



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on H.B. 1871**  
**RELATING TO HEALTH**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date, Time and Room Number: 02/11/26 9:00 am; CR 329 & Videoconference

1 **Fiscal Implications:** The Department of Health (“Department”) requests that this measure,  
2 which appropriates \$600,000 in general funds for fiscal year 2026-2027, be considered a vehicle  
3 to provide this needed funding so long as it does not supplant the priorities and requests  
4 outlined in the Governor’s executive budget request.

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 to address  
10 preventable maternal morbidity.

11 The Department lacks the contract oversight expertise for implementing a real-time remote  
12 clinical medicine monitoring pilot of maternal hypertension and maternal diabetes.

13 Additionally, the Department needs to engage in discussions with existing managed care  
14 organizations and technology vendors to identify either their current capacity to provide  
15 remote patient monitoring and/or discuss the possibility of leveraging any preexisting remote

1 patient monitoring clinical infrastructure and/or technology that may meet the intent of this  
2 measure.

3 The Department looks forward to collaborating with existing managed care organizations and  
4 technology vendors to explore how technology can improve maternal health outcomes related  
5 to hypertension and diabetes.

6 **Offered Amendments:** None.

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



February 9, 2026

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

**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 **HB1871**, Relating to Health

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 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 of HB1871**, 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.**

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 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 recognizes that the pilot program's success will depend on careful implementation, including culturally competent outreach, clear eligibility criteria, and robust evaluation measures. It is important that the program is accessible to the diverse populations who have historically faced higher risks of adverse maternal health outcomes, including Native Hawaiian and Pacific Islanders. Furthermore, collaboration with community-based organizations can enhance trust and participation among eligible women.

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. I respectfully urge this Committee to **pass HB1871.**

Thank you for this opportunity to submit testimony.



Committee on Health

February 9, 2026

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

Re: HB1871 RELATING TO HEALTH

To: Honorable Gregg Takayama, Chair and Sue L. Keohokapu-Lee Loy, Vice Chair

### **SUPPORT FOR HB1871 WITH CONSIDERATION OF AMENDMENT SUGGESTIONS**

Mahalo for the opportunity to comment on HB1871. 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 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 the end of Q1 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 HB1857 (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.

1. **"Health care provider"** replaced by "Qualified health care provider" means any person with a current, active license or certification issued under title 19 or title 25 whose scope of practice, as defined by any applicable law and rules adopted thereunder, authorizes the person to provide the health care services described in this chapter.
2. **"Remote monitoring clinical care team"** means a team of ~~nurses~~ qualified health care providers who are licensed in Hawaii and dietitians 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 into alignment with the stated goals of HB1857 (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

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. They range from the smallest startups to multinational corporations.

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





February 10, 2026

**RE: PHILIPS SUPPORT FOR HB 1871**

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the House Committee on Health:

On behalf of Philips, I write to support HB 1871. This bill would create a very targeted remote monitoring pilot program to impact pregnant moms who have a higher risk of pregnancy complications. This program is a widely understood, effective policy response that increases access to prenatal care and improves outcomes.

Philips has a deep legacy in maternal and infant health as one of the largest ultrasound and fetal monitoring companies. Philips Avent is also one of the most beloved infant product brands. Philips Pregnancy+ is the most downloaded pregnancy app in the world, with nearly 4,000 expectant families in Hawaii using it in 2025. Given this legacy, the company applauds legislation that improves maternal health.

**This bill addresses two primary challenges in Hawaii:**

Pregnancies are becoming more complicated with more expectant moms having high-risk pregnancies, often stemming from pre-existing or gestational conditions like hypertension or diabetes. In Hawaii, 33% of women had one or more chronic health conditions, and 25% of counties have a high burden of chronic health conditions and a high rate of preterm birth.<sup>1</sup>

Women with one or more chronic health conditions have a 34% increased likelihood of having a preterm birth compared to those without any chronic health conditions.<sup>2</sup>

At the same time, access to care could be challenging for moms who cannot easily take time off, lack paid leave, lack reliable access to transportation, or live far from their maternity care provider. Unfortunately, these two troubling trends are colliding with one another, which helps contribute to the maternal health crisis that we are all trying to solve together.

**HB 1871 would address these challenges by enabling remote patient monitoring (RPM):**

HB 1871 would help address these challenges by creating a pilot program to remotely monitor pregnant moms who have maternal hypertension or diabetes. With RPM, moms use connected devices like a glucometer, blood pressure cuff, and weight scale to monitor measurements during pregnancy and postpartum. At the same time, a remote care team is continuously monitoring their vitals for any warning signs. RPM acts like a check engine light for catching pregnancy complications caused by diabetes or hypertension. The remote care team can see how mom is doing, identify problems before they become emergencies, and intervene to prevent medical exacerbation.

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<sup>1</sup> See [Where you live Matters: Maternity Care in Hawaii from March of Dimes.](#)

<sup>2</sup> See [Where you live Matters: Maternity Care in Hawaii from March of Dimes.](#)

RPM has long been studied and is clinically understood to improve outcomes. For example, RPM of maternal hypertension reduces ICU durations and healthcare costs,<sup>3</sup> postpartum hospital readmissions,<sup>4</sup> and disparities in blood pressure surveillance.<sup>5</sup> Additionally, RPM for maternal diabetes improves glycemic control, lowers incidences of c-sections, pregnancy-induced hypertension or preeclampsia, and preterm births.<sup>6</sup>

Conducting a pilot program would help quantify the impact RPM can have on maternal and neonatal health outcomes. A pilot program is also a very targeted policy response that impacts expectant moms who have a higher likelihood of prenatal or postpartum medical complications given their hypertension or diabetes. Such care is even more important for moms who are unable to access care easily because they live in a maternity care desert or struggle to make their prenatal care appointments because they cannot take off work or lack reliable transportation.

Other states like Georgia and Florida have passed similar laws, funding maternal RPM pilots to improve maternal outcomes.<sup>7</sup> For instance, Florida found significant reductions in emergency visits and maternal morbidity. In fact, Florida's program was so successful that the legislature expanded it statewide in the FY 25 Budget. In Georgia, the program launched in July 2024 with Philips as one of their partners. The program has grown from offering RPM to eligible moms in 20 counties to 75 counties.<sup>8</sup>

Hawaii could launch a similar remote monitoring program that will have a very targeted and impactful response for pregnant moms who have more complicated pregnancies, given their hypertension or diabetes. As such, I urge this Committee to pass HB 1871.

Sincerely,

*Christine Perez PhD RN*

Dr Christine Perez, PhD, BSN, RN  
Maternal Health Clinical Lead  
Philips

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<sup>3</sup> See "[Improving obstetric and perinatal outcomes with a RPM program for hypertension.](#)"

<sup>4</sup> See "[Cost-effectiveness of telehealth with remote patient monitoring for postpartum hypertension.](#)"

<sup>5</sup> See "[RPM Compared With In-Office Surveillance of Blood Pressure in Pregnancy-Related Hypertension.](#)"

<sup>6</sup> See "[RPM for management of diabetes mellitus in pregnancy.](#)"

<sup>7</sup> In 2023, the Georgia legislature enacted [SB 106](#), which requires the Dept. of Public Health to create a RPM maternal pilot. In Florida, new law ([SB 7016 \(see pg. 35\)](#)) requires statewide implementation of RPM for pregnancy. Florida's statewide program was launched after a successful pilot program, "[Telehealth Minority Maternity Care Pilot Program.](#)"

<sup>8</sup> The Georgia Department of Public Health selected Philips to work with the state's three managed care plans in carrying-out this pilot program. The pilot program went live during the summer of 2024. See "[Remote Patient Monitoring & Maternal Health: Improving Outcomes for Expecting Mothers.](#)"



**TAMARA CURRIN, MS, MCHES**  
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February 10, 2026

Hawai'i State Legislature  
415 South Beretania St.  
Honolulu, HI 96813

Dear Chair Takayama, Vice Chair Keohokapu Lee-Loy, and Health Committee Members:

The mission of March of Dimes is to lead the fight for the health of all moms and babies. **March of Dimes supports House Bill 1871** which *will offer eligible participants improved maternal healthcare through remote patient monitoring, specifically focusing on maternal hypertension and maternal diabetes.*

Chronic health conditions that are present before a woman becomes pregnant can impact the health of her baby and should be managed during routine prenatal. Being at an unhealthy weight before pregnancy increases the likelihood of chronic conditions, such as hypertension and diabetes, and complications during pregnancy or at the time of birth. Pre-pregnancy hypertension is one of the leading risk factors for pre-eclampsia, a potentially fatal condition that causes a pregnant woman's blood pressure to rise and can lead to poor maternal and infant health outcomes.

The likelihood of preterm birth increases for pregnant women with chronic conditions. In Hawai'i, 10% of all births are preterm (*less than 37 weeks of a full-term 40-week pregnancy*) compared to 10.4% of US births. This percentage earns Hawai'i a grade of C on the March of Dimes report card. For babies born in Hawai'i, 5.8% of those births are exposed to mothers with hypertension. For mothers with diabetes, 2.6% of all live births are exposed to this condition and its consequences. Additionally, 26.2% of pregnant women in Hawai'i receive prenatal care in the fifth month of pregnancy or later – less than 50% of the recommended number of prenatal visits. With the health of mom and baby so intricately intertwined, prenatal care is critical because it can help identify potential complications and risk factors that may increase the likelihood of preterm birth. (March of Dimes Report Card, 2025)

March of Dimes supports Remote Patient Monitoring (RPM) as one way to eliminate barriers in access to care and addressing chronic conditions. The remote availability of clinical measures can significantly improve maternal health and may lead to reduced maternal and infant mortality. Frequent and regular monitoring is imperative for women with high-risk conditions like hypertension and diabetes. **This pilot program has the potential to improve access to essential prenatal care and decrease pregnancy-related complications caused by hypertension and diabetes, as well as reduce the incidence of preterm births in Hawai'i.**

As an organization dedicated to healthy moms and strong babies, March of Dimes appreciates your efforts to ensure improvement in access toward the betterment of maternal and infant health outcomes. Please do not hesitate to contact me directly if there are any questions.

Sincerely,

A handwritten signature in black ink that reads 'Tamara Currin'.

Tamara Currin, MS, MCHES