

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony in SUPPORT of H.B. 1858 H.D. 2
RELATING TO VITAL STATISTICS**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

March 20, 2026, 1:00 PM, Conference Room 225 & Videoconference

- 1 **Fiscal Implications:** None.
- 2 **Department Position:** The Department of Health (“Department”) supports this measure.
- 3 **Department Testimony:** The Family Health Services Division (FHSD) provides the following
- 4 testimony on behalf of the Department.
- 5 H.B. 1858 H.D. 2—as amended—will improve the quantity and quality of information reported
- 6 to the Department regarding fetal deaths. This measure will align Hawai’i fetal death data
- 7 collection procedures with the rest of the country by using the standardized subset of data of
- 8 20+ weeks of gestation only. This change will allow greater precision for researchers and
- 9 practitioners working towards reducing fetal death rates in Hawai’i, including a better
- 10 understanding of social determinants of fetal demise. The amendments also decrease
- 11 administrative barriers within Department operations and simplify the chain of custody of data
- 12 for private sector entities while simultaneously protecting confidential records relating to
- 13 reproductive health services.
- 14 **Offered Amendments:** None.
- 15 Thank you for the opportunity to testify on this measure.



March 19, 2026

Position: **SUPPORT** of **HB1858 HD2**, Relating to Vital Statistics

To: Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Members of the Senate Committee on Health and Human Services

From: Llasmin Chaine, LSW, Executive Director, Hawaii State Commission on the Status of Women

Re: Testimony in **SUPPORT** of **HB1858 HD2**, Relating to Vital Statistics

Hearing: Friday, March 20, 2026, 1:00 p.m.
Conference Room 225, State Capitol

The Hawaii State Commission on the Status of Women is dedicated to advancing health, safety, and equity, ensuring that the needs of women are reflected in public policy. The Commission **supports HB1858 HD2**, as it amends requirements related to the registration and documentation of fetal deaths, which is of particular interest due to its potential impacts on the experiences and health of women, and families navigating pregnancy loss.

Clear and consistent documentation is essential for public health data, which can inform policy decisions and resource allocation related to maternal and fetal health. The Commission appreciates **HB1858 HD2's modernization and improvements to reporting practices, provisioning accurate, usable fetal death data, increased understanding and action to address Native Hawaiians and Pacific Islanders high rate of fetal death.**

The Commission respectfully urges this Committee to **pass HB1858 HD2**, enabling better data practices for better prevention, education, and targeted interventions.

Thank you for this opportunity to submit testimony.



Friday, March 20, 2026 at 1:00 pm
Conference Room 225 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

From: Joy Vink, MD
Maternal Fetal Medicine physician (high risk OBGYN)

**Re: Testimony in Support of HB 1858, HD2
Relating To Vital Statistics**

My name is Joy Vink, MD and I am a Maternal Fetal Medicine physician (high risk OBGYN) at Kapi'olani Medical Center for Women & Children (Kapi'olani). Kapi'olani is an affiliate of Hawaii Pacific Health. Kapi'olani is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care.

I write in SUPPORT of HB 1858, HD2 which updates several requirements related to fetal deaths, such as registration, certification, and permits for handling remains.

According to National Vital Statistic System data, Native Hawaiians and other Pacific Islanders experience some of the highest fetal death rates nationwide. Hawai'i does not currently have complete or accurate data to fully understand or address the reasons behind these disparities. By revising existing laws, reporting requirements would become more consistent, clearer, and easier to follow, resulting in better-quality data. Improved information would help health care providers create effective strategies to lower fetal death rates across communities in Hawai'i.

At present, fetal death reporting is grouped under general death reporting, causing confusion, extra work, and privacy issues. Extending the time allowed for reporting fetal deaths would give health care professionals enough time to thoroughly investigate their causes. This change would enable providers to better understand the factors contributing to the elevated and uneven rates of fetal death throughout the State.

This bill would align Hawai'i's reporting requirements with the majority of the United States and federal Centers for Disease Control and Prevention recommendations, and improve

hospital compliance with the fetal death reporting mandates since they will be more realistic and feasible. The statutes will also become more consistent, clear and easier to follow, resulting in better-quality data. This improved information would help our health care providers create effective strategies to prevent this tragic loss in our local families.

Thank you for the opportunity to testify.

Hawaii Women's Coalition

March 19, 2026

Position: **SUPPORT** of **HB1858 HD2**, Relating to Vital Statistics

To: Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Members of the Senate Committee on Health and Human Services

From: Llasmin Chaine, Co-Chair, Hawaii Women's Coalition

Re: Testimony in SUPPORT of HB1858 HD2, Relating to Vital Statistics

Hearing: Friday, March 20, 2026, 1:00 p.m.
Conference Room 225, State Capitol

On behalf of the Hawaii Women's Coalition, a catalyst coalition for progressive, social, economic, and political change regarding critical issues facing Hawaii's women and girls, I would like to thank the Committee for hearing this important bill and express our **strong support for HB1858 HD2**. This measure is part of the Women's Coalition 2026 Bill Package.

- **Native Hawaiians and Other Pacific Islanders (NHPI) have the highest rate of fetal death in the US.**
- Due to statewide reporting inconsistencies, Hawaii has been excluded from national fetal death reports because over 50% of submissions did not meet minimum reporting requirements.
- Since we do not have accurate, usable fetal death data, we currently do not understand why NHPIs have the highest rate of fetal death.
- **To help our local families and prevent the tragedy of a fetal death, our current fetal death reporting statutes need to be revised to ensure reporting requirements are clear, feasible and provide useful data regarding the causes of fetal death.**

Better data allows for better prevention, education, and targeted interventions. HB1858 HD2 also recognizes the emotional impact of pregnancy loss and balances public health needs with compassion for grieving families.

We respectfully urge this Committee to **pass HB1858 HD2**, enabling these necessary evidence-based improvements to the State's fetal death reporting system.

Thank you for this opportunity to submit testimony.



ACOG
The American College of
Obstetricians and Gynecologists

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

TO: Committee on Health and Human Services
Sen. Joy A. San Buenaventura, Chair
Sen. Angus L.K. McKelvey, Vice Chair

DATE: Friday, March 20th, 2026

PLACE: Hawaii State Capitol, Conference Room 225

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

**Re: Vital Statistics; Fetal Death; Certificate of Fetal Death; Registration; Filing and Preparation; Permits
Position: SUPPORT**

Aloha Chair, Vice Chair, and Members of the Committee:

The American College of Obstetricians and Gynecologists (ACOG), Hawai'i Section, strongly supports HB1858 HD2, which modernizes and clarifies Hawai'i's fetal death reporting statutes. This measure is evidence-based, patient-centered, and essential to improving maternal and fetal health outcomes in our state.

For clarity, the term "fetal death" is the standard public health term used nationally, including by the Centers for Disease Control and Prevention and the National Center for Health Statistics, to refer to the spontaneous intrauterine loss of a pregnancy. While clinical terminology can feel impersonal, its consistent use across states is essential to ensure accurate, comparable data collection and meaningful public health analysis.

Native Hawaiians and Other Pacific Islanders experience the highest rates of fetal death in the United States. Yet Hawai'i has been excluded from national fetal death reports because more than half of submissions fail to meet minimum reporting standards. Without accurate, complete data, we cannot understand the causes of fetal death or design effective prevention strategies. HB1858 HD2 directly addresses this gap by improving clarity, feasibility, and data quality in fetal death reporting.

Current law requires a certificate of fetal death for all pregnancy losses, including first-trimester miscarriages. This approach is inconsistent with clinical practice, creates unnecessary administrative burden, and raises privacy concerns for patients. Many early pregnancy losses occur at home and are never clinically documented, making comprehensive reporting impossible and data unreliable. HB1858 HD2 appropriately aligns Hawai'i with CDC and National Center for Health Statistics guidance by establishing a gestational age threshold of 20 weeks or, when gestational age is unknown, 350 grams.

Importantly, the bill explicitly excludes intentional terminations of pregnancy from fetal death reporting requirements, consistent with federal definitions.

HB1858 HD2 also extends the reporting window from 3 days to 14 days. From a clinical standpoint, this change is critical. Determining the cause of fetal death often requires placental pathology, genetic testing, and sometimes autopsy—processes that take time. The current 3-day requirement leads to incomplete and inaccurate data. Extending the reporting window ensures higher-quality information while reducing pressure on grieving families and health care providers.

Finally, by clearly separating fetal death statutes from general death statutes, HB1858 HD2 improves statutory clarity, reduces operational confusion, and protects patient privacy—benefiting families, clinicians, and the Department of Health alike.

In summary, HB1858 HD2 represents thoughtful, evidence-based reform that will:

- Improve the quality and completeness of fetal death data in Hawai'i
- Enable targeted prevention and education efforts
- Reduce unnecessary administrative burden
- Better support families experiencing pregnancy loss

For these reasons, ACOG Hawai'i strongly urges your support of HB1858 HD2.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,
American College of Obstetricians and Gynecologists
Hawai'i Section (ACOG Hawai'i)



'Ahahui o nā Kauka

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2025-2026 Advocacy Committee

Marcus Kāwika Iwane, MD
President

Kapono Chong-Hanssen, MD
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Kaohimanu Dang-Akiona, MD
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Natalie Young-Albanese, MD

Jordan Lee, MD

March 17th, 2026

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Group Testimony in Support of HB1858HD2 RELATING TO VITAL STATISTICS

'Ahahui o nā Kauka is an organization of Native Hawaiian physicians dedicated to the health of the people of Hawai'i and Native Hawaiians in particular. We express our support for **HB1858**.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US. Currently, our state's data on fetal death is incomplete and limits the state's ability to investigate underlying causal factors and potential opportunities to prevent unintended fetal loss for our local families. This bill will modernize our current fetal death statutes to ensure that we align with CDC recommendations. It will also help with compliance and better data collection. With improved data, we can then focus on how to help our local families and prevent the tragedy of a fetal loss.

We agree with the revised language for section 338-C which was proposed by the Dept. of Health. This new language states:

§338-C Documentation of fetal death for miscarriages less than twenty weeks gestation or three hundred fifty grams.

(a) The attending physician, physician assistant, advanced practice registered nurse, or coroner's physician who certified the fetal death due to miscarriage may issue documentation of fetal death to a birthing parent who experienced a miscarriage consisting of:

- (A) A signed statement from a health care provider confirming the miscarriage; or
- (B) An accurate copy of the parent's medical records related to the miscarriage.

(b) As used in this section, "miscarriage" means a product of human conception that:

(1) Is less than twenty weeks gestation, calculated from the date on which the mother's last normal menstrual period began to the date of delivery or early ultrasound, or if the gestational age is unknown, is less than three hundred fifty grams in weight;

(2) Is not born alive; and

(3) Is not due to an intentional termination performed in accordance with section 453-16 or 457-8.7.

(c) Documentation of fetal death for miscarriage issued pursuant to this part shall not be prima facie evidence of the facts therein stated and shall have no valid legal standing as a bona fide government record.

We respectfully ask for your support of **HB1858**. Mahalo for your consideration.

Me ka ha'aha'a,

Ahahui o Na Kauka Association of Native Hawaiian Physicians

HB-1858-HD-2

Submitted on: 3/18/2026 6:02:49 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

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

Comments:

To: The Honorable Chair and Members of the Senate Committee on Health and Human Services

From: American Academy of Pediatrics, Hawaii Chapter

Subject: Support for [HB 1858 HD2](#) – Relating to Vital Statistics

Dear Chair San Buenaventura and Members of the Committee,

The American Academy of Pediatrics, Hawaii Chapter (AAP-HI), representing over 200 pediatricians across the islands, writes in strong support of HB 1858 HD2, which proposes critical updates to Hawaii’s fetal death reporting and registration requirements.

As pediatricians, we are dedicated to the health and well-being of all children and their families. The loss of a pregnancy is a profound tragedy that has lasting psychological, emotional, and social impacts on parents and the community. Current data indicates that Native Hawaiians and Pacific Islanders experience disproportionately high rates of fetal death. To address these disparities effectively, our state requires clear, consistent, and high-quality data.

[HB 1858 HD2](#) makes several necessary improvements to our vital statistics system:

- **Standardization of Reporting:** By implementing a 20-week gestational age threshold (or 350 grams), this bill aligns Hawaii’s requirements with CDC recommendations and national standards. This reduces the burden of reporting early-term miscarriages that often occur at home, ensuring our data sets are more accurate and actionable.
- **Improved Diagnostic Accuracy:** Extending the reporting timeframe from three days to fourteen days allows healthcare providers the necessary time to conduct thorough investigations into the cause of death. Comprehensive data is the first step in developing targeted interventions to prevent future losses.
- **Support for Grieving Families:** The bill allows parents who experience a loss at less than 20 weeks to request documentation of the fetal death. This provision recognizes the importance of the healing process for families who may otherwise feel their loss is unrecognized by the state.

- Administrative Clarity: Consolidating fetal death requirements and clarifying permit processes for the disposition of remains reduces ambiguity for both healthcare facilities and the Department of Health.

Improving the quality of fetal death data in Hawaii is a vital public health priority. It will enable our medical community to better understand the drivers of health disparities and implement evidence-based education and prevention efforts.

For these reasons, the American Academy of Pediatrics, Hawaii Chapter, respectfully requests that your committee pass HB 1858 HD2.

Thank you for the opportunity to testify on this important measure.

Sincerely,

The American Academy of Pediatrics, Hawaii Chapter



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: March 20, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

RE HB 1858 HD2 RELATING TO VITAL STATISTICS. Vital Statistics; Fetal Death; Certificate of Fetal Death; Registration; Filing and Preparation; Permits

Position: Support

This measure would amend the various requirements in the event of a fetal death, including registration of certain fetal deaths, filing and preparation of a certificate of fetal death, and issuance of a permit for removal, burial, or other disposition. Effective 7/1/3000. (HD1)

Accurate clinical fetal death data are essential to understanding and preventing pregnancy loss, particularly in Hawaii where Native Hawaiian and Other Pacific Islander families experience disproportionately high rates of fetal death.

HMA supports this measure as amended that aligns reporting thresholds and timelines with established clinical practice and national standards, improving data quality. By improving the accuracy and usability of fetal death data, this measure will support evidence-based prevention strategies, strengthen community-specific interventions, and ultimately improve care and outcomes for Hawaii's families.

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

REFERENCES AND QUICK LINKS

American College of Obstetricians and Gynecologists. *Management of Stillbirth. Obstetric Care Consensus No. 10*, ACOG, Mar. 2020.

Silver, R. M. *Stillbirth: We Can Do Better. American Journal of Obstetrics & Gynecology*, 2024. This article reviews epidemiology, risk factors, and prevention, urging improvements in data and care frameworks.

Brownstein, Maya, et al. *Stillbirths in the United States Are More Common and Often Occur Without Identifiable Clinical Risk Factors. JAMA*, Oct. 27, 2025.

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

Testimony of
Jonathan Ching
Head of Government Relations

Before:
Senate Committee on Health and Human Services
The Honorable Joy San Buenaventura, Chair
The Honorable Angus McKelvey, Vice Chair

March 20, 2026
1:00 p.m.
Conference Room 225
Via Videoconference

Re: HB 1858, HD2, Relating to Vital Statistics.

Chair San Buenaventura, Vice Chair McKelvey, and committee members, thank you for this opportunity to provide testimony on HB 1858, HD2, which updates the reporting requirements for fetal deaths to align such requirements with most other states and federal recommendations.

Kaiser Permanente Hawai'i SUPPORTS HB 1858, HD 2.

Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 271,000 members in Hawai'i. In Hawai'i, more than 4,200 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and advanced practice providers work in our integrated health system to provide our members coordinated care and coverage. Kaiser Permanente Hawai'i has more than 20+ medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the people living in the communities we serve.

Kaiser Permanente Hawai'i strongly supports HB 1858, HD2 because the current reporting requirements cause undue burden and are not realistic or helpful in collecting useful data. In addition to aligning Hawai'i's reporting requirements with those of the majority of the United States and federal Centers for Disease Control and Prevention recommendations, the reporting mandates proposed by HB 1858, HD2 are more reasonable and feasible, and will result in better quality data on fetal deaths in Hawai'i.

Kaiser Permanente Hawai'i respectfully urges this committee to pass HB 1858, HD2. Our team stands ready to comply with the proposed changes.

Mahalo for the opportunity to testify on this important measure.

HB-1858-HD-2

Submitted on: 3/18/2026 4:49:17 AM

Testimony for HHS on 3/20/2026 1:00:00 PM

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

Comments:

Chair, Vice Chair, and Members of the Committee:

My name is Sara Harris, and I am a practicing obstetrician-gynecologist in Hawai‘i. I submit testimony in strong support of HB1858 HD2.

First, I want to briefly clarify terminology. “Fetal death” is the standard public health term used nationally, including by the CDC and National Center for Health Statistics, to refer to pregnancy loss occurring in utero. While the term can feel clinical, it is used consistently across all states to ensure accurate, comparable data collection.

HB1858 HD2 makes thoughtful, evidence-based updates to Hawai‘i’s reporting system by aligning with national standards—specifically, establishing a gestational age or weight threshold for reporting, extending reporting timelines, and improving clarity around documentation. From a clinical perspective, requiring reporting of all pregnancy losses, including very early miscarriages, is not feasible and does not produce reliable data. This bill corrects that while still allowing families to request documentation if they wish.

Importantly, improving data quality is essential to addressing Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Without accurate data, we cannot identify causes or implement effective prevention strategies. This bill strengthens our ability to do both, while also respecting the emotional experience of patients and families.

For these reasons, I respectfully urge your support of HB1858 HD2.

Mahalo for the opportunity to testify,

Sara C Harris MD

HB-1858-HD-2

Submitted on: 3/18/2026 2:15:18 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teani Huddy	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Teani Huddy and I was the Fetal Mortality Review Coordinator, funded by the Maternal and Child Health Branch of the Hawaii Department of Health, that worked alongside Dr. Joy Vink in preparing, advocating, and researching this bill in 2025. I want to express my support for **HB1858_HD2**.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US. Currently, our state's data on fetal death is grossly incomplete mostly because our current fetal death statues are outdated and unrealistic which limits compliance with fetal death reporting. Due to our incomplete data, we do not fully understand why our fetal death rates are so high and how we can effectively prevent fetal loss for our local families.

This bill will modernize our current fetal death statues to ensure that we align with CDC recommendations. It will also help with compliance and better data collection. With improved data, we can then focus on how to help our local families and prevent the tragedy of a fetal loss.

I respectfully ask for your support of **HB1858_HD2**. Mahalo for your consideration.

Respectfully,
Teani Huddy

HB-1858-HD-2

Submitted on: 3/18/2026 3:59:39 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Miki Miura	Individual	Support	Written Testimony Only

Comments:

I am a family nurse practitioner who has been providing prenatal care mostly to Native Hawaiian and Pacific Islander women at a federally qualified health center in Hawai‘i. I want to express my support for HB1858_HD2.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US. Currently, our state’s data on fetal death is grossly incomplete mostly because our current fetal death statues are outdated and unrealistic which limits compliance with fetal death reporting. Due to our incomplete data, we do not fully understand why our fetal death rates are so high and how we can effectively prevent fetal loss for our local families.

This bill will modernize our current fetal death statues to ensure that we align with CDC recommendations. It will also help with compliance and better data collection. With improved data, we can then focus on how to help our local families and prevent the tragedy of a fetal loss.

I respectfully ask for your support of HB1858_HD2. Mahalo for your consideration.

Respectfully,

Miki Miura, DNP, APRN, FNP-C

HB-1858-HD-2

Submitted on: 3/18/2026 4:16:08 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lea Minton	Individual	Support	Written Testimony Only

Comments:

Thank you Senate Committee on Health and Human Services for the opportunity to express my support for **HB1858_HD2**.

Currently, our state's data on fetal death is grossly incomplete mostly because our current fetal death statues are outdated and unrealistic which limits compliance with fetal death reporting. Due to our incomplete data, we do not fully understand why our fetal death rates are so high and how we can effectively prevent fetal loss for our local families.

This bill will modernize our current fetal death statues to ensure that we align with CDC recommendations. It will also help with compliance and better data collection. With improved data, we can then focus on how to help our local families and prevent the tragedy of a fetal loss.

I respectfully ask for your support of **HB1858_HD2**.

Mahalo for your consideration,

Le'a Minton, CNM

Friday, March 20, 2026 at 1:00 pm
Conference Room 225 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

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

**Re: Testimony in Support of HB 1858, HD2
Relating to Vital Statistics**

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

HPH supports HB 1858, HD2 which updates several requirements related to fetal deaths, such as registration, certification, and permits for handling remains.

According to National Vital Statistic System data, Native Hawaiians and other Pacific Islanders experience some of the highest fetal death rates nationwide. Hawai'i does not currently have complete or accurate data to fully understand or address the reasons behind these disparities. By revising existing laws, reporting requirements would become more consistent, clearer, and easier to follow, resulting in better-quality data. Improved information would help health care providers create effective strategies to lower fetal death rates across communities in Hawai'i.

At present, fetal death reporting is grouped under general death reporting, causing confusion, extra work, and privacy issues. Extending the time allowed for reporting fetal deaths would give health care professionals enough time to thoroughly investigate their causes. This change would enable providers to better understand the factors contributing to the elevated and uneven rates of fetal death throughout the State.

This bill would align Hawai'i's reporting requirements with the majority of the United States and federal Centers for Disease Control and Prevention recommendations, and improve hospital compliance with the fetal death reporting mandates since they will be more realistic and feasible.

Thank you for the opportunity to testify.

HB-1858-HD-2

Submitted on: 3/18/2026 10:45:31 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

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

Comments:

Aloha Chair, Vice Chair, and distinguished Committee Members,

My name is Dr. Olivia Manayan. I am an OB/GYN in Hawai‘i. I want to express my support for **HB1858_HD2**.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US. Currently, our state’s data on fetal death is grossly incomplete mostly because our current fetal death statues are outdated and unrealistic which limits compliance with fetal death reporting. Due to our incomplete data, we do not fully understand why our fetal death rates are so high and how we can effectively prevent fetal loss for our local families.

This bill will modernize our current fetal death statues to ensure that we align with CDC recommendations. It uses terminology (including the term, "fetal death") that has standardly been used in this field of data collection at a national level. It will also help with increased compliance and better data collection. It is not good enough to have more data. in order to actually address inequity, we need to collect rich, high-quality data that accurately measures phenomena that may be contributing to worse fetal outcomes for certain populations.

I respectfully ask for your support of **HB1858_HD2**. Mahalo for your consideration.

Respectfully,

Olivia Manayan, MD MPH
University of Hawai‘i OB/GYN
Honolulu, HI

HB-1858-HD-2

Submitted on: 3/18/2026 10:50:19 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Reni Soon	Individual	Support	Written Testimony Only

Comments:

I have been a board certified obstetrician-gynecologist in Hawai'i for over 20 years, and I support HB 1858 HD2, which would improve the current statute on reporting spontaneous fetal deaths (deaths occurring prior to birth). I have had the privilege of caring for patients at some of the happiest times of their lives, as well as some of the worst. Some of the toughest days on the job have been caring for patients and families who experience a miscarriage or stillbirth. One of the things they want to know is why it happened and what they can do to prevent it from happening again.

Unfortunately, Hawai'i does not have good data on stillbirths, or fetal deaths. We do not know much about communities who are at higher risk in Hawaii or what community factors exist that may confer a higher risk for stillbirth. A large reason for that is because the statute for fetal death reporting is confusing, obsolete, and does not align with current nationwide standards.

HB 1858 would modernize our statute on fetal death reporting to ensure that we align with nationwide recommendations. It will also help with compliance and better data collection so that we can develop interventions to help our local families and prevent the tragedy of a fetal loss.

Please pass HB 1858 HD2.

Mahalo,

Reni Soon, MD MPH

HB-1858-HD-2

Submitted on: 3/19/2026 9:44:02 AM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elaine Chan	Individual	Support	Written Testimony Only

Comments:

Chair, Vice Chair, and Members of the Committee:

My name is Elaine Chan, MD, and I am a practicing obstetrician-gynecologist in Hawai‘i. I submit testimony in strong support of HB1858 HD2.

First, I want to briefly clarify terminology. “Fetal death” is the standard public health term used nationally, including by the CDC and National Center for Health Statistics, to refer to pregnancy loss occurring in utero. While the term can feel clinical, it is used consistently across all states to ensure accurate, comparable data collection.

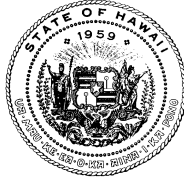
HB1858 HD2 makes thoughtful, evidence-based updates to Hawai‘i’s reporting system by aligning with national standards—specifically, establishing a gestational age or weight threshold for reporting, extending reporting timelines, and improving clarity around documentation. From a clinical perspective, requiring reporting of all pregnancy losses, including very early miscarriages, is not feasible and does not produce reliable data. This bill corrects that while still allowing families to request documentation if they wish.

Importantly, improving data quality is essential to addressing Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Without accurate data, we cannot identify causes or implement effective prevention strategies. This bill strengthens our ability to do both, while also respecting the emotional experience of patients and families.

For these reasons, I respectfully urge your support of HB1858 HD2.

Mahalo for the opportunity to testify.

Elaine Chan, MD



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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LATE

**Testimony in SUPPORT of HB1858 HD2
RELATING TO VITAL STATISTICS.**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

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Room 229

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) supports HB1858 HD2. This draft
3 represents the consensus of major stakeholders in the private sector, medicine, and
4 government, to the benefit of Hawaii's families.

5 According to publicly available data from the US Centers for Disease Control and Prevention,
6 the national fetal mortality rate is about 5.5 per 1,000 births when using the standardized 20+
7 weeks measure. Per DOH's own data published on the Hawaii Health Data Warehouse,
8 Hawaii's rate appears much higher at ~22–29 per 1,000 because it includes fetal deaths at all
9 gestational ages.

10 This measure will align Hawaii's fetal death data collection procedures with the rest of the
11 country, using the standardized subset of data of 20+ weeks of gestation only, and allow
12 greater precision for researchers and practitioners working towards reducing fetal death rates
13 in Hawaii, including a better understanding of social determinants of fetal demise.

14 Thank you for the opportunity to testify.

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