April 16, 2015

Dear Honorable Senators of the Finance Committee,

Please accept my apologies for missing the HB 26 hearing yesterday (Wednesday, 4/15). I had minor surgery in the morning, but I appreciate you allowing Deborah Schneider from our Board to testify in my stead. For the past 7 years, I have served on the State’s Board of Certified Direct-entry Midwives, the last few as the chair. I am a 42 year Fairbanks resident, married to a lifelong Alaskan, and have 7 Alaskan children, ages 8 – 38 years old. My husband and I spent the past 4 decades working professionally with thousands of Alaskan families and children. I share this introduction to give context in stating my Board service is one of my most rewarding and challenging experiences in serving Alaska’s families. I want to address some of the questions and issues raised in considering our Board’s extension to 2017. I would be happy to discuss these matters, or any others, with this committee or its individual members.

Certified Direct-entry Midwives (CDM) receive thorough “technical training” and hands-on experience (including at least 60 births), but also undergo a rigorous education as part of apprenticeship. The use of nationally recognized curricula, tests, classes, and self-study culminates in a National 8 hour exam administered by the National Association of Registered Midwives. Ensuring this extensive training (including continuing education) is met to obtain or maintain licensure is, as testified, a major element of this Board’s responsibilities. However, the Board also regularly reviews and updates regulations to reflect current best practices, handles investigative case disposition, reviews and approves apprentice permits, examines/approves/renews curriculum for apprenticeship academic programs, writes and updates the Jurisprudence exam for licensee renewal, liaisons with the Midwives Association of Alaska for Peer Review of referred cases, and much more.

To address some other questions from yesterday’s hearing, I did work with Budget and Audit staff to complete our last audit. The main reason they recommended only a 2 year extension was investigations issues, an area we labored to redress with little authority to bring change. Investigations were taking extreme lengths of time, regardless of the remedies we sought. One of their attempts was to send our 2 highest priority individuals (4 cases) to OSPA where they languished for over a year. Our “highest priority” turned out to be OSPA’s *lowest* priority (a Class B misdemeanor). Ms. Angela Birt (Chief of Investigations) graciously took full responsibility, though she was new to her office, and owned it to us as entirely the Investigative Unit’s fault. She has since worked very effectively with us to improve response time and reduce costs for our investigations.

The other major contributor to not only investigative costs, but administrative costs and burden overall, was our former licensing examiner. She referred many minor infractions easily resolvable by the Board (paperwork errors, minor mistakes, deadlines, etc.) directly to Investigations. She also referred excessively to legal, created extra work for the Board and staff by micromanaging and taking over what were actually Board duties (e.g. the apprentice approval referred to in the Legislative Audit), and constantly created/took on unnecessary tasks the Board never requested. After trying to resolve these issues for years, she was recently removed as our licensing examiner. We deeply appreciate the efforts of Ms. Sara Chambers of DCBPL for not only helping end this matter, but also implementing administrative changes and working with us to reduce costs and improve efficiency. We are confident, with Ms. Chamber’s and Ms. Birt’s support, we will see dramatic improvements in all areas of Board operation.

These audit recommendations regarding Investigations and apprentice approval illustrate a salient fact and challenge. This volunteer board of an OB/Gyn doctor, a Certified Nurse Midwife, 2 CDMs, and 1 public member, utterly depends on State staff to operate effectively and efficiently. Direct Board costs to meet or teleconference are about $6,000 per year. All other costs are driven by staff decisions or other factors simply not in our control. Investigative costs, for example, include investigating unlicensed practitioners *who are not even members of our profession.*  We can no more influence or change them than the Medical Board can “doctors” with no license. We also repeatedly requested raising apprenticeship fees commensurate with CDM fees (at ½ CDM rate for apprentices) only to be denied several times until the last licensing period. Finally, as our previous licensing examiner demonstrated, we really have no recourse if staff will not follow our directives unless some superior intervenes. Please recognize this reality as you make your decision about extension.

I understand there may have been anecdotal sharing about specific situations with poor outcomes for midwife delivered babies. I strongly encourage any committee member to talk with me or do their own research about the statistical *reality*. Our State’s statistics, as well as those of our own and other developed nations, overwhelmingly demonstrate the *average* outcomes for midwife deliveries compare with the *best* individual hospital outcomes in complications, additional medical problems, and the like. This reality holds true, even factoring in that midwives do not serve high risk pregnancies or deliveries. As just one example, our birth center averages 3-5 % caesarian sections compared to 30% caesarian rates in the hospital. CDMs, as a group, are licensed, highly educated and trained professionals who value public safety. The actual record bears out that it is statistically safer and less costly to deliver in a birth center or at home with a licensed, certified midwife.

It is my opinion, with current budgetary constraints, that this volunteer Board, if allowed to follow through on what we started, is an absolute bargain to our state. Without us, the State’s cost to administer this profession, manage investigations, consult with professionals, and keep regulations current with best practices would be exorbitant. In addition, the profession we regulate saves the State millions of dollars annually in Medicaid costs compared to hospitals and doctors. Finally, we help cover a potentially huge State liability in public health and safety. As a current example, if this Board sunsets halfway through implementing Senator Kelly’s milestone (for our profession) SB156, which passed last July, it would leave old restrictions on Midwife practice removed from statute without new regulations in place to cover such practices. These new regulations are written, but were repeatedly sent back via the paralegal and aforementioned licensing examiner. Because of statute, the Board can and has directed licensees to continue following previous restrictions. If we cease to exist, the work is left undone with an arguable opening for previously restricted practices.

In closing, I hope this letter alleviates potential concerns and clarifies some matters. Please pass HB26 as recommended by Legislative Audit so our current and future measures may resolve the identified issues. I am at your service for anything you require to reach that decision. Thank you for your consideration.

Cheryl Corrick, CDM

Chair, Board of Certified Direct-entry Midwives