



February 9, 2026

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

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

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

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

Hearing: Wednesday, February 11, 2026, 9:00 a.m.
Conference Room 329, State Capitol

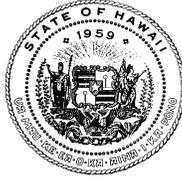
The Hawaii State Commission on the Status of Women is dedicated to advancing health, safety, and equity, ensuring that the needs of women are reflected in public policy. The Commission **supports HB1858**, as it amends requirements related to the registration and documentation of fetal deaths, which 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'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**.

Thank you for this opportunity to submit testimony.

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKOLE

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
RELATING TO VITAL STATISTICS.**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

February 11, 2026
Room 329

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

2 **Department Testimony:** The Department of Health (D)H supports HB1858 with amendments
3 that will improve the quantity and quality of information reported to DOH regarding fetal
4 deaths, while simultaneously protecting confidential records relating to reproductive health
5 services.

6 According to publicly available data from the US Centers for Disease Control and Prevention,
7 the national fetal mortality rate is about 5.5 per 1,000 births when using the standardized 20+
8 weeks measure. Per DOH's own data published on the Hawaii Health Data Warehouse,
9 Hawaii's rate appears much higher at ~22–29 per 1,000 because it includes fetal deaths at all
10 gestational ages. This measure will align Hawaii's fetal death data collection procedures with
11 the rest of the county, using the standardized subset of data of 20+ weeks of gestation only,
12 and allow greater precision for researchers and practitioners working towards reducing fetal
13 death rates in Hawaii, including a better understanding of social determinants of fetal demise.

14 However, as drafted, HB1858 creates significant administrative barriers to department
15 operations, complicates the chain of custody of data for private sector entities, and
16 unnecessarily creates risks to private health care information.

1 Thank you for the opportunity to testify.

2 **Offered Amendments:**

3 **§338-C [~~Certificate~~] Documentation of fetal death for miscarriages less than twenty**
4 **weeks gestation or three hundred fifty grams.** (a) The [~~state registrar shall~~] attending
5 physician, physician assistant, advanced practice registered nurse, or coroner's physician who
6 certified the fetal death due to miscarriage may issue [~~a certificate~~] documentation of fetal death
7 to a [~~parent of~~] birthing parent who experienced a miscarriage [~~if:~~] consisting of:

8 [~~(1) The parent submits a written request, on a form prescribed by the state registrar,~~
9 ~~that the state registrar register and issue a certificate of fetal death for the~~
10 ~~miscarriage; and~~

11 ~~-(2) The parent files with the state registrar:]~~

12 (1) A signed statement from a health care provider confirming the miscarriage; or

13 (2) An accurate copy of the parent's medical records related to the miscarriage.

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

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

18 (2) Is not born alive; and

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

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

6

HB-1858

Submitted on: 2/8/2026 10:20:34 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jay Morford	Hawaii Funeral & Cemetery Association	Support	Written Testimony Only

Comments:

The Hawaii Funeral & Cemetery Association SUPPORTS the intent of HB1858.

Thank you for your consideration.

Mahalo, Board of Directors



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

Date: February 11, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

RE HB 1858 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.

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

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

Wednesday, February 11, 2026 at 9:00 AM
Via Video Conference; Conference Room 329

House Committee on Health

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

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

**Re: Testimony in Support of HB 1858
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, 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 Women's Coalition

February 9, 2026

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

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

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

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

Hearing: Wednesday, February 11, 2026, 9:00 a.m.
Conference Room 329, 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**.

- **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**, enabling these necessary improvements to the State's fetal death reporting practices.

Thank you for this opportunity to submit testimony.

LATE



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

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

DATE: Monday, February 11th, 2026

PLACE: Hawaii State Capitol, Conference Room 329

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

In summary, HB1858 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.

ACOG agrees with revised language for section 338-C which is being proposed by the Department of Health:

§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.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,

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

LATE

HB-1858

Submitted on: 2/10/2026 7:34:53 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Robert Thomas Carlisle, MD, MPH	Hawaii Academy of Family Physicians (HAFP)	Support	Written Testimony Only

Comments:

HOUSE COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

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

Date: February 10, 2026

From: Hawai'i Academy of Family Physicians Legislative Committee (HAFP)

RE: HB 1858; Certificate of Early Prenatal Death

Position: Support

Thank you for allowing testimony on HB 1858. The Hawai'i Academy of Family Physicians Legislative Committee (HAFP) endorses the certificate of early perinatal death at or after 20 weeks or 350 grams of weight. This effort will help provide insight into the reasons for pregnancy loss in Hawai'i and may direct future health care and public health efforts.

Thank you for allowing testimony on this and optimizing insights into the health of the people of Hawaii.

Robert Carlisle, MD, MPH

Chair, Legislative Committee

Hawai'i Academy of Family Physicians (HAFP)

**Testimony in Support of HB1858
Relating to Vital Statistics and Pregnancy Loss Reporting**

Chair, Vice Chair, and Members of the Committee:

My name is Reina Harris, 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.

Reina Harris, MD
Obstetrician-Gynecologist
Waipio, Hawaii/Kaiser Permanente

Wednesday, February 11, 2026 at 9:00 AM
Via Video Conference; Conference Room 329

House Committee on Health

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

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

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

My name is Dr. Joy Vink and I am a Maternal Fetal Medicine specialist on O'ahu. As a specialist who takes care of 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 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 we clinicians can best help to decrease the rate of fetal death in our local communities.

By revising existing laws as outlined in HB 1858, 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 also agree with the revised language for section 338-C which is being 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.

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

Thank you for the opportunity to testify.

HB-1858

Submitted on: 2/9/2026 3:48:15 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I am a healthcare provider and I strongly support **HB1858**.

Currently, our state requires providers to report any fetal death at any gestational age, even if the pregnancy has not been confirmed to be a pregnancy beyond a positive home pregnancy test. This is burdensome to providers, does not help us gain more information about what we can be doing differently to reduce fetal death, and also is not a well known statute by providers so it is inconsistently followed.

HB1858 aims to update our current fetal death statutes to align with CDC recommendations, thereby improving data so we can learn what contributes to fetal death in Hawaii.

I 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.

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(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.

Please support **HB1858** and pass it with the **DOH recommended amendments**. Mahalo for the opportunity to testify.

Respectfully,

Le'a Minton, CNM

HB-1858

Submitted on: 2/9/2026 3:55:48 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Shani Ma	Individual	Support	Written Testimony Only

Comments:

I am an OB/GYN Resident Physician 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.

I also 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
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(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.

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

Respectfully,

Shani Ma, MD

HB-1858

Submitted on: 2/9/2026 4:01:35 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Barbara J. Service	Individual	Support	Written Testimony Only

Comments:

re: HB1858

DOH needs to keep accurate records of fetal death, stillbirths, etc. It's a matter of good record keeping. Importantly, better record keeping could reveal more about the high incidence of fetal deaths and stillbirths among Native Hawaiis and Pacific Islanders. It is anticipated that this knowledge will result in better outcomes for these groups.

Thank. you for the opportunity to testify.

Barbara J. Service. MSW

Child Welfare Supervisor (ret.)

Passionate Kupuna advocate

HB-1858

Submitted on: 2/9/2026 10:19:17 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

Aloha -

As a double board-certified obstetrician-gynecologist practicing in Hawai'i for over 20 years, I support HB 1858. 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 in my job has 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 (deaths occurring prior to birth). 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 part of that is reason 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

Submitted on: 2/10/2026 7:40:37 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I am an OBGYN 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.

I also 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.

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

Respectfully,

Ronnie Texeira, MD

HB-1858

Submitted on: 2/10/2026 8:27:20 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

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 a board-certified OB-GYN physician caring for patients across Hawai'i. I'm writing today in support of HB1858. As an OB/GYN, I care for patients who experience pregnancy loss at some of the most vulnerable moments of their lives. Clear and consistent fetal death reporting laws are important for public health and quality improvement.

This bill aligns Hawai'i with national CDC standards and gives clinicians appropriate time to complete accurate documentation using complete clinical and pathology information. That clarity helps us do our jobs well and supports better maternal and infant health data across the state. For these reasons, I respectfully urge your support of HB1858. Thank you for your time.

Olivia Manayan, MD MPH

LATE

HB-1858

Submitted on: 2/10/2026 9:00:45 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I am an OBGYN in Hawaii. HB1858 clarifies fetal death reporting requirements in Hawai'i. Accurate data improves maternal health surveillance, perinatal quality improvement, and prevention efforts.

Elaine Chan, MD

LATE

HB-1858

Submitted on: 2/10/2026 9:49:45 AM
Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaohimanu Lydia K Dang Akiona MD	Individual	Support	Written Testimony Only

Comments:

February 10, 2026

COMMITTEE ON HEALTH

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

Rep. Terez Amato Rep. Jenna Takenouchi Rep. Daisy Hartsfield Rep. David Alcos III Rep. Lisa Marten Rep. Diamond Garcia Rep. Ikaika Olds

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and esteemed members of the Health Committee,

My name is Ka`ohimanu Dang Akiona, I am a Rural Family Medicine Physician serving Hawai`i Island and Moloka`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.

I also 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.

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

Respectfully,
Ka`ohimānu Dang Akiona, MD

LATE

HB-1858

Submitted on: 2/10/2026 10:31:45 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I am an Maternal-Fetal Medicine provider (high risk pregnancy specialist) 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.

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(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.

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

Respectfully,

Kelly Yamasato, MD

LATE

HB-1858

Submitted on: 2/10/2026 1:05:56 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

To Whom It May Concern,

My name is Teani Huddy, and I am the Fetal Mortality Review Coordinator working with Dr. Joy Vink, funded by the Hawai'i Department of Health Maternal and Child Health Branch. 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.

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

Respectfully,

Teani Huddy

Fetal Mortality Review Coordinator | RCUH

LATE

HB-1858

Submitted on: 2/10/2026 3:23:35 PM
Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ricardo Molero Bravo	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and members. My name is Dr. Molero Bravo, and I’m an obstetrician-gynecologist practicing in Hawai‘i.

I strongly support HB1858 because it modernizes our pregnancy loss reporting laws in a way that is medically accurate, compassionate, and aligned with national standards.

Right now, Hawai‘i requires reporting for all pregnancy losses, including very early miscarriages. As a clinician, I can tell you this does not result in accurate data and creates unnecessary administrative and emotional burden for families and providers.

HB1858 sets appropriate thresholds, extends reporting timelines so causes can be determined accurately, and improves the quality of data—especially important given the disproportionately high rates of pregnancy loss among Native Hawaiian and Pacific Islander families.

This bill balances public health needs with respect for families’ grief and healing, while giving providers the tools to collect meaningful data that can actually drive prevention.

I respectfully urge your support. Mahalo.

Ricardo A. Molero Bravo, MD