



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**KA 'OIHANA OLAKINO**  
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**Testimony COMMENTING on H.B. 1871, H.D. 1**  
**RELATING TO HEALTH**

REPRESENTATIVE CHRIS TODD, CHAIR  
HOUSE COMMITTEE ON FINANCE

February 27, 2026, 10:00 a.m., Conference Room 308

1 **Fiscal Implications:** This measure appropriates \$600,000 in general funds for fiscal year 2026–  
2 2027. The Department of Health (“Department”) notes that similar monitoring services and  
3 technology are already available through existing health insurance coverage and clinical  
4 practice, and that the proposed appropriation may result in duplication of services.

5 **Department Position:** The Department offers comments.

6 **Department Testimony:** The Family Health Services Division (FHSD) provides the following  
7 testimony on behalf of the Department.

8 The Department appreciates the importance of this measure to improve maternal health  
9 outcomes related to hypertension and diabetes and recognizes the urgency of addressing  
10 preventable maternal morbidity. However, implementation of a real-time monitoring pilot  
11 would require clinical medicine operations, procurement, and governance capacity that the  
12 Department does not currently have. Blood pressure and diabetes monitoring for pregnant and  
13 postpartum individuals is already available through Medicaid managed care benefits, hospital-  
14 based monitoring programs, and routine obstetric care, with technology and services generally  
15 covered by health insurance. While these services are not organized as a single statewide

1 program, they already reach portions of the intended population. Creating a new pilot may  
2 duplicate existing services. The Department encourages continued discussion of alternative  
3 implementation models that use existing managed care or clinical infrastructure, which may  
4 allow the intent of this measure to be achieved more efficiently and sustainably.

5 **Offered Amendments:** None.

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



February 25, 2026

Position: **SUPPORT** of **HB1871 HD1**, Relating to Health

**To:** Representative Chris Todd, Chair  
Representative Jenna Takenouchi, Vice Chair  
Members of the House Committee on Finance

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

**Re:** Testimony in **SUPPORT** of **HB1871 HD1**, Relating to Health

Hearing: Friday, February 27, 2026, 10:00 a.m.  
Conference Room 308, State Capitol

The Hawaii State Commission on the Status of Women is dedicated to advancing gender equity, promoting the health and well-being of women, and ensuring that public policies address the unique needs of women in our state. I would like to express our **support for HB1871 HD1**, as it establishes a Maternal Health Monitoring Pilot Program within the Department of Health, and offers **an important opportunity to improve maternal health outcomes via hypertension, diabetes, pregnancy, and postpartum guidance**. The pilot approach allows for evaluation and adaptation before broader implementation, which is a prudent use of resources.

Remote patient monitoring for maternal hypertension and diabetes has been recognized as an effective strategy to improve health outcomes by **enabling earlier detection of complications, supporting timely interventions, and reducing barriers to accessing care**. By leveraging technology, the pilot program outlined in HB1871 HD1 can help bridge gaps for those who face challenges in attending frequent in-person appointments, assisting women living in rural areas or those with limited transportation. This aligns with best practices in maternal health care that **emphasize patient-centered approaches and equitable access**.

The Commission hopes the **data collected through this pilot is used to inform broader maternal health policy improvements and that the lessons learned can be scaled to benefit all women in Hawaii**. We respectfully urge this Committee to **pass HB1871 HD1**.

Thank you for this opportunity to submit testimony.



**HOUSE COMMITTEE ON FINANCE**  
Rep. Chris Todd, Chair Representative  
Rep. Jenna Takenouchi, Vice Chair

Friday, February 27, 2026 10:00 AM Conference Room 308 & Videoconference

**SUPPORT FOR HB 1871, the Maternal Health Monitoring Pilot**

The Hawai'i Academy of Nutrition and Dietetics thanks you for the opportunity to testify **in support of HB 1871, the Maternal Health Monitoring Pilot Program**. We appreciate the consideration being given to a pilot program that thoughtfully integrates digital health tools with care management and foundational interventions such as nutrition and lifestyle education to improve maternal health outcomes in Hawaii.

The Hawaii Department of Health Maternal and Child Health Branch reports that approximately 10 to 12 women in Hawaii die each year from pregnancy-related causes, and more than half of these deaths are considered preventable.<sup>1</sup> Hypertension and diabetes are well-established risk factors for adverse pregnancy outcomes and are associated with higher rates of preterm delivery, cesarean section, low birth weight, and intensive care admissions.<sup>2,3</sup> Strengthening early identification and management of these conditions is an important step forward in the process to improving maternal and infant outcomes.

Implementation of digital tools may also help advance health equity by supporting earlier intervention and ongoing monitoring throughout pregnancy and the postpartum period. Emerging evidence suggests that remote patient monitoring has the potential to improve blood pressure control, enhance access to care, and reduce barriers for patients who may otherwise face challenges to attending frequent in-person visits.<sup>4</sup> We appreciate the

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<sup>1</sup> Hawai'i State Department of Health, Maternal and Child Health Branch. (n.d.). Maternal warning signs & symptoms. Retrieved February 23, 2026, from <https://health.hawaii.gov/mchb/maternal-warning-signs-symptoms/>

<sup>2</sup> Countouris M, Mahmoud Z, Cohen JB, Crousillat D, Hameed AB, Harrington CM, Hauspurg A, Honigberg MC, Lewey J, Lindley K, McLaughlin MM, Sachdev N, Sarma A, Shapero K, Sinkey R, Tita A, Wong KE, Yang E, Cho L, Bello NA. Hypertension in Pregnancy and Postpartum: Current Standards and Opportunities to Improve Care. *Circulation*. 2025 Feb 18;151(7):490-507. doi: 10.1161/CIRCULATIONAHA.124.073302.

<sup>3</sup> American Diabetes Association Professional Practice Committee for Diabetes\*. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes-2026. *Diabetes Care*. 2026 Jan 1;49(Supplement\_1):S321-S338. doi: 10.2337/dc26-S015.

<sup>4</sup> Arkerson BJ, Finneran MM, Harris SR, Schnorr J, McElwee ER, Demosthenes L, Sawyer R. Remote Monitoring Compared With In-Office Surveillance of Blood Pressure in Patients With Pregnancy-Related Hypertension: A Randomized Controlled Trial. *Obstet Gynecol*. 2023 Oct 1;142(4):855-861. doi: 10.1097/AOG.0000000000005327.

inclusion of licensed dietitians as part of the remote monitoring clinical care team, as nutrition is a modifiable risk factor for both hypertension and diabetes in pregnancy and plays an important role in improving maternal and infant health outcomes.<sup>5,6</sup>

In one study, early identification and treatment of gestational diabetes including at least one visit with a dietitian saved on average \$1,373 per person.<sup>7</sup>

While we are also supportive of providing health coaching to eligible participants for nutrition and lifestyle modification, we want to emphasize the importance of ensuring comprehensive nutrition care services are available, including Medical Nutrition Therapy. Many individuals will require targeted, individualized nutrition care plans to safely manage conditions such as diabetes or hypertension during pregnancy. Nutrition care aimed at treating a disease state or medical condition goes beyond the scope of health coaching. These services should be delivered by licensed professionals, such as registered dietitians, whose education, training, and scope of practice permit the provision of medical nutrition therapy and individualized clinical nutrition care. Ensuring access to comprehensive nutrition services delivered by qualified, licensed professionals will enhance the quality, safety, and effectiveness of this pilot program.

For these reasons, we respectfully request that the committee report favorably on HB 1871.

Sincerely,

*Dash Corpe, MS, RDN, LD*

Public Policy Coordinator, Hawai'i Academy of Nutrition and Dietetics

[www.eatrighthawaii.org](http://www.eatrighthawaii.org)

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<sup>5</sup> Singh DK, Sinha N, Bera OP, Saleem SM, Tripathi S, Shikha D, Goyal M, Bhattacharya S. Effects of diet on hypertensive disorders during pregnancy: A cross-sectional study from a teaching hospital. *J Family Med Prim Care*. 2021 Sep;10(9):3268-3272. doi: 10.4103/jfmprc.jfmprc\_96\_21.

<sup>6</sup> Duarte-Gardea MO, Gonzales-Pacheco DM, Reader DM, Thomas AM, Wang SR, Gregory RP, Piemonte TA, Thompson KL, Moloney L. Academy of Nutrition and Dietetics Gestational Diabetes Evidence-Based Nutrition Practice Guideline. *J Acad Nutr Diet*. 2018 Sep;118(9):1719-1742. doi: 10.1016/j.jand.2018.03.014.

<sup>7</sup> Haque MM, Tannous WK, Herman WH, Immanuel J, Hague WM, Teede H, Enticott J, Cheung NW, Hibbert E, Nolan CJ, Peek MJ, Wong VW, Flack JR, Mclean M, Sweeting A, Gianatti E, Kautzky-Willer A, Jürgen Harreiter, Mohan V, Backman H, Simmons D; TOBOGM Consortium. Cost-effectiveness of diagnosis and treatment of early gestational diabetes mellitus: economic evaluation of the TOBOGM study, an international multicenter randomized controlled trial. *EClinicalMedicine*. 2024 Apr 24;71:102610. doi: 10.1016/j.eclinm.2024.102610.



Committee on Finance

February 26, 2026

From: The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

Re: HB1871-HD1 RELATING TO HEALTH

To: Honorable Representative Todd, Chair and Representative Takenouchi, Vice Chair

### **SUPPORT FOR HB1871 WITH AMENDMENTS**

Mahalo for the opportunity to comment on HB1871-HD1. We submit this testimony on behalf of our professional member organization, the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA). Our mission is to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery, as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). In alignment with this pilot, our testimony is offered as a source of information to the public and to government agencies, reinforcing the value of midwifery and women's health care practices and services.

The purpose of HB1871-HD1 speaks directly to prenatal and postpartum care; however, in the definitions section, neither advanced practice registered nurses specializing as Certified Nurse-Midwives (APRN, CNMs) nor Certified Midwives licensed as Licensed Midwives (CM, LMs) are named as "health care providers." Additionally, within the definition of the "remote monitoring clinical care team," only nurses—and not midwives—are included. This omission is concerning, as APRN, CNMs currently serve as primary care and reproductive health providers within managed care organizations (MCOs) and are also commonly employed to provide maternity and postpartum care directly relevant to this pilot project.

Further, with the passage of Act 28 (2025), which established the scope of practice for Certified Midwives licensed as Licensed Midwives (CM, LMs), a pathway has been created for this provider type to be considered for a State Plan Amendment (SPA) through Med-QUEST. This amendment is anticipated to be completed by Q1 or Q2 2026, at which time CM, LMs will become eligible to participate in Hawai'i's MCOs. Our affiliate is actively engaging with both MedQuest and hospitals across the state who serve Hawai'i families via MCO reimbursed care to integrate the CM, LM as an advanced practice midwifery credential –therefore, **HAA advocates for the clients of APRN, CNMs and of CM, LMs to not be excluded from pilots such as this.**

We also wish to bring to the committee's attention the work described in SB2491-SD1 (2026) of the *Healthcare Provider Barriers to Practice Law Review Task Group*. This group identified numerous statutory provisions containing restrictive language that prevents licensed health care providers from delivering services for which they are educated, trained, and authorized under

their respective practice acts. One of the group's key recommendations emphasized the public health value of adopting "provider-neutral" language to improve access to care while maintaining patient safety.

While our affiliate supports this pilot program, we respectfully offer the following suggested amendments to expand access to care of participants of this pilot project and future models.

**Suggested amendments:**

**Pg. 1 Lines 14-15: amend** "Health care provider" health care provider" means an obstetrician, ~~or~~ maternal fetal medicine physician, "**advanced practice registered nurse, or midwife licensed under chapter 457J,**" who::

**Pg. 2 Lines 9-13: amend** "Remote monitoring clinical care team" means a team of nurses, "**midwives licensed under chapter 457j**" and dietitians who are licensed in Hawaii that monitor eligible participants' measurements and provide nutrition guidance, diabetes and hypertension condition management counseling, and pregnancy and postpartum advice.

These amendments would bring HB1871-HB1 into alignment with the stated goals of SB2491-SD1 (2026), including the intent *"to avoid the laborious process of determining whether a new license category is inadvertently restricted from certain practices and having to return to the legislature each time with a request to amend statute."*

Mahalo for your consideration of our testimony. We are available for further comment or clarification via email.

Sincerely,

The Hawai'i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Alex Brito, CNM, WHNP, RN-BSN Vice President

Connie Conover, CNM, MSN Treasurer

Margaret Ragen Affiliate Legislative Contact

acnmhawaiiaffiliate@gmail.com

<https://hawaiimidwives.org/>

For your reference, APRN, CNMs and CM, LMs currently practice at the following locations:

<https://hawaiimidwives.org/find-a-midwife-1>

**KAUA'I**

- Hua Moon Women's Health
- Kaua'i Women's Health Center

**O'AHU**

- Kalihi Palama Health Center
- Kaiser Permanente
- Kōkua Kalihi Valley

- Ko‘olau Women’s Healthcare
- Tripler Diagnostic Center and Tripler Army Medical Center
- University of Hawai‘i

### **MOLOKA‘I**

- Women’s Health Center at The Queen’s Health Systems

### **MAUI**

- Kaiser Permanente
- Mālama I Ke Ola Health Center
- Maui Midwifery
- Pregnancy & Wellness Maui
- University of Hawai‘i

### **HAWAI‘I ISLAND**

- East Hawai‘i Midwife Service
- Hāmākua-Kohala Health Center
- Hawai‘i Island Community Health Clinic
- Kaiser Permanente
- ‘Ōhi‘a Midwifery & Wellness
- Women’s Center at The Queen’s Health Systems



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February 10, 2026

Representative Gregg Takayama  
Chair, Health Subcommittee  
Hawai'i State Capitol  
415 South Beretania Street, Rm 329

Re: Support for HB 1871

Dear Chair Takayama:

AdvaMed, the MedTech Association, is honored to support HB 1871. This bill leverages innovative digital technology to drive improved outcomes for mothers and babies by increasing access to maternity healthcare. It also helps to reduce costs through identifying and reducing pregnancy related complications – such as hypertension and diabetes.

AdvaMed is the largest association representing medical technology innovators and manufacturers. Our members are the device, diagnostics, and digital technology manufacturers transforming health care through earlier disease detection, less invasive procedures, and more effective treatments.

AdvaMed's mission is to ensure access to innovative technologies which improve patient lives. This bill aligns with this by expanding access to numerous health technologies, including remote patient monitoring. Appropriate use of these and other tools enabled by this legislation will help reduce stress, improve compliance, and ultimately lead to better, healthier outcomes.

Patients should have access to healthcare regardless of their location – via physical or virtual means. This bill takes significant strides in making this a reality for prenatal and postpartum women. AdvaMed is honored to support this legislation.

Sincerely,

Darbi Gottlieb  
Senior Director, State Government & Regional Affairs  
AdvaMed



**HB-1871-HD-1**

Submitted on: 2/25/2026 10:40:44 PM

Testimony for FIN on 2/27/2026 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stacy Haumea	Individual	Support	Written Testimony Only

Comments:

Aloha Rep Chair Todd, Vice Chair and committee,

I agree with the position of the Hawai'i Academy of Nutrition and Dietetics in **support of HB1871**.

In addition I emphasize that many individuals will require targeted, individualized nutrition care plans to safely manage conditions such as diabetes or hypertension during pregnancy. Nutrition care aimed at treating a disease state or medical condition goes beyond the scope of health coaching unless these services should be delivered by licensed professionals, such as registered dietitians, whose education, training, and scope of practice permit the provision of medical nutrition therapy and individualized clinical nutrition care. Ensuring access to comprehensive nutrition services delivered by qualified, licensed professionals will enhance the quality, safety, and effectiveness of this pilot program.

warmest aloha, Stacy Haumea DrBH, MPH, RDN, CDCES, LD

**HB-1871-HD-1**

Submitted on: 2/27/2026 8:52:23 AM

Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Angela Wolfenberger	Individual	Support	Written Testimony Only

Comments:

As a registered dietitian nutritionist,(RDN) serving on the west side of Hawaii island (Kona, South and North Kohala), I would like to request the addition of RDs to the monitoring team for the Maternal Health Monitoring Pilot Program. The Hawaii Department of Health Maternal and Child Health Branch reports that approximately one out of every 2500 pregnant women in Hawaii die from preventable pregnancy-related causes. High Blood pressure and diabetes are common risk factors for adverse pregnancy outcomes, such as preterm delivery, cesarean section, low birth weight, and intensive care admissions for both baby and mother Early identification and effective management of these conditions is paramount to preventing these negative maternal and infant health outcomes.

Using digital tools can help make healthcare more fair for all mothers to be in Hawaii by allowing for earlier action and ongoing check-ins during pregnancy and after the baby is born. Research shows that remote monitoring helps people manage their blood pressure better, makes it easier to get care, and lowers the hurdles for those who can't go to lots of in-person appointments. Please consider including licensed dietitians in the Maternal Health Monitoring Pilot program as lifestyle changes, supported by education and coaching by a licensed, Registered Dietitian, help with both high blood pressure and diabetes during pregnancy, playing a big part in keeping moms and babies healthy.

Research has shown that identifying and treating gestational diabetes early—including at least one visit with a dietitian—can save over \$1000 per person.

We support health coaching for nutrition and lifestyle changes, but it's important to also offer full nutrition care, like Medical Nutrition Therapy. Many people will need tailored nutrition plans to safely handle issues like diabetes or high blood pressure during pregnancy. Treating these medical conditions goes beyond basic health coaching and should be done by licensed experts, like registered dietitians, who have the training and licenses to provide medical nutrition therapy and one-on-one nutrition support. Having qualified, licensed professionals will make this pilot program safer, more effective, and higher quality.

For all these reasons, we ask the committee to support HB 1871.