hawai‘i. The Hawai‘i Administrative Rules ("HAR") require birthing centers to have a medical director, or physician, oversee the birth center and "provide the necessary preventative, diagnostic and therapeutic services to patients in order to achieve the objectives of the facility."[325] In other words, birth centers in Hawai‘i must have a physician on site running the centers, despite the involvement of qualified and experienced midwives on-site.

Under HAR § 11-93-67, the professional staff of a birthing center in Hawai‘i must consist of "licensed midwives and suitably qualified physicians."[326] The birthing center would also require a governing board, which must include a "medical director," who would work closely with the center administrator in conducting the center.[327] Under these rules, physicians and OB/GYNs are expected to be heavily involved and an integral part of the center, constricting the ability of midwives to fully implement the midwifery model of care. Birth centers are typically

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[322] *Frequently Asked Questions About Birth Centers*, AM. ASSOC. OF BIRTH CTRS., https://www.birthcenters.org/page/BirthCenterFAQs (last visited Mar. 25, 2022).

[323] *Id.*

[324] *See id.*

[325] *See* HAW. CODE R. §§ 11-93-52, -61 (LexisNexis 1986).

[326] *Id.* § 11-93-67.

[327] *Id.* §§ 11-93-57, -61.

freestanding and have a degree of autonomy from medical obstetric care in the formation of policies and management of center operations.[328] The Hawai‘i State Legislature should amend these administrative rules to allow for a midwifery-run birthing center where midwives operate and conduct the center. If a physician must be present at all, an OB/GYN should simply serve as a consultant.

A birth center in Hawai‘i run by midwives would provide mothers an alternative option to hospitals or homebirths in childbirth and allow them to more easily incorporate traditional practices in childbirth. A principal practice of birth centers is to respect and facilitate a woman's right to make informed choices about her health care and her baby's health care based on her values and beliefs.[329] Instead of being the primary administrators of a birthing center, physicians and OB/GYNs should merely be consultants and assist midwives in implementing the midwifery model of care.

In California, the midwifery licensure requirements are like that of Hawai‘i's, the main requirement being that a midwife receive some form of formal didactic education.[330] Birthing centers in California are administered and facilitated by midwives. At the California Birth Center, the director and majority of the staff are midwives.[331] There is only one OB/GYN on the staff who serves and a consultant within the center.[332] Alternatively, the Santa Barbara Midwifery and Birth Center, the staff consists wholly of midwives.[333] Birth centers run by midwives alone, allow for the full implementation of the midwifery model of care. Physicians and OB/GYNs already run the hospital environment, and it is important to allow midwives to create and run birth centers, so women have the choice and opportunity to give birth the way they want and the ability to incorporate traditional practices.

There have been strides in the Native American community in incorporating tradition into birth. For example, Changing Woman Initiative ("CWI"), a non-profit organization founded by a Native American nurse-midwife, has a mission "to renew cultural birth knowledge to empower and reclaim indigenous sovereignty of women's medicine and life way teachings to promote reproductive wellness, healing through holistic approaches and

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[328] *See Frequently Asked Questions About Birth Centers*, *supra* note 322.

[329] *See id.*

[330] *See Midwives*, MED. BD. OF CAL., https://www.mbc.ca.gov/Licensees/Midwives/Midwives_Practice_Act.aspx (last visited Mar. 25, 2022).

[331] CAL. BIRTH CTR., https://calbirthcenter.com/about/ (last visited Mar. 25, 2022).

[332] *Id.*

[333] *Meet the Staff*, SANTA BARBARA MIDWIFERY & BIRTH CTR., http://sbbirthcenter.org/meet-the-staff (last visited Mar. 24, 2022).

to strengthen women's bonds to family and community."[334] CWI's future focus is to develop a culturally centered reproductive wellness and birth center by creating a physical space for education and healing for Native American women.[335] Accordingly, CWI has created the White Shell Woman Homebirth Services,[336] and Corn Mother Easy Access Women's Health Clinic,[337] both of which provide culturally centered services for Native American women that incorporate traditional teachings and plant medicine knowledge throughout their pregnancy and birth.[338]

A birth center in Hawai'i is vital for the choice of women in Hawai'i because it would allow them to give birth with whom they want and how they want. A birth center would also allow Native Hawaiian women to incorporate more culture and tradition into their birth. There must be steps taken to ensure that traditional birthing practices are preserved, and HAR § 11-93 should be amended to provide Native Hawaiians the opportunity to draw on their "cultural strengths to renew indigenous birth knowledge and healing through holistic approaches and community empowerment," as the Native Americans have been able to work towards.[339]

VI. CONCLUSION

The regulation of midwifery creates barriers for midwives who have taken the apprenticeship pathway to becoming a midwife, and with fewer midwives practicing, the ability to have a home birth is impacted. Regulation of midwifery has adverse consequences for traditional indigenous birthing practices because it constrains the ability of traditional

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[334] *Who We Are*, CHANGING WOMAN INITIATIVE [CWI], http://www.changingwomaninitiative.com/about.html (last visited Mar. 24, 2022).

[335] *Id.*

[336] *See White Shell Woman Homebirth Services*, CWI, http://www.changingwomaninitiative.com/white-shell-woman-homebirth-services.html (last visited Mar. 25, 2022). "The challenge that CWI has undertaken is to address these known health care delivery gaps for Native American women in New Mexico through the creation of culturally centered home birth services that would integrate traditional teachings and plant medicine knowledge." *Id.* Services provided include: prenatal care, birth services, nutrition consultation and access to healthy produce, lactation assessment, postpartum care up to six weeks, prenatal, birth, postpartum plant medicine making, and traditional medicine referrals. *Id.*

[337] *See Corn Mother Easy Access Women's Health Clinic*, CWI, http://www.changingwomaninitiative.com/corn-mother-easy-access-womens-clinic.html (last visited Mar. 25, 2022). "Changing Woman Initiative offers easy access care to Native American/Alaska Native Indigenous women from the surrounding Santa Fe area(s)." *Id.* Services include: pap smears, STD/STI screening and treatment, birth control education, pregnancy testing, prenatal care, postpartum care, referrals, plant medicine education, traditional medicine and healing, and breast-feeding support. *Id.*

[338] *See id.*; *White Shell Woman Homebirth Services*, CWI, *supra* note 336.

[339] *See Corn Mother Easy Access Women's Health Clinic*, CWI, *supra* note 337.

practitioners to become midwives and limits access of midwives, which affects the ability of a woman to birth at home. Act 32 has negatively impinged on midwifery in Hawai‘i, leading to consequences for Native Hawaiian mothers who desire a home birth or the incorporation of traditional birth practices. The Act makes it so that there are less midwives able to provide services unless they are licensed or working towards being licensed, and traditional midwives who have become midwives by apprenticeship, are ineligible for licensure. Any decrease in midwives is a detriment to traditional birthing practices because that means that there will be less traditional midwives to assist with home births and the incorporation of traditional birth practices. The Act is also imposed without any means of providing a pathway for licensure in Hawai‘i, making it more difficult for individuals from and living in Hawai‘i to achieve licensure.

Traditional Native Hawaiian practices, like those incorporated at birth, are adversely impacted by legislation in Hawai‘i, making it harder for Native Hawaiians to perpetuate and continue their practices. Act 32 was implemented without the forward-thinking necessary to keep Native Hawaiian practices in birth, alive. The Hawai‘i State legislature must introduce and pass other legislation supporting cultural incorporation and choice in birth, allow for the opening of birth centers, and provide a pathway to licensure to ensure that traditional Native Hawaiian practices are perpetuated. The State must support and allow for the opportunity for a child to be born with the full incorporation of his or her Native Hawaiian culture, no matter the method, place, or people. Each birth is the opportunity to continue and perpetuate the Native Hawaiian culture, an opportunity which Native Hawaiian women and children are entitled and deserve.

HB-1194
Submitted on: 2/9/2025 1:53:38 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaulalani Tauotaha	Individual	Oppose	Written Testimony Only

Comments:

I am strongly opposing HB 1194 restricting and criminilizing our cultural practices.

HB-1194
Submitted on: 2/9/2025 1:54:43 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ayanna M Walden	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Committee Members,

My name is Ayanna Walden and I am a board certified Obstetrician-Gynecologist working for Kaiser Permanente through the Hawaii Permanente Medical Group.

I am submitting this testimony in strong support of HB 1194.

HB 1194 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.

In addition to ensuring minimum standards, HB 1194 acknowledges traditional Hawaiian practices, strengthens the relationships between health providers and midwives, and supports patient choice and patient safety

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,

Ayanna Walden MD FACOG

Physician, Obstetrician-Gynecologist

Hawaii Permanente Medical Group

Kaiser Permanente, Waipio Medical Office

Kaiser Permanente Moanalua Medical Center

HB-1194
Submitted on: 2/9/2025 1:54:50 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Eliminating midwives and free birthing options would have serious negative consequences for maternal and infant health, as well as the autonomy of individuals in childbirth. Here are several key reasons why such laws would be detrimental:

1. **Loss of Personalized Care and Support**: Midwives provide individualized care that focuses on the needs and preferences of the mother, offering support in a more intimate and less clinical environment. This type of care fosters a sense of empowerment and trust, which is especially important during childbirth. The absence of midwives would diminish the ability to have personalized care that prioritizes the emotional and psychological well-being of the mother.
2. **Access to Experienced Care Providers in Low-Risk Births**: Many women experience low-risk pregnancies and may prefer to give birth in a more comfortable and familiar setting, such as at home. Midwives are trained to assist with these births and manage complications when they arise. Without midwives, women may be pushed into higher-risk settings, such as hospitals, that are unnecessary for low-risk pregnancies, leading to potentially avoidable interventions and more stressful birth experiences.
3. **Increased Health Risks**: Midwives are skilled in recognizing early warning signs of complications, providing necessary interventions when needed, and ensuring that proper care is delivered. Eliminating midwives could lead to an increased reliance on hospital-based care, where routine interventions such as C-sections may become more common. This could unnecessarily increase health risks for both mothers and babies, as medicalized births may not always align with the natural course of labor.
4. **Disempowerment of Women's Choices**: One of the key benefits of midwifery care is that it allows women more control over their birth experience, including decisions about where and how they give birth. Laws that restrict midwives and free birthing options can take away this autonomy, forcing women into a one-size-fits-all model of childbirth that may not align with their values or preferences.
5. **Cultural and Historical Significance**: Midwifery has deep cultural and historical significance across many societies. For centuries, midwives have played an essential role in community health, passing down knowledge of natural birth practices. Eliminating midwifery care would disconnect communities from this valuable tradition and knowledge, making childbirth more clinical and less connected to cultural practices.
6. **Increased Financial Burden**: Midwifery care is often more affordable than hospital births, especially when complications are not present. Eliminating midwives could increase healthcare costs for families, particularly those who prefer to avoid more

expensive hospital deliveries. Additionally, this could place an extra financial burden on the healthcare system if more hospital-based births become necessary.

7. **Undermining Choice for Rural and Underserved Communities**: In rural or underserved areas where access to hospitals and healthcare providers is limited, midwives are often a crucial resource. For these communities, midwives may be the only viable option for childbirth care. Restricting midwifery care in these areas would exacerbate healthcare disparities and limit options for women who have no easy access to hospital care.

In conclusion, laws eliminating midwives and free birthing options would restrict the choices available to women, undermine their autonomy, and potentially jeopardize maternal and infant health. It is essential that women retain the ability to choose the type of birth care that best suits their needs, whether that is through midwifery services, hospital births, or other alternatives.

HB-1194
Submitted on: 2/9/2025 1:55:21 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Randi Egdamin	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill because it severely restricts birth freedom.

HB-1194
Submitted on: 2/9/2025 1:56:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I support this bill.

HB-1194
Submitted on: 2/9/2025 1:58:10 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cailin Goodier	Individual	Oppose	Written Testimony Only

Comments:

Aloha CHairs Takayama and Matayoshi, Vice Chairs Keohokapu-Lee Ly and Chun and Committe Members

Please allow this to represent my oppositiion to HB 1194. I do not agree with this bill and it‘s restrictions on birthing practiecs and find it to be criminal.

Mahalo for your consideration

Cailin Goodier, Pukalani Maui

HB-1194
Submitted on: 2/9/2025 1:58:37 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
tara mattes	Individual	Oppose	Written Testimony Only

Comments:

This is confusing and not clear. I oppose

HB-1194
Submitted on: 2/9/2025 1:59:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erzsi Palko	Individual	Oppose	Remotely Via Zoom

Comments:

To members of the Hawai'i House of Representatives:

I am urgently requesting that members of the House of Representatives vote "**NO**" on HB1194:

As a woman, born and raised on O'ahu, I want to insist on a right to true choice in health care surrounding birth, including including choice in birth attendants for non-emergency births.

Certified midwives and certified professional midwives, to my understanding, are required to follow narrow Western medical models of care. By restricting the only legal options to certified midwives, certified professional midwives and traditional Hawaiian practitioners, the state is severely limiting the options available for healthy women seeking non-hospitalized births.

HB-1194
Submitted on: 2/9/2025 1:59:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marirai Tauotaha	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing to strongly OPPOSE HB1194. I barely got through reading the bill. What I could gather does not feel pono. Of course someone should call 911 if there is an emergency during wā hānau. Our community deserves better than stating the obvious and shaming our cultural practitioners. We must continue to build up our practice of midwifery, especially from a Hawaiian cultural lens. We need training and licensure available here in Hawai‘i.

Mahalo me ka ha‘aha‘a,

maui

HB-1194
Submitted on: 2/9/2025 1:59:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joshua M Gerega	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and members,

I oppose HB1194 because the bill discriminates against reproductive rights (choose who is best to assist delivery of children), religious rights (commitment to personal religious beliefs and responsibilities), parents rights (to choose a safe and secure place for delivery of children) and citizens rights (to protect native population growth).

This bill (HB1194) restricts the freedoms and choices granted by our state constitution and federal constitution. Therefore, it destroys the future of our population and thus our state.
I do not desire to descend into this nightmare.

Mahalo.

HB-1194
Submitted on: 2/9/2025 1:59:49 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Briana-Rane Keo	Individual	Support	In Person

Comments:

Aloha,

my name is Ka'ili Keo. I am kanaka maoli and a certified nurse midwife. I stand in support of HB1194 due to my experience in being on the receiving end of births or failed births with birth attendants who were not trained or capable of identifying a poor outcome. I stand with my own Kanaka in this bill as a way as protecting our po'e from outsiders who are coming in to take advantage of the lack of certification and restrictions that are in existence in this state. I do believe that we can work together to continue to perpetuate our culture and practices in home births with proper training. The world we live in today is different with more outsiders and we must protect our Po'e.

Mahalo

HB-1194
Submitted on: 2/9/2025 2:00:00 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tryslynn Kauionalani Jones	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

HB-1194
Submitted on: 2/9/2025 2:00:13 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Healy	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. Ho‘oponopono

HB-1194
Submitted on: 2/9/2025 2:00:49 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
nina millar	Individual	Support	Written Testimony Only

Comments:

In support of HB 1194 with MAH recommended adjustments.

Thank you, Nina Millar, LM

HB-1194
Submitted on: 2/9/2025 2:00:51 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brissa Christophersen	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing this letter opposing support for HB1194 because it is too restrictive and harmful for ʻōiwi families. HB1194 restricts cultural practitices, only allows schooling based on the US continent, and restricts care to licensed midiwves. If we want solutions to the health disparaties that the people, especially women and children, face here in Hawaiʻi -- this bill will not promote aiding these populations.

Mahalo,

Brissa

HB-1194
Submitted on: 2/9/2025 2:00:58 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristy Lam	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I strongly oppose this bill as a native Hawaiian woman who plans for home births with the help of mid-wives in the future. This bill affects me directly, please consider retracting.

Me ke aloha ʻāina,

Kristy

HB-1194
Submitted on: 2/9/2025 2:01:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I strongly oppose HB 1194 that restricts care to licensed midwifes , restricts cultural practices and doesn't allow the spreading of valuable information . A woman should be able to choose how she wants to give birth and receive care and where she wants to give birth .

HB-1194
Submitted on: 2/9/2025 2:02:04 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Zen Powers	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill as it severely restricts choice and access to birthing care.

HB-1194
Submitted on: 2/9/2025 2:05:14 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tanya Terrell	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedom and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 2:06:50 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ghia Borges	Individual	Oppose	Written Testimony Only

Comments:

My name is Ghia Borges and I oppose HB1194. I am a mother of 2, and both my children were birthed at home and due to the restrictive and discriminating nature of HB1194, I strongly oppose this bill and the criminalization of our native practicitioners and traditional midwives.

Mahalo.

Aloha kakou,
My name is Wyonette kaleialoha Wallett from the island of maui. Im in support of HB1328 and oppose HB1194. We have summited over many legislative sessions facts, reports, testimonies from a wide range and diverse people and certified professionals stating the skills and safety of these practitioners are essential to the health of our community and the perpetuity of cultural practices.
I come with the voice as native daughter of hawaii with allegiance to our queen liliuokalani and now with full authority to speak in behalf of my precious hawaiian people and the descendants here after.
I am a practioner of pale keiki, hula, oli, lomilomi, la'au lapa'au..Bill 1194 directly affects me, my way of life and my cultural rights. Currently we even still have the house that members of my ohana were born in, it still stands! This home was where my kupuna were birthed in, by the pale keiki in my ohana, and now im the next lineage in line to practice my hawaiian religious freedoms. I hold the knowledge, the oli and skill to be a pale keiki. We also still have on the same aina our family legal cemetery where we malama our kupuna..We also have an ancient birthing stone on that same river we fought tooth and nail for that currently feeds our lo'i which i am a practitioner of lo'i kalo as well. People like me do exist and need to continue to exist, unless your point is to erase my people and our cultural rights and practices?
In hawaii our language is protected by the state constitution. If we dont protect our practices then we just become vestiges of a people that once was and our language will just be english with hawaiian sounds. We need the practices to give definition to the language and preservation of a culture.
Im also a massage therapy student, by the way, that certification took my lomilomi cultural creation, bundled it up along with other peoples practices and is now selling it back to me so i have to please your "certification process". The same is for midwifery licenses, its all taken from indigenous practices, then relabeled and sold back to me, this is why the pep makes sense, we learn technical skills with modern tools, take the test and bingo! Why is this so challenging to understand.
Much how we are vetted is much like how you are all sitting in those seats, we are trained and uplifted by the community and vetted by professionals in the field. We up hold whats best for our families by having skilled individuals in their homes, which the client requested!!! They dont want a gynecologist or obstetrician white man from the continent that they met only a few times to birth their baby, one of the most sacred times in your life there, they want us!! So that there is some parallel similarity. You have no senator school to graduate from but yet you have authority to make some very important decision. We are uplifted by community and very skilled practitioners. By the way i think a bill should be created for a senator classes, we should have a school, certifications and licensure, seems like there is many skill sets thats certainly being missed. Bad facts=bad bills=HB1194

HB-1194
Submitted on: 2/9/2025 2:10:09 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carol Linde	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to this measure. This bill restricts cultural practices and makes it prohibitively difficult for many kanaka practioners to do their work. It could create dangerous situations as people will continue to prefer to receive care from trusted culture practioners who may be prohibited from fruitful partnerships with the rest of the medical system. Mahalo.

HB-1194
Submitted on: 2/9/2025 2:15:44 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
kristyna vsculik	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
Submitted on: 2/9/2025 2:19:06 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alohi Aea	Individual	Oppose	Written Testimony Only

Comments:

I am a Native Hawaiian mother of four who has chosen to birth all of my children at home. I testified in strong support of HB 1328. Some have said that these two bills are about midwifery, but I believe that what is at the heart of these bills is the consumer--women like me, with families, who want a choice in who attends them at their birhts. Women like me who research, investigate, pray, consider, and weigh all the possibilities and potentials before we choose our midwives and decide to have our babies at home. I urge my leaders to remember this. Please do not pass this bill that puts in place so many restrictions and obstacles in our community. Please do not make it harder for residents of Hawaii who want to serve our birthing community to do so. Please do not restrict cultural practices and access to cultural practitioners whom we and our families need at such a critical time in our lives--when our babies are coming in to the world, we are becoming mothers, and our families are growing and changing.

HB-1194
Submitted on: 2/9/2025 2:23:56 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I support this bill.

HB-1194
Submitted on: 2/9/2025 2:26:03 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaiana	Individual	Oppose	Remotely Via Zoom

Comments:

ʻo Kaʻianaʻahuʻula Kalokuokamaile Jennings
He kōkua ana wau i ka wā hāpai keiki, ma ka wā hoʻohānau keiki, a me ka wā ma hope o ka hānau ʻana o kuʻu tita Lehia/Eleili. Ua kōkua wau i koʻu mau mākua e hoʻomākaukau i nā lapaʻau, nā mea ʻai, ke ahi, a me ka lomilomi aku. Nui nā kuleana kāne i ka wā piha o ka hānau keiki. Eia ka ala hele e hoʻi i ka mauliola o ko kākou Lāhui a me ʻĀina Hawaiʻi. No laila e, Na Representatives, "E kūʻē i ka HB 1194. Oppose HB 1194. ʻAʻole pono. Support 1328."

English Translation:

Kaʻianaʻahuʻula Kalokuokamaile Jennings
I assist during pregnancy, childbirth, and postpartum, as well as with the care of my sister, Lehia/Eleili. I have helped my parents prepare remedies, foods, fire, and lomilomi (massage). Men have many responsibilities during the full process of childbirth. This is the way to restore the life force of our people and the land of Hawaiʻi. Therefore, to the Representatives, "Oppose HB 1194. Do not support HB 1194. It is not right. Support HB 1328."

HB-1194
Submitted on: 2/9/2025 2:49:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
tiana lolotai	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill.

HB-1194
Submitted on: 2/9/2025 2:53:04 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Trevor Terrell	Individual	Oppose	Written Testimony Only

Comments:

This bill restricts the freedoms and choices of birthing families.

HB-1194
Submitted on: 2/9/2025 3:04:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alexa Helge	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to HB1194. Birth is a sensitive time. Feeling safe and supported is important to the birth process and having the attendants of one's choice is part of that. Birth choices, especially culturally-based ones, should not be restricted. Cultural expression and practice is at the heart of one's identity. To limit and cut that off perpetuates colonization.
It is troublesome that the legislature is quick to legalize and codify abortion, but not birth choices and rights. Both are reproductive justice issues, yet abortion rights were celebrated in 2024 while birth choices died in the process. This isn't a good look. Both should be treated with the same urgency. Support birth choices, not limitations, and vote no on HB1194.

HB-1194
Submitted on: 2/9/2025 3:11:36 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Chair et. al.,

I oppose HB1194. I believe we need less government oversight. I believe this bill will overburden midwives. I believe this bill is made by uninformed Birth is a process that works well by itself.

HB-1194
Submitted on: 2/9/2025 3:22:21 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Debra Michels	Individual	Oppose	Written Testimony Only

Comments:

oppose

HB-1194
Submitted on: 2/9/2025 4:21:40 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marcelle Liana	Individual	Oppose	Written Testimony Only

Comments:

I Strongly OPPOSE this bill

HB-1194
Submitted on: 2/9/2025 4:27:13 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shannon Maldonado	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

HB-1194
Submitted on: 2/9/2025 4:32:11 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kumelewaioluopaliuli Tiogangco	Individual	Oppose	Written Testimony Only

Comments:

STRONG OPPOSITION to HB 1194 - RELATING TO MIDWIFERY

Aloha Chair Takayama, Chair Matayoshi, Vice Chairs, and Members of the Committee,

My name is Kumelewaioluopaliuli Tiogangco, and I am a senior at Kamehameha Schools in Olaʻa. I was born and raised in Hilo, Hawaiʻi, and my own birth at home in the waters of my mother's room has given me a deep connection to this issue. **I am writing in strong opposition to HB 1197.**

This bill limits the ability of families to make informed choices about where and with whom they give birth. It undermines traditional and culturally significant birth practices that have existed for generations in Hawaiʻi. Birth is not a medical event—it is a deeply sacred, personal and cultural experience that should be guided by the families and the practitioners they trust, not restrictive policies that do not align with our community's values.

The community of birth practitioners in Hawaiʻi has made it clear that they need more inclusive, accessible licensure and protections for traditional and customary birth practices. HB 1197 does not provide that—it instead imposes limitations that will only harm families by reducing access to care and forcing trusted practitioners into unsafe options. This is not the path forward for our community that values reproductive choice and cultural traditions.

I urge you to stand with our community and oppose HB 1197. Instead, please work toward policies that uplift families, support birth practitioners, and protect the right to choose culturally appropriate care.

Sincerely,
Kumelewaioluopaliuli Tiogangco

HB-1194
Submitted on: 2/9/2025 5:28:13 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I Yvonne Alvarado Oppose Bill HB1194

HB-1194
Submitted on: 2/9/2025 5:37:59 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I support HB1194.

HB-1194
Submitted on: 2/9/2025 5:38:33 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Abigail Otto, MD	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Abigail Otto, MD, and I am a Assistant Professor Obstetrician-Gynecologist practicing in Honolulu, HI. 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 cared for mothers transferred from attempted home births- most every time there have been complications with delay in care. **In two particular instances, the baby died before arriving at the hospital**. On several other occasions, the baby was born but then suffered substantial complications.

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.

Abigail Otto, MD

OBGYN Attending

University of Hawaii

HB-1194
Submitted on: 2/9/2025 5:47:31 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathryn Kuhaulua	Individual	Oppose	Written Testimony Only

Comments:

I oppose the current language and narrow scope of this bill in reference to a woman's right to choose their birth team and experience

HB-1194
Submitted on: 2/9/2025 6:10:06 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Toni Liljengren	Individual	Oppose	Written Testimony Only

Comments:

this bil restricts the freedoms and choices of birthing families

do not force your goverment will on our medical freedoms

HB-1194
Submitted on: 2/9/2025 6:16:51 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sierra Mcveigh	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Sierra Mcveigh and I am born and raised on the island of Hawai'i. I oppose Bill HB1194 as it discriminates against hawaiian cultural practices as well as goes against our freedom of choice.

Mahalo for your consideration,

Sierra Mcveigh

HB-1194
Submitted on: 2/9/2025 6:23:18 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose this bill.

HB-1194
Submitted on: 2/9/2025 6:26:02 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelly Anne Dahilig	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chairs, Vice Chairs, and Members of the Health Committee and Consumer Protection & Commerce Committee,

I am grateful for the opportunity to testify in opposition to HB1194, which would further limit midwifery practice and reduce safe and legal access to care.

Mahalo,

Kelly Anne Dahilig

HB-1194
Submitted on: 2/9/2025 7:00:03 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erika Phelps Nishiguchi	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Erika Phelps Nishiguchi, MD, and I am a Developmental Behavioral 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 developmental 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,

Erika Phelps Nishiguchi, MD

HB-1194
Submitted on: 2/9/2025 7:07:40 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erica McMillan	Individual	Oppose	Written Testimony Only

Comments:

Dear legislators,

I urge you to oppose HB1194 as it will not properly serve the communities of home birthing women here in Hawaii.

HB1194 creates barriers on the pathway for care providers who want to serve these communities without communities of women demanding the right to give birth in the ways they determine are best for their families. Creating more barriers will NOT serve this growing community it will only put mothers and babies at risk.

HB1194 will cause more division within the relevant communities (families, medical doctors, government & midwives) and that is not what is needed. We need a pathway that respects all perspectives and strives to work together. There is currently a superior alternative bill that fits the will of the people and providers who wish to serve them and has the support of many relevant organizations.

Please oppose HB1194 it will only cause division within our communities.

mahalo for your time and consideration.

with Aloha,

Erica McMillan

HB-1194
Submitted on: 2/9/2025 7:08:55 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emma Halenko	Individual	Oppose	Written Testimony Only

Comments:

In strong support for midwives. A midwife helped me bring two healthy babies into this world! Please please consider

HB-1194
Submitted on: 2/9/2025 7:14:41 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
karin omahony	Individual	Oppose	Remotely Via Zoom

Comments:

VOTE NO on HB1194

This bill restricts women's autonomy over their bodies and their families. HB1194 restricts vital cultural practices and reduces care for birthing women and their families. It designates only expensive off island training and does not allow training that is actually allowed in most states in the country. Women living in Hawaii should not be prevented from making the best choices for their families.

I am a Waimanalo resident. I vote. I watch how you vote. I had two children using traditional practices and want to ensure that other women and their families can access the best care for them.

VOTE NO on HB 1194

HB-1194
Submitted on: 2/9/2025 7:39:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ryan Willis	Individual	Oppose	Written Testimony Only

Comments:

I Strongly Oppose

HB-1194
Submitted on: 2/9/2025 7:43:54 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Trinette Furtado	Individual	Oppose	Remotely Via Zoom

Comments: Aloha Chair and Committee Members. E ola ka `ōlelo Hawai`i. E ola ka hana nui o nā wāhine o Hawai`i no nā `ohana, nā wāhine hāpai a me nā pēpē. I ask you today to strongly OPPOSE HB 1194, as it severely restricts access to traditional birth practices, criminalizing them, if they choose to progress through the process with a traditional, cultural or religious birth worker. How preposterous that the government should deign to tell `ohana how to birth their keiki and make it illegal to do certain things to ensure the experience is a pono birth experience for them, yet cut critical government services, programs and resources that would support `ohana going through this proposed restrictive system. Wāhine have been birthing keiki for thousands of years with traditional, cultural and/or religious birth workers right by their side, hospital or no. To deny families the choice of how their birth experience will be, takes away that intimate sovereignty the family unit should have. Please OPPOSE this bill and VOTE NO to its passage. Mahalo for your time and attention.

HB-1194
Submitted on: 2/9/2025 7:48:11 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shannon Matson	Individual	Oppose	Remotely Via Zoom

Comments: Aloha Chairs, Vice Chairs, and Committee Members, I am writing to you in opposition of HB 1194. I am currently 13 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. I have been pregnant five times before this, with multiple miscarriages, and two healthy and successful homebirth babies. For my last birth I was attended and assisted by 8 people, 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 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. 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. This bill will result in contributing to the loss of native and cultural wisdom in our birthing practices. This bill has not been vetted by Native Hawaiian practitioners or organizations and is actively being opposed by those whom it is claiming to be helping. Please kill this bill and instead pass HB1328 which will help 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

HB-1194
Submitted on: 2/9/2025 8:34:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Lawrence MD	Individual	Support	Written Testimony Only

Comments:

I am a practicing board certified OBGYN physician in Hawaii for over 2 decades and support this bill. I believe the cetification for nurse midwives is of upmost importance to maintain the safety of our moms and keiki and should be held to the highest standards

HB-1194
Submitted on: 2/9/2025 8:50:11 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
christy Kalama	Individual	Oppose	Written Testimony Only

Comments:

no to this bill, yes to expensive care for our community

mahalo

HB-1194
Submitted on: 2/9/2025 8:51:52 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kanoe Willis	Individual	Oppose	Written Testimony Only

Comments:

I Strongly Oppose

HB-1194
Submitted on: 2/9/2025 9:13:40 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gerald Montano	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Gerald Montano, and I am a pediatrician practicing in Wailuku. 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.

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**.

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,

Gerald Montano, DO

Board Certified Pediatrician and Adolescent Medicine Specialist

HB-1194
Submitted on: 2/9/2025 9:24:35 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Oppose!

HB-1194
Submitted on: 2/9/2025 9:26:48 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelli Hicks	Individual	Support	Written Testimony Only

Comments:

I'm in support of HB1194. Having had a licensed midwife at the birth of my son at the hospital for support, I was able to make informed decisions about what to do in case of an emergency. I fully trusted her because she is licensed and trained in both settings for home and hospital births. It was extremely important for me to work with someone that has trained for emergencies and is up to date with their education. Especially, since I had more of a high risk pregnancy.

HB-1194
Submitted on: 2/9/2025 9:37:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ann S Freed	Individual	Support	Written Testimony Only

Comments:

House Committees on Consumer Protection & Commerce, and Health

Aloha, Representative Donovan Scot Matayoshi, Chair
Representative Gilbert Cory Chun, Vice Chair
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair, And members,

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
Submitted on: 2/9/2025 9:37:45 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sadie Kim	Individual	Support	Written Testimony Only

Comments:

My name is Sadie Kim and I am a practicing Neonatal Hospitalist Physician in Honolulu, HI. I am testifying in support of HB 1194 which strengthens midwifery licensure requirements..I have practiced in Hawaii for 18 years, and I have seen firsthand complications, incluing death in newborns, that could have been prevented if the person managing the delivery of a new life had proper training.

Licensure standards for midwives exist to ensure that individuals providing care during pregnancy and labor have met the necessary qualifications and have received proper education and training.

I urge you to support HB 1194.

HB-1194
Submitted on: 2/9/2025 9:45:37 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lesha Mathes	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. It is putting out of line restrictions on the person the mother chooses to help her with the natural process of birth. This is the mother's decision to choose who is best prepared to help her with the process. Childbirth has been happening since the beginning of time, it is not a medical procedure. We don't need or want the government interfering in this process or the choices the mother makes. Midwives have been around since the beginning and they don't need your approval to do the job they are called to do. Life is precious and they know that very well.

HB-1194
Submitted on: 2/9/2025 9:57:00 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Grace Alvaro Caligtan	Individual	Oppose	Written Testimony Only

Comments:

I strongly stand against this measure that restricts and over-regulates the long time practice of birthing with traditional birth practioners and cultural family support.

HB 1194 also undermines the steady work to recognize, build, and expand practical hands-on skills training and practice of developing midwives under supervision and the well recognized apprentice model of learning under the PEP process.

This bill is a step backwards in addressing long standing health disparities and further adds barriers to building a pathway for reproductive care.

In this vein, I encourage the expansion of birthing options as outlined in HB 1328 instead.

HB-1194
Submitted on: 2/9/2025 10:28:47 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charlene Mersburgh	Individual	Oppose	Written Testimony Only

Comments:

I oppose restrictions on birth options

HB-1194
Submitted on: 2/9/2025 10:37:25 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gena Markman	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a mother from Kapaa of a 1yr old daughter. Feeling empowered to make the choice on where to birth my daughter and feeling safe in my own home, in my capable midwives hands was everything to me. My midwife was not from Hawai‘i, but upon visiting with several was the obvious choice regarding who made me feel the most comfortable and safe.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community’s choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though

well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.
- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant

to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

-
- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.
-
- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.
-

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.
-
- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.
-
- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.
-

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

With much gratitude,

Gena Markman

HB-1194
Submitted on: 2/9/2025 11:59:53 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alana Sooriyakumar	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill.

I have experienced the difference between home birth and hospital, the prenatal and post natal care for home birth vs hospital is as different as night and day.

The care under my midwife for my multiple home births is far superior to what I experienced at the hospital.

Do not limit our ability to choose our own pregnancy care and delivery options.

VOTE NO to telling women what is best for them and their babies, limiting their options to the care they desire.

Mahalo,

Alana

HB-1194
Submitted on: 2/10/2025 12:41:23 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa D. Haile	Individual	Oppose	Written Testimony Only

Comments:

Melissa D. Haile
Perinatal Community Health Worker & Doula
Kailua, HI
February 9, 2025

Committee on Health
Hawai‘i State Legislature

Re: Strong Opposition to HB1194 – Relating to Midwifery

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Melissa D. Haile, and I am a perinatal community health worker and doula based on Oahu. I am submitting this testimony in **strong opposition to HB1194**, a bill that unjustly restricts access to traditional midwifery care, criminalizes those who provide birth support outside of hospital settings, and threatens the cultural sovereignty of birthing families in Hawai‘i.

This bill aims to make permanent a licensing structure that has already failed to reflect the realities of birth care in Hawai‘i. Since the implementation of licensure, not a single Kanaka Maoli midwife has been licensed in the state, while 97% of licensed midwives are from out-of-state.

This system does not serve local families or align with Hawai‘i’s cultural birthing traditions. Instead, it imposes a colonial framework on birth work that actively excludes practitioners rooted in the very land and community this law claims to protect.

HB1194 criminalizes the presence of non-family birth attendants, including myself as a perinatal community health worker and doula. This means that families who rely on skilled, experienced support during birth will be forced to either birth without the care they need or face punitive legal consequences. This level of restriction is not about safety—it is about control. Hanau (birth) is traditionally the kuleana of the person giving birth, and this bill strips birthing families

of their right to choose who supports them during one of the most significant moments of their lives.

While proponents of licensure claim it increases safety, there is no evidence to support this assertion. However, there is clear evidence that culturally relevant care improves birth outcomes, particularly for Native Hawaiian and other historically marginalized families. Hawai‘i has a long history of clinical and traditional midwives working collaboratively to serve the diverse needs of our communities. HB1194 disrupts this balance and actively works to erase traditional midwifery—a system of care that predates modern obstetrics and has served as the foundation of birth work worldwide.

If passed, this bill will lead to further displacement of traditional Hawaiian hanau practices, severing families from their own ancestral knowledge. Instead of restricting birth options and criminalizing community birth workers, we should be expanding access to culturally safe, evidence-based midwifery care that truly reflects the needs of our people.

For these reasons, **I urge you to oppose HB1194 and reject this harmful legislation. Midwifery belongs to the people, not to the state.** Mahalo for your time and consideration.

Respectfully,
Melissa D. Haile
Perinatal Community Health Worker & Doula

HB-1194
Submitted on: 2/10/2025 12:47:44 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kiley Adolpho	Individual	Oppose	Written Testimony Only

Comments:

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Greetings Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

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

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka

Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

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Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Thank you Kiley Adolpho

HB-1194
Submitted on: 2/10/2025 1:36:36 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayla Parker	Individual	Oppose	Written Testimony Only

Comments:

Testimony of

Kayla Parker

Aiea, O'ahu

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

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Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a mother of 4 children who has had 2 children in the hospital, one with an obstetrician and the other one with a certified nurse midwife. My youngest two were born at home, with my carefully selected traditional midwives. Choosing a traditional midwife that aligned with us was

the only option for my family and I, thankfully at the time we still had the freedom to do so. The level of care that I received from my skilled traditional midwives was unlike anything I had ever experienced in the hospital. Unfortunately, if I were to have another baby, I would be forced to either birth at home alone since my wonderful midwives are now "illegal" in the eyes of the state. We deserve to have access to the care that we choose and HB 1194 is not going to give us that.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

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- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

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- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

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-

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Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Thank you

Sincerely,

Kayla Parker

HB-1194
Submitted on: 2/10/2025 4:43:20 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tiare Smith	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I OPPOSE HB1194

This Bill SEVERELY RESTRICTS AND REDUCES ACCESS to birth care, leaving families with little or no choices. This Bill CRIMINALIZES most traditional, cultural, and religious birth workers and friends and family who may want to assist us.

Mahalo,

Tiare Smith

HB-1194
Submitted on: 2/10/2025 5:17:32 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose this bill. Women should have choices on birth. Kill this bill.

HB-1194
Submitted on: 2/10/2025 5:33:34 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tasa mcdonald	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill.

HB-1194
Submitted on: 2/10/2025 6:14:57 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ann chang	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Committee Members,

My name is Ann Chang, and I am a board-certified obstetrician-gynecologist practicing in Honolulu. 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.

Sincerely,
Ann Chang
MD, MPH

HB-1194
Submitted on: 2/10/2025 6:24:22 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

What is wrong with the legislators who created this bill?! It's like they don't even live in Hawaii and/or have zero concern for traditional, cultural and religious families in Hawaii. I imagine the legislators who wrote this support murdering unborn babies, while simultaneously wanting to criminalize giving birth! That is wicked. Our motto says the life of the land is perpetuated in righteousness, so please stop writing wicked bills like this one.

HB-1194
Submitted on: 2/10/2025 7:36:04 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

My body my choice. You don't get to sit around with a pen and a paper trying to forbid me from preforming the most sacred of things as i see fit. You folks are unfit to hold the positions you do.

HB-1194
Submitted on: 2/10/2025 8:11:43 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jerome Lee	Individual	Support	Written Testimony Only

Comments:

We strongly are in need of a bill that strengthens midwifery licensure requirements. I am a practicing neonatal hospitalist and have seen first hand the consequences of poor decision making and influence of unlicensed midwives.

HB-1194
Submitted on: 2/10/2025 8:16:26 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

Aloha Chairs, Vice Chairs, and Committee Members:

I am writing to you in opposition to HB1194. This bill will hinder safe and equitable access to reproductive healthcare for birthing people. This bill has not been vetted by Native Hawaiian practitioners or organizations and is actively opposed by those whom it is claiming to help.

Please vote against this bill and instead pass HB1328 which helps to protect the most important human right: the right of bodily autonomy for birthing people.

Thank you,

Noelle Lindenmann, Kailua-Kona

HB-1194
Submitted on: 2/10/2025 8:18:50 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deven English	Individual	Oppose	Written Testimony Only

Comments:

In oppostion of this bill.

HB-1194
Submitted on: 2/10/2025 8:48:11 AM
Testimony for HLT on 2/10/2025 2:00:00 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, Hawaii. 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,

Mari Grief, MD

HB-1194
Submitted on: 2/10/2025 8:49:37 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mickayla	Individual	Support	Written Testimony Only

Comments:

I support bill HB1194 wholeheartedly as a measure to protect the lives of our birthing mothers and babies in Hawaii. Had it not been for the formal education and professional standing with which my midwife was trained, the birth of my first baby would have most definitely ended in disaster. Had I employed a midwife only trained in basic birth principles and techniques I might not be here today. Protect our Moms, protect our babies, protect our home births, by mandating that midwives must receive formal education and be lawful licensed medical providers.

HB-1194
Submitted on: 2/10/2025 8:51:50 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sally Lee	Individual	Oppose	Written Testimony Only

Comments:

The bill strictly reduces and restricted access to birth care leaving families with little or no choices. They spell criminalizes, most traditional, cultural and religious birth workers and friends and family who may want to assist you. This bill is not in the best interest of the people of Hawaii

HB-1194
Submitted on: 2/10/2025 8:56:02 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Raul Nohea Goodness	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose **HB1194** .

HB1194 puts undue burdens and requirements on native midwifes, requring training on the U.S. Mainland. There must be legal options for birthing by native Hawaiian practitioners which go back to time immemmorial.

HB-1194
Submitted on: 2/10/2025 8:57:02 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Arlene Kiyohara	Individual	Support	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Arlene Parubrub Kiyohara, and I am local pediatrician practicing in Honolulu, Hawaii. 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,
Dr. Arlene Parubrub Kiyohara, MD

HB-1194
Submitted on: 2/10/2025 8:59:18 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Piper Lovemore	Individual	Oppose	Written Testimony Only

Comments:

Aloha, my name is Piper Lovemore and I am in strong opposition to this bill.
As a midwife of African- American and Native descent, I reject this bill for its violently invasive vision of regulation, its adherence to harmful educational stipulations, and its archaic perspectives on efficacious care. In an era where American maternity care is defined by a deadly crisis of racist disparity, this bill seeks to perpetuate harm by further enshrining their broken system, despite vehement resistance from the communities being ravaged by these same attitudes and practices.

As a prolific mother, who has given birth in Hawai'i more than many, I oppose this bill out of pure distaste. The unmitigated gall it takes to genuinely seek to advance these measures, despite the proven abject failure of the herewith aligned paradigm to 'do no harm', is offensive and ridiculous and alarming. While intense research has been dedicated to improving maternity health statistics in this country, and the leading studies continue to highlight the necessity of Cultural Competence in these efforts, this bill has the impudence to stand in opposition to the voices of the People. Pure folly, destined to fail. Let us not prolong its timely demise.

HB-1194
Submitted on: 2/10/2025 9:03:09 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jay Ihara	Individual	Support	Written Testimony Only

Comments:

I am in strong support of HB 1194 which will make midwife regulatory laws permanent.

HB-1194
Submitted on: 2/10/2025 10:02:35 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Haley Callahan	Individual	Oppose	Written Testimony Only

Comments:

I am Haley Rabago Callahan from Keokea, Maui. I come from a lineage of Puerto Rican birthkeepers and have been practicing birthwork on Maui for twelve years. I was also a student at a MEAC-accredited college, working toward my midwifery degree, until I decided it was not possible to have a family, support my community, and complete the necessary education to become a midwife through that pathway.

I full-heartedly OPPOSE HB1194, as it removes choice--a fundamental, legal right for women and humans in our country--for families regarding their reproductive health and birthing choices and experiences. It gives families autonomy and options for the normal, physiological event that is birth.

HB1194 restricts people in our community from continuing their cultural birth practices without fear of being legally reprimanded, and does not allow us to stay in our communities to practice. I can say from personal experience as a previous student at National College of Midwifery, that the western education system does not and can not understand what birthing in a community like Maui is like, and therefore--while the western knowledge I received was valuable--it did not correlate with the world in which I practice birthwork here on Maui.

By valuing indigenous and cultural practices, we are able to have culturally-competent, local practitioners, better outcomes, longer, more holistic community support, and overall stronger communities and families.

With deep respect and trust that those placed in power will do what is just for the bodies effected by this bill,

Haley Rabago Callahan

HB-1194
Submitted on: 2/10/2025 10:06:01 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Bowen	Individual	Oppose	Written Testimony Only

Comments: As a new mother and recipient of both midwife and hospital support during my pregnancy and delivery, I oppose HB1328 with my whole chest. We need more options of care for pregnant women, not less. Criminalizing midwifery in any aspect is only going to create more of a divide by increasing mistrust of the medical establishment to those of us who have already experienced discrimination and abuse in formal healthcare environments. As a low income Hispanic woman on state insurance, I can tell you that my mistrust of the medical establishment stems from mistrust of the medical industrial complex. If you're on state insurance, these doctors just see $$ signs, they'll push you for a C section at THEIR earliest convenience. They'll push you for medications and surgeries you don't need. With a midwife I felt like I had someone on my side to help me navigate what was really important. I spent 9 months building trust with my midwife as she helped me build my baby, and on day 4 of labor when she looked me in the eyes and said "it's time to go to the hospital" I went to the hospital. Because I trusted my midwife, not because I trusted the hospital. When we arrived at the hospital, we experienced hostility and discrimination for trying to have a home birth, even though we came to the hospital when it became unsafe to continue at home. In the end the hospital forced a separation with my newborn son for 24 hours to fly him to the NICU on Oahu, which he did not need. He was breathing well and stable when they flew him, but they convinced me it was for the best. The whole thing cost more than $35K of taxpayer money in insurance, and so much unnecessary suffering for my family. For nothing. Why should I want to go back to the hospital for the next baby? Why should I tell any other expectant mom to go to the underfunded and ill equipped Maui Memorial? Voting NO on HB1194 (and YES on HB1328) is a step in the right direction for improving the public trust in our medical system. Mahalo nui.

HB-1194
Submitted on: 2/10/2025 10:07:48 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
stacy diaz (zoom display name SD)	Individual	Oppose	Remotely Via Zoom

Comments:

I, Stacy Diaz oppose bill HB1194.

HB-1194
Submitted on: 2/10/2025 10:41:42 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lyndsay Long	Individual	Support	Written Testimony Only

Comments:

Midwives should be subject to licensure as medical providers.

HB-1194
Submitted on: 2/10/2025 11:09:03 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
K Mantanona	Individual	Oppose	Written Testimony Only

Comments:

Testimony of

Keeley Mantanona

Kapolei, Hawaii

Committee on Health

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato, Rep. Cory M. Chun, Rep. Lisa Marten, Rep. Ikaika Olds,

Rep. Jenna Takenouchi, Rep. David Alcos III, Rep. Diamond Garcia

Committee on Consumer Protection & Commerce

Rep. Scot Z. Matayoshi, Chair

Rep. Cory M. Chun, Vice Chair

Rep. Greggor Ilagan, Rep. Linda Ichiyama, Rep. Kim Coco Iwamoto, Rep. Sam Satoru Kong,

Rep. Nicole E. Lowen, Rep. Lisa Marten, Rep. Adrian K. Tam, Rep. Elijah Pierick

Aloha Chair Takayama, ChairMatayoshi, Vice Chairs and all members.

I am writing today to strongly OPPOSE HB1194, Relating to Midwifery.

I am a native Hawaiian mama of soon to be 4. I have had midwives and home births for each of my keiki, with my ʻohana members present and supporting me. I am currently enrolled in a mentorship program to become a koʻokua. My plans for the future are to be a midwife to help support our native Hawaiian mothers and those of pasifika descent. Midwifery has helped me birth my keiki in a way that is natural to my customs and culture, allowing me to be able to birth as intended by my ancestors and as nature intended. During my mentorship, I am learning more about cultural birth practices that are not common knowledge for kanaka maoli across the pae aina which is a devastating realization. I hope for a future where my native Hawaiian keiki can practice their cultural protocols for birth without having to risk practicing in an unsafe way or risk compromising their cultural norms for birthing on their native land. I hope for a future where midwifery remains possible for women of native Hawaiian and pasifika descent without the need to leave our families in order to be licensed.

While the intentions of this measure are good, and the efforts are greatly appreciated, it does great harm to our community. Here are some of my major concerns with this measure:

- HB 1194 is not the community's choice. It is important that laws represent the community, and what the community itself says that it needs. Our community has been very clear on what is needed: solid licensure for clinical practices that local clinical midwives can access, with clear legality for all family (including hānai and extended), traditional practitioners (especially Kanaka, but also for other cultures), and other professionals and practitioners. This community voice is broad, unified and educated, and deserves to be followed. HB 1194 does not come from the community and is not supported by the community as a whole.

- The needs of the community are complex and harm is done by incorrect language.. The needs of the home birth community are a very high learning curve. Many people, including many kinds of midwives, cultural practitioners, lawyers, and organizations who know the subject matter well, worked together on HB 1328, with extensive community vetting and refinement. None of them could have done this alone. A comprehensive solution that works for almost everyone took months -- even years -- to develop. Though well-intended, HB 1194 has too many errors, because it was not written and rewritten through an extensive community vetting process. These errors are hard to correct because making the pieces fit correctly is very challenging.

- Everyone needs clear protection. Practically all cultures have traditional midwives. These ancient practices do not have clear enough protections in HB 1194. "Midwife" is a deep traditional concept that has evolved into many styles, including clinical styles. It is not a proprietary concept belonging to a small faction within this practice, but a very broad concept needing comprehensive solutions and protections that really work.

- Community processes need respect. Midwives are traditionally recognized by the communities they serve, who hold them accountable, too. Communities, and not the State, should be empowered to determine who is legitimate within traditional practices. The State's jurisdiction should be over licensed clinical practices only.

- HB 1194 is too problematic to fix. While the intention here is good, there is just not enough understanding of the subject matter to make the pieces work together. HB1328 does this because many problems were worked out through many months of extensive work by different practitioners working together with attorneys and other experts to ensure that HB1328 is watertight and mutually supportive. HB1194 has not undergone this, and is flawed as a result.

- There is no evidence that restricting any type of midwives makes anyone safer. It only forces practices underground, which is not safe. HB1194 criminalizes unlicensed midwives, including traditional cultural and religious practitioners, forcing them to either stop practicing or to continue to practice underground. Neither of these is safe or beneficial to families.

- The real safety hazard is lack of access to care. Many people do not have access at all because of where they live. Cultural care is especially important, because the lack of culturally appropriate care has been shown to result in increased maternal mortality. HB 1194 reduces access to care, and especially cultural care, which is very harmful to maternal health.

- Hospital transports being dangerously interfered with is also a real safety hazard. If they are not legal, midwives not being able to communicate with doctors if they need to take someone to the hospital is a serious concern. Parents are also sometimes more reluctant to go to the hospital at all, because CWS or other enforcement might fault them for giving birth with an unlicensed midwife. HB1194 causes very real danger by interfering with hospital transports.

- HB1194 harms families. The existing law, HRS457J, criminalizes extended family members who attend births within their own ʻōhana, and HB1194 continues this criminalization. Grandparents and aunties are currently in danger for attending their family's births, and hānai family, even very close hānai family such as hānai parents, are not legal to attend births of their hānai ʻōhana. There has been NO evidence, despite centuries of practice, that these extended family practices are dangerous in any way, yet family members could face prosecution.

- HB1194 harms reproductive choice. The ability to choose who touches a birthing person during birth is important, in the same way that consent is important for all choices about who touches someone's body. It is not okay to restrict this choice. HB1194 restricts reproductive choice by making practitioners illegal, so that families cannot choose them.

- HB1194 does not give a realistic way for local clinical midwives to be licensed. Right now, 97% of licensed midwives are not originally from Hawai'i and none are Kanaka

Maoli (Native Hawaiian). This is because licensure requires MEAC schooling, which is based on the US Continent. This is a problem because it reduces access to cultural care and can change the culture of birth in Hawai'i by displacing local practices. There are many young local people studying under clinical midwives (midwives whose practice is based on modern tools, techniques and terminology, who may also use traditional methods in their practice — these are different from traditional practitioners but also very important for cultural support). A PEP pathway to licensure would allow these local students to count the births they attend with their teachers toward a license, so that they can eventually serve their communities as professional midwives. Without a PEP pathway, all of this experience does not count. This is discriminatory against local people, and really not fair. HB1194 does not recognize a PEP pathway to licensure at all.

- HB1194 does not support the full scope of practice for CMs and CPMs, which would allow them access to more tools, including some that are important for safety, to help the families they serve. There is no need for doing this, as their scope is already defined by their respective governing bodies. This would only harm communities by restricting access.

- HB1194 does not address medicaid reimbursement for licensed midwives, which would help lower income birthing families greatly. When all of the parts of HB1194 are added together (excluding most midwives, criminalizing ethnic practices, restricting scope and abilities of licensed midwives, etc.) they feel discriminatory, and focused on maximizing benefit for a trade group, rather than the community.

The International Confederation of Midwives (ICM) identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed:

Necessity – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?

Effectiveness – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility – is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?

Transparency – is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability – is it clear who is responsible to whom and for what? Is there an effective appeals process?

Consistency – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

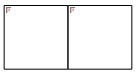
This framework was adopted by The US Midwifery Education, Regulation and Association (US MERA), in its foundational document, Principles for Model U.S. Midwifery Legislation and Regulation.

HB 1194 does not meet the US MERA and ICM criteria for regulation, under this framework.

For all of these reasons and more, I request that you please do not pass HB 1194, and instead pass HB 1328.

Aloha,

Keeley Mantanona



HB-1194
Submitted on: 2/10/2025 11:12:57 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sarah-Lyn Lokelani Jacobson	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE THIS BILL. THIS BILL SEVERELY RESTRICTS AND REDUCES ACCESS TO BIRTH CARE, LEAVE FAMILIES WITH LITTLE TO NO CHOICES.

HB-1194
Submitted on: 2/10/2025 11:35:19 AM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christopher Gibu	Individual	Support	Written Testimony Only

Comments:

My name is Christopher Gibu, and I am a practicing Neonatologist in Honolulu, testifying in strong support to the HB1194 upholding strong licensure and competency standards for midwives, ensuring that midwives are adequately trained and integrated into the healthcare system. It aligns with national standards and fosters safer birth outcomes. I have practiced in Hawaii for 8.5 years, and I have seen firsthand complications that could have been prevented if the person taking care of this patient had recognized it.

Licensure standards for midwives exist to ensure that individuals providing care during pregnancy and labor have met the necessary qualifications and have received proper education and training.

I urge you to vote yes on HB 1194.

HB-1194
Submitted on: 2/10/2025 12:40:38 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shani Hough	Individual	Oppose	Written Testimony Only

Comments:

I oppose Bill HB1194, created by Lefislators who want to Eliminate your birth choices forever! This bill severly restricts and reduces access to birth care, leaving families with little or no choices. The Bill criminalizes most traditional, cultural and religious birth workers, friends and family who may want to assist you.

HB-1194
Submitted on: 2/10/2025 1:51:05 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa W. Chong	Individual	Support	Written Testimony Only

Comments:

I strongly support HB1194 and MAH amendments.

HB-1194
Submitted on: 2/10/2025 1:52:47 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Poulos	Individual	Oppose	Written Testimony Only

Comments:

Aloha Representatives,

I oppose this bill. I do appreciate the desire to keep the mid-wife profession safe in Hawaii, but I feel as stated, this bill is very prohibitive of the profession.

Lisa Poulos

HB-1194
Submitted on: 2/10/2025 2:34:30 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cindy R Ajimine	Individual	Support	Written Testimony Only

Comments:

I SUPPORT this billl. Helps to offer multiple sources of care on a geographically isolated island and ensures an excellent foundation/requirements and monitoring!

HB-1194
Submitted on: 2/10/2025 2:49:28 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chanara Casey Richmond	Individual	Support	Written Testimony Only

Comments:

I support this bill. It is greatly needed. Chanara Richmond HD42

HB-1194
Submitted on: 2/10/2025 2:55:23 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristina Mau	Individual	Oppose	Written Testimony Only

Comments:

Aloha,
I strongly oppose this bill HB 1194 as its provisions attack on the Hawaiian Culture and my people. This is not a bill for mothers, as a it limits the right of choice and freedom for a mother to choose who she wants to be in the room while she is birthing. The one who is birthing should be the one to make decisions for her body and baby. To not live in fear of whom she decides to choose whether she chooses a licensed or unlicensed midwife.

Mahalo,

Kristina Mau

HB-1194
Submitted on: 2/10/2025 5:57:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

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

Comments:

I oppose!

HB-1194
Submitted on: 2/10/2025 6:01:17 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacqueline Bosman	Individual	Oppose	Written Testimony Only

Comments: Why would be take away choice and eliminate birth access? Why, in 2025, are we taking away choices especially when it comes to our bodies and the precious process of birth!? Please leave choice to the birthing person, women are innate in knowing what is best for them and their babies, families can make this choice together.Do not restrict and reduce access to care! You are criminalizing most traditional, cultural and religious birth rights/workers with this bill! We want as many helpers in the community, at this time- of birth, especially- don't make the pool smaller and eliminate choice.

HB-1194
Submitted on: 2/10/2025 9:46:29 PM
Testimony for HLT on 2/10/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dayna Matsumura	Individual	Oppose	Written Testimony Only

Comments:

Oppose