



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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WRITTEN  
TESTIMONY ONLY

Testimony in SUPPORT of H.B. 1858 H.D. 2 S.D. 1  
RELATING TO VITAL STATISTICS

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

April 7, 2026, 10:15 AM, Conference Room 016 & 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 HD2, SD1—as amended—will improve the quantity and quality of information
- 6 reported to the Department regarding fetal deaths. This measure will align Hawai'i fetal death
- 7 data collection procedures with the rest of the country by using the standardized subset of data
- 8 of 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.



Tuesday, April 7, 2026 at 10:15 am  
Conference Room 016 & Videoconference

**Senate Committee on Judiciary**

To: Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

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

**Re: Testimony in Support of HB 1858, HD2, SD1  
Relating To Vital Statistics**

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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, SD1 which updates several requirements related to fetal deaths, such as registration, certification, and permits for handling remains. The term "fetal death" is standard medical terminology that is used by health care providers and the Centers for Disease Control and Prevention to describe a baby that passes away prior to birth, also known as a "stillbirth".

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 Medical Association

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

### SENATE COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Date: April 7, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

**RE HB 1858 HD2 SD1** 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. SD1.

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



## 'Ahahui o nā Kauka

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### 2025-2026 Advocacy Committee

Marcus Kāwika Iwane, MD  
President

Kapono Chong-Hanssen, MD  
Vice-President & Advocacy Co-  
Chair

Kaohimanu Dang-Akiona, MD  
Advocacy Co-Chair

Kara Wong Ramsey, MD  
Treasurer

Kapua Medeiros, MD

Natalie Young-Albanese, MD

Jordan Lee, MD

April 2, 2026

### COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair Senator Mike Gabbard, Vice Chair

### Group Testimony in Support of HB1858HD2SD1 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



Testimony Presented Before the  
Senate Committee on Judiciary  
Tuesday, April 7, 2026 at 10:15 A.M.  
Conference Room 016 and Videoconference  
By  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa

**TESTIMONY IN SUPPORT on HB 1858 HD2 SD1**

Chair Rhoads, Vice Chair Gabbard, and members of the Committee: The Hawai'i State Center for Nursing (HSCN) supports the intent of this measure as it relates to nursing practice and access to care.

This measure revises various statutes that address 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. Contemporizing these statutes will result in better data which can lead to improved knowledge and understanding of causes of fetal death, a necessary step in reducing the occurrences of fetal death. This is particularly important in the efforts to reduce fetal deaths in overrepresented communities, including Native Hawaiians and Other Pacific Islanders. It also supports grieving families by having a formal process to engage in with their healthcare providers. Advanced Practice Registered Nurses (APRNs) are appropriately trained to engage in this process.

Thank you for your attention to this matter. HSCN appreciates the opportunity to comment on the content pertaining to nurses.

*The mission of the Hawai'i State Center for Nursing is to collaborate on fostering workplace conditions that support nurses to remain in a fulfilling profession.*



**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  
Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

DATE: Tuesday, April 7th, 2026

PLACE: Hawaii State Capitol, Conference Room 016

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 SD1, 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 SD1 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 SD1 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 SD1 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 SD1 improves statutory clarity, reduces operational confusion, and protects patient privacy—benefiting families, clinicians, and the Department of Health alike.

In summary, HB1858 SD1 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 SD1.

Mahalo for the opportunity to provide testimony.

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

Tuesday, April 7, 2026 at 10:15 am  
Conference Room 016 & Videoconference

**Senate Committee on Judiciary**

To: Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

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

**Re: Testimony in Support of HB 1858, HD2, SD1  
Relating to Vital Statistics**

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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, SD1 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.



April 5, 2026

Position: **SUPPORT** of **HB1858 HD2 SD1**, Relating to Vital Statistics

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

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

**Re:** Testimony in **SUPPORT** of **HB1858 HD2 SD1**, Relating to Vital Statistics

Hearing: Tuesday, April 7, 2026, 10:15 a.m.  
Conference Room 016, 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 SD1**, 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 SD1'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.**

We respectfully urge this Committee to **pass HB1858 HD2 SD1**, enabling crucial data collection and data quality improvements to strengthen maternal health.

Thank you for this opportunity to submit testimony.

# Hawaii Women's Coalition

April 5, 2026

Position: **SUPPORT** of **HB1858 HD2 SD1**, Relating to Vital Statistics

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

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

**Re:** Testimony in SUPPORT of HB1858 HD2 SD1, Relating to Vital Statistics

Hearing: Tuesday, April 7, 2026, 10:15 a.m.  
Conference Room 016, 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 SD1**.

- **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.**

We respectfully urge this Committee to **pass HB1858 HD2 SD1**, enabling these necessary improvements to the State's fetal death reporting practices.

Thank you for this opportunity to submit testimony.

Testimony of  
Jonathan Ching  
Head of Government Relations

Before:  
Senate Committee on Judiciary  
The Honorable Karl Rhoads, Chair  
The Honorable Mike Gabbard, Vice Chair

April 7, 2026  
10:15 a.m.  
Conference Room 016  
Via Videoconference

**Re: HB 1858, HD2, SD1, Relating to Vital Statistics.**

Chair Rhoads, Vice Chair Gabbard, and committee members, thank you for this opportunity to provide testimony on HB 1858, HD2, SD1, 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, HD2, SD1.**

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, SD1, 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, SD1 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, SD1. Our team stands ready to comply with the proposed changes.

Mahalo for the opportunity to testify on this important measure.

April 7, 2026 at 10:15 am  
Conference Room 016

**Senate Committee on Judiciary**

To: Chair Karl Rhoads  
Vice Chair Mike Gabbard

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

Re: **Testimony in Support**  
**HB 1858 HD 2 SD 1, Relating to Vital Statistics**

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 health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. 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 over 30,000 people statewide.

Thank you for the opportunity to **support** this measure, which seeks to address longstanding challenges in Hawaii's vital statistics statutes by establishing clearer, more workable standards for fetal death reporting. This is a practical and necessary measure to help ensure that reporting requirements are both feasible for providers and useful for public health purposes.

Importantly, the reporting and documentation changes in this measure will allow healthcare providers sufficient time to determine causes of fetal death more accurately, ultimately strengthening the state's ability to identify trends and disparities—particularly among Native Hawaiian and Pacific Islander populations—and to develop targeted interventions. Additionally, the measure thoughtfully balances public health needs with sensitivity to patients and families by removing unrealistic reporting requirements.

Thank you for the opportunity to support this measure.

**HB-1858-SD-1**

Submitted on: 4/2/2026 4:31:14 AM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
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 SD1.

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 SD1. Mahalo for your consideration.

Respectfully,

Teani Huddy

**HB-1858-SD-1**

Submitted on: 4/2/2026 12:47:58 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

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

Comments:

I am an OBGyn in Hawai'i, specializing in Complex Family Planning I want to express my support for **HB1858\_HD2 SD1**.

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 SD1**. Mahalo for your consideration.

Respectfully,

Elaine Chan, MD

**HB-1858-SD-1**

Submitted on: 4/2/2026 4:33:53 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Baldauf	Individual	Support	Written Testimony Only

Comments:

I am a Family Medicine Physician in Hawai‘i. I want to express my support for **HB1858\_HD2 SD1**.

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 SD1**. Mahalo for your consideration.

Respectfully,

Ashley Baldauf

**HB-1858-SD-1**

Submitted on: 4/2/2026 9:57:58 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sara Harris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Rhoads, Vice Chair Gabbard and committee members,

I am an OBGYN in Hawai‘i. I want to express my support for HB1858 HD2 SD1.

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 statutes 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 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.

I respectfully ask for your support of HB1858 HD2 SD1. Mahalo for your consideration.

Respectfully,

Sara C Harris, MD

**HB-1858-SD-1**

Submitted on: 4/5/2026 8:50:30 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Miki Miura	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am a nurse practitioner and have provided prenatal care to Native Hawaiian and Pacific Islander women at a federally qualified health center on Oahu for the last 10 years. I want to express my support for HB1858\_HD2 SD1.

Native Hawaiian and Pacific Islander women have one of the highest rates of fetal death in the US, and my personal experience as a healthcare provider attests to the fact. Currently, our state's data on fetal death is grossly incomplete, mostly because our current fetal death statutes 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 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.

I respectfully ask for your support of HB1858\_HD2 SD1. Mahalo for your consideration.

Respectfully,

Miki Miura, DNP, APRN, FNP-C

**Re: HB1858 HD2SD1 Fetal Death Reporting**

Aloha Chair, Vice-Chair, and members of the Committee:

My name is Dr. Casandra Simonson MD and I am a pediatrician on Maui where I have been treating keiki for the last 12 years. My testimony is my own and not representative of others. I am writing to testify in strong support of **HB1858 HD2SD1 Fetal Death Reporting**. As a pediatrician who knows how devastating pregnancy losses and stillbirth can be for Hawaii's families, I strongly support this measure to improve the quality of data on fetal loss and inform future services and interventions.

Thank you for the opportunity to express my concerns on this important issue for our community.

Sincerely,

Dr. Casandra Simonson MD  
Pediatrics Chair, CCM

**HB-1858-SD-1**

Submitted on: 4/6/2026 9:58:33 AM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Anna-Kaelle Ramos	Individual	Support	Written Testimony Only

Comments:

As a pediatric resident physician who knows how devastating pregnancy losses and stillbirths can be for growing families, I strongly support this measure to improve the quality of data on fetal loss in Hawaii and inform future services and interventions.

**LATE**

**HB-1858-SD-1**

Submitted on: 4/6/2026 10:47:53 AM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Reni Soon	Individual	Support	Written Testimony Only

Comments:

Aloha committee members -

I have been practicing reproductive health care in Hawai'i for over 20 years, and I support HB 1858, 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 HD2 SD1.

Mahalo,

Reni Soon, MD MPH

**LATE**

**HB-1858-SD-1**

Submitted on: 4/6/2026 12:04:01 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
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 OB/GYN serving Hawai'i. I want to express my support for **HB1858\_HD2 SD1**.

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 SD1**. Mahalo for your consideration.

Respectfully,

Olivia Manayan, MD MPH  
University of Hawai'i OB/GYN

**LATE**

**HB-1858-SD-1**

Submitted on: 4/6/2026 12:59:13 PM

Testimony for JDC on 4/7/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Maya Maxym	Individual	Support	Written Testimony Only

Comments:

As a pediatrician who knows how devastating pregnancy losses and stillbirths can be for growing families, I strongly support this measure to improve the quality of data on fetal loss in Hawaii and inform future services and interventions.