



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of H.B. 1858 H.D. 1
RELATING TO VITAL STATISTICS**

REPRESENTATIVE DAVID A. TARNAS, CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

February 24, 2026, 2:00 PM, Conference Room 325

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. 1—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.



February 23, 2026

Position: **SUPPORT** of **HB1858 HD1**, Relating to Vital Statistics

To: Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair
Members of the House Committee on Judiciary & Hawaiian Affairs

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

Re: Testimony in **SUPPORT** of **HB1858 HD1**, Relating to Vital Statistics

Hearing: Tuesday, February 24, 2026, 2:00 p.m.
Conference Room 325, 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 HD1**, 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 HD1'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.**

I respectfully urge this Committee to **pass HB1858 HD1**, enabling crucial data collection and data quality improvements to strengthen maternal health.

Thank you for this opportunity to submit testimony.



'Ahahui o nā Kauka

677 Ala Moana Blvd., Suite 1015

Honolulu HI 96813

Phone 808.548.0270

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President

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February 20, 2026

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

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Group Testimony in Support of HB1858HD1 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 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.

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-1

Submitted on: 2/21/2026 6:43:24 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

To: The Honorable Chair and Members of the House Committee on Judiciary & Hawaiian Affairs

From: American Academy of Pediatrics, Hawaii Chapter

Date: February 21, 2026

Subject: Support for [HB 1858 HD1](#) – Relating to Vital Statistics

Dear Chair 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 HD1, 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 HD1](#) 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 HD1.

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
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

HOUSE COMMITTEE ON HEALTH
Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

Date: February 24, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

RE HB 1858 HD1 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 that aligns reporting thresholds and timelines with established clinical practice and national standards, improving data quality. Extending the reporting window allows appropriate diagnostic evaluation, and clearer gestational thresholds provide focused reporting so that public health insights can be obtained. 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

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Tuesday, February 24, 2026 at 2:00 pm
Conference Room 325 & Videoconference

House Committee on Judiciary & Hawaiian Affairs

To: Representative David Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

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

**Re: Testimony in Support of HB 1858, HD1
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, HD1 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.



Hawaii Homebirth Collective
1188 Bishop Street Suite 1509
Honolulu, HI 96813

Testimony of Hawai'i Home Birth Collective
Before the House Committee on Judiciary and Hawaiian Affairs
Tuesday February 24, 2026, 2:00 p.m.
State Capitol, Via Video Conference, Room 325, HB 1858, Relating to Vital Statistics

Aloha Honorable Chair Tarnas, Honorable Vice Chair Poe Poe, and members of the Judiciary and Hawaiian Affairs Committee:

Hawai'i Home Birth Collective is the largest midwife and birth worker professional organization in Hawai'i, representing the majority of midwives licensed under HRS 457J, and other types of licensed and non-licensed birth practitioners across the State.

We support HB 1858 with the following amendments:

1. Provide an exemption for Native Hawaiian and other cultural/religious practices.
 - There are long established cultural practices, and forms of kanu ('āina burial) when a baby is stillborn.
 - Miscarriages at 20-24 weeks of gestation have an extremely low survival rate, even when these births occur in a hospital. If a miscarriage happens at home, parents should not be subject to a mandated process that may not align with the family's needs, practices and beliefs.
 - While many medical facilities are trying to improve cultural competency, a lack of cultural understanding is still prevalent, and can be traumatizing for families during an extremely sensitive time.
 - Stillbirth is a very sacred area of midwifery practice, going back as far as the mo'olelo of Hāloa, many Kanaka families and other cultures treat stillbirth as a very private and sometimes spiritual matter.
2. Grant authority for all licensed midwives to present a certificate of fetal death:

Page 6 Line 1:

(2) Present the certificate of fetal death to the physician, physician assistant, or advanced practice registered nurse, or other licensed midwife who shall certify the fetal death, and furnish medical data pertaining to the fetal death.

Page 6 Line 7:

§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, licensed midwife, or coroner's physician who certified the fetal death due to miscarriage shall, upon request of the birthing parent, issue documentation of fetal death to a birthing parent who experienced a miscarriage, which includes:

3. Change fetal size from 350 grams to 454 grams (or 1 lb)

Page 5 Line 11:

...fetuses less than ~~three hundred fifty grams~~ four hundred fifty four grams of weight

Thank you for your time, and the opportunity to testify in support of HB1858 with amendments. I am available to answer any questions the committee may have.

Mahalo,

Jyoti Mau
President, Hawai'i Home Birth Collective



KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



Wednesday, February 24, 2026 at 2:00 PM
Via Video Conference; Conference Room 325

House Committee on Judiciary & Hawaiian Affairs

To: Representative David Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

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

Re: Testimony in Support of HB 1858_HD1
Relating to Vital Statistics

My name is Dr. Joy Vink and I am a Maternal Fetal Medicine specialist with Hawai'i Pacific Health who works at Kapi'olani Medical Center for Women and Children. As a specialist who takes care of high risk pregnancies including mothers who experience a fetal death or stillbirth, I can attest that when a family experiences this tragic loss, it is an extremely traumatic event that has lifelong impacts on the mother's (and other family members') mental health and increases the risk for adverse outcomes in her future pregnancies.

Although National Vital Statistic System data report Native Hawaiians and other Pacific Islanders have one of the highest fetal death (stillbirths) rates nationwide, our state data is grossly incomplete and inaccurate because our current fetal death reporting statutes are confusing, not realistic and not aligned with current CDC recommendations. As such, our current state data cannot be used to help clinicians figure out what is causing the high rates of fetal death and how clinicians can best help to decrease the rate of fetal death in our local communities.

By revising existing laws as outlined in HB 1858_HD1, reporting requirements would align with CDC recommendations for reporting fetal deaths. 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.

I respectfully ask for your support of HB1858_HD1. Mahalo for your consideration.

Thank you for the opportunity to testify.

Joy Vink, MD
Maternal Fetal Medicine
Hawai'i Pacific Health
Kapi'olani Medical Center for Women and Children



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 Judiciary & Hawaiian Affairs
Rep. David A. Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair

DATE: Tuesday, February 24th, 2026

PLACE: Hawaii State Capitol, Conference Room 325

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 HD1, 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.

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 HD1 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 HD1 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 HD1 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 HD1 improves statutory clarity, reduces operational confusion, and protects patient privacy—benefiting families, clinicians, and the Department of Health alike.

In summary, HB1858 HD1 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 HD1.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,

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

February 20, 2026

RE: HB1858 HD1 RELATING TO VITAL STATISTICS; FETAL DEATH REPORTING

**League of Women Voters of Hawai'i County
IN SUPPORT**

Hearing Date: Tuesday, February 24, 2026

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David A. Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair
Rep. Della Au Belatti
Rep. Jackson D. Sayama
Rep. Elle Cochran
Rep. Gregg Takayama
Rep. Mark J. Hashem
Rep. Diamond Garcia
Rep. Kirstin Kahaloa
Rep. Garner M. Shimizu

Dear Chair Tarnas and Committee Members,

The League of Women Voters of Hawai'i County testifies **IN SUPPORT** of HB1858 HD1 Relating to Vital Statistics and fetal death reporting. This data collection is of utmost importance for the women and families in Hawai'i County and across the state.

We urge your Committee to pass this common-sense legislation with the necessary amendments suggested by the State of Hawai'i Department of Health to best effectuate the data collection of fetal deaths. Through this bill, medical researchers and professionals would be better equipped to find solutions to the problem of high rates of fetal deaths in Hawai'i, especially within our native and Pacific Islander populations.

The League of Women Voters of Hawai'i County respectfully requests you to pass this measure with the necessary amendments.

Mahalo.

Hawaii Women's Coalition

February 23, 2026

Position: **SUPPORT** of **HB1858 HD1**, Relating to Vital Statistics

To: Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair
Members of the House Committee on Judiciary & Hawaiian Affairs

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

Re: Testimony in SUPPORT of HB1858 HD1, Relating to Vital Statistics

Hearing: Tuesday, February 24, 2026, 2:00 p.m.
Conference Room 325, 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 HD1**.

- **Native Hawaiians and Other Pacific Islanders (NHOPI) 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 NHOPIs 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 HD1 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 HD1**, enabling these necessary evidence-based improvements to the State's fetal death reporting system.

Thank you for this opportunity to submit testimony.

HB-1858-HD-1

Submitted on: 2/22/2026 10:32:05 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharde Freitas	Individual	Support	Written Testimony Only

Comments:

Aloha e Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

I am a Hilo resident, Native Hawaiian mother, and I support this bill. Please pass this bill.

Mahalo,

Sharde Freitas

HB-1858-HD-1

Submitted on: 2/22/2026 11:03:57 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

Aloha -

I have been practicing reproductive health care in Hawai'i for over 20 years, and I support HB 1858 HD1, 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 what communities are at higher risk here 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.

Mahalo,

Reni Soon, MD MPH

HB-1858-HD-1

Submitted on: 2/22/2026 11:58:03 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Inouye	Individual	Support	Written Testimony Only

Comments:

Rep Tarnas, Chair, Rep Poepoe, Vice Chair, and the Committee on Judiciary and Hawaiian Affairs,

Please support HB 1858 HD1!

Mahalo,

Colleen F Inouye MD FACHE FAAPL FACOG

HB-1858-HD-1

Submitted on: 2/22/2026 1:35:53 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

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

My name is Olivia Manayan, I am a board-certified obstetrician-gynecologist serving patients across Hawai‘i. I submit testimony in strong support of **HB1858**.

HB1858 makes thoughtful, evidence-based updates to Hawai‘i’s fetal death reporting system. As written, the bill aligns Hawai‘i law with national standards by establishing a gestational age and weight threshold for mandatory reporting, extending reporting timelines, and improving clarity around documentation and disposition requirements.

From a clinical perspective, the current requirement to report *all* pregnancy losses—including very early miscarriages—is unrealistic, burdensome, and does not result in accurate or meaningful data. HB1858 corrects this while still allowing families who desire documentation of early pregnancy loss to request it.

Importantly, this bill improves the quality of public health data needed to understand and address Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Better data allows for better prevention, education, and targeted interventions.

HB1858 also recognizes the emotional impact of pregnancy loss and balances public health needs with compassion for grieving families.

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

Mahalo for the opportunity to testify.

Olivia Manayan, MD
Obstetrician-Gynecologist
Honolulu, HI

HB-1858-HD-1

Submitted on: 2/22/2026 9:38:07 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

As a practicing Obgyn I support this bill.

HB-1858-HD-1

Submitted on: 2/23/2026 6:17:49 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

I am the Fetal Mortality Review Coordinator, funded by the Maternal and Child Health Branch of the Hawai'i Department of Health, working alongside Dr. Joy Vink this past year. I want to express my support for **HB1858_HD1**.

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_HD1**. Mahalo for your consideration.

Respectfully,
Teani Huddy

HB-1858-HD-1

Submitted on: 2/23/2026 7:56:48 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

Chair, Vice Chair, and Members of the Committee:

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

HB1858 makes thoughtful, evidence-based updates to Hawai‘i’s fetal death reporting system. As written, the bill aligns Hawai‘i law with national standards by establishing a gestational age and weight threshold for mandatory reporting, extending reporting timelines, and improving clarity around documentation and disposition requirements.

From a clinical perspective, the current requirement to report *all* pregnancy losses—including very early miscarriages—is unrealistic, burdensome, and does not result in accurate or meaningful data. HB1858 corrects this while still allowing families who desire documentation of early pregnancy loss to request it.

Importantly, this bill improves the quality of public health data needed to understand and address Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Better data allows for better prevention, education, and targeted interventions.

HB1858 also recognizes the emotional impact of pregnancy loss and balances public health needs with compassion for grieving families.

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

Mahalo for the opportunity to testify.

Ronnie Texeira, MD

Obstetrician-Gynecologist

Kaneohe, HI

HB-1858-HD-1

Submitted on: 2/23/2026 9:31:30 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elaine Chan	Individual	Support	Remotely Via Zoom

Comments:

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

HB1858 makes thoughtful, evidence-based updates to Hawai‘i’s fetal death reporting system. As written, the bill aligns Hawai‘i law with national standards by establishing a gestational age and weight threshold for mandatory reporting, extending reporting timelines, and improving clarity around documentation and disposition requirements.

From a clinical perspective, the current requirement to report *all* pregnancy losses—including very early miscarriages—is unrealistic, burdensome, and does not result in accurate or meaningful data. HB1858 corrects this while still allowing families who desire documentation of early pregnancy loss to request it.

Importantly, this bill improves the quality of public health data needed to understand and address Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Better data allows for better prevention, education, and targeted interventions.

HB1858 also recognizes the emotional impact of pregnancy loss and balances public health needs with compassion for grieving families.

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

Mahalo for the opportunity to testify.

Elaine Chan, MD

Obstetrician-Gynecologist

HB-1858-HD-1

Submitted on: 2/23/2026 10:34:47 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judzia Bombard	Individual	Support	Written Testimony Only

Comments:

I am an obstetrics and gynecology resident physician in Hawai‘i. I want to express my support for **HB1858_HD1**.

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 nd does not accurately represent important clinical criteria to fully assess the cause of each fetal demise. Fetal deaths that occur after 20 weeks gestation are managed differently than earlier losses, but under current reporting data they are treated equally. 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_HD1**. Thank you for your consideration.

Respectfully,

Judzia Bombard MD

HB-1858-HD-1

Submitted on: 2/23/2026 11:01:53 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gina French, MD	Individual	Support	Written Testimony Only

Comments:

I am an pediatrician in Hawai'i. I want to express my support for **HB1858_HD1**.

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_HD1**. Mahalo for your consideration.

HB-1858-HD-1

Submitted on: 2/23/2026 11:21:13 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

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

Comments:

I am a full time practicing OB/GYN, mother and Native Hawaiian practicing in Honolulu, Hawai'i. I want to express my support for **HB1858_HD1**

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_HD1**. Mahalo for your consideration.

Respectfully,

Jessica Johns

HB-1858-HD-1

Submitted on: 2/23/2026 11:53:11 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ryan Shields	Individual	Support	Written Testimony Only

Comments:

I am a practicing OBGYN in Hawai'i and director of the Department of Women's and Children's Health at Queen's North Hawai'i Community Hospital. I want to express my support for **HB1858_HD1**.

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 wildly incomplete. The current statues are outdated and it is almost impossible to comply with them. Due to this incomplete data, we have a poor understanding of why fetal death rates are so high and thus how we can effectively prevent fetal loss for our local families.

This bill will modernize our current fetal death statues and help with better data collection. We can then focus on the interventions that will help prevent fetal loss, and help the families of Hawai'i.

I ask for your support of **HB1858_HD1**.

Sincerely,

Ryan Shields, MD

HB-1858-HD-1

Submitted on: 2/23/2026 11:58:43 AM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayti Luu	Individual	Support	Written Testimony Only

Comments:

I am an obstetrics and gynecology resident physician in Hawai'i. I wanted to express my support for **HB1858_HD1**.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US. I have unfortunately witnessed this first hand in managing the pregnancy and labor for patients with fetal deaths over 20 weeks of gestation. In just the past four months, I have been part of the care for over six patients and their families who experienced an unimaginably, painful loss of a fetus over 20 weeks.

Unfortunately, our state's current data on fetal death is grossly incomplete and inaccurate. It includes the reporting of fetal death less than 20 weeks of gestation which skews data to include all fetal deaths including spontaneous miscarriages in the 1st trimester which often occur due to different etiologies compared to a fetal death after 20 weeks. Additionally, we offer further genetic testing/autopsies for losses after 20 weeks that take time to result and the current reporting system does not give adequate turn around to do so. 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 losses for our patients. 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 patients and their families to prevent the pain of a fetal loss.

I respectfully ask for your support of **HB1858_HD1**. Thank you for your consideration.

Respectfully,

Kayti Luu

HB-1858-HD-1

Submitted on: 2/23/2026 12:11:51 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Arielle Howell	Individual	Support	Written Testimony Only

Comments:

Hello,

I am an OBGYN Resident physician working in Hawai‘i. I want to express my 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 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.

Thank you,

Arielle Howell, MD

HB-1858-HD-1

Submitted on: 2/23/2026 12:59:23 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelly Yamasato	Individual	Support	Written Testimony Only

Comments:

I am an Obstetrician physician in Hawai‘i. I want to express my support for **HB1858_HD1**.

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_HD1**. Mahalo for your consideration.

Respectfully,

Kelly Yamasato, MD

I am a physician in the field of OBGYN practicing in Kauai, Hawai'i. I want to express my support for **HB1858_HD1**.

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 fetal loss.

I respectfully ask for your support of **HB1858_HD1**. Mahalo for your consideration.

Respectfully,

Gladys Frias Andaya, MD

HB-1858-HD-1

Submitted on: 2/23/2026 4:12:18 PM

Testimony for JHA on 2/24/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lea Minton	Individual	Support	Remotely Via Zoom

Comments:

Please support Hb1858 HD1 as written so that we can update our current vital stats reporting requirements to and improve understanding of what areas we need to focus on more to reduce stillbirth in HI.

Mahalo,

Le'a Minton, CNM

HB-1858-HD-1

Submitted on: 2/23/2026 10:30:20 PM

Testimony for JHA on 2/24/2026 2:00:00 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**.

HB1858 makes thoughtful, evidence-based updates to Hawai‘i’s fetal death reporting system. As written, the bill aligns Hawai‘i law with national standards by establishing a gestational age and weight threshold for mandatory reporting, extending reporting timelines, and improving clarity around documentation and disposition requirements.

From a clinical perspective, the current requirement to report *all* pregnancy losses—including very early miscarriages—is unrealistic, burdensome, and does not result in accurate or meaningful data. HB1858 corrects this while still allowing families who desire documentation of early pregnancy loss to request it.

Importantly, this bill improves the quality of public health data needed to understand and address Hawai‘i’s disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families. Better data allows for better prevention, education, and targeted interventions.

HB1858 also recognizes the emotional impact of pregnancy loss and balances public health needs with compassion for grieving families.

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

Mahalo for the opportunity to testify.

Sara C Harris, MD