



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Commerce, Community, and Economic Development

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Main: 907.465.2550  
Fax: 907.465.2974

January 28, 2024

To Whom This Concerns,

We, the Board of Certified Direct-Entry Midwives (CDMs), unequivocally oppose Executive Order (EO) 130, which seeks to eliminate our board. We urge you to vote NO on EO 130 in the best interest of the state, the economy, and public safety.

The autonomous practice of midwifery and independent board regulation are vital to the safety of Alaska families. The findings of EO 130 aim to maintain efficient administration, develop professional expertise, eliminate duplication of function, and provide a single point of responsibility for state policy relating to midwifery practices in Alaska.

We are deeply concerned that the proposed changes will undermine the safety and well-being of Alaska families. The use of paid state employees instead of volunteer midwives, professionals, and community members to run our board is not only inefficient but also jeopardizes the expertise of the profession and community connection we bring.

Alaska is already grappling with maternity care deserts, leading to increased costs and increased maternal mortality in all hospital settings while maternal deaths with CDMs has been at zero now for years running. Our midwives play a crucial role in addressing these mortality and care cost challenges, providing exceptional care that results in lowest cesarean and highest breastfeeding rates in the state by care provider type.

We would like to clear up some misunderstandings about the Board and its function and relationship to the state and the safety of the families of Alaska.

We urge you to consider the grave implications of EO 130 on the health and safety of Alaska families and to support the continued existence of the Board of CDMs by **voting NO on EO 130**. We also implore you to support the immediate approval with a **vote YES on HB 175** to help families have increased access to evidence-based maternity care now.

To keep things easy to read, we have organized a listed detailed response below. All data to support the following points can be found in the documents accompanying this letter.

**1. The Board of Certified Direct-Entry Midwives costs the State of Alaska \$0.00.**

The Board of Certified Direct-Entry Midwives (CDMs) is entirely self-funded through licensing fees, costing the State of Alaska \$0.00. In FY 2022, the board generated a surplus of \$67,329, with total revenue of \$142,945 and expenses of \$28,242.

We are committed to maintaining this cost-effectiveness through streamlined processes, as endorsed by the audit committee. It is important to note that the state's proposal to replace the board with a department would incur significantly higher costs. It is estimated that one state employee with benefits would cost the state at least \$100,000 a year, not to mention additional expenses for expert testimony and consultation. This would far exceed the current expenses of the board.

**2. CDMs save Alaska Medicaid \$5,000,000+ a year. Every year.**

Midwives (CPM/CDMs) saved Medicaid over \$5 million in 2022 through birth fees alone and by serving only 6% of Alaskan births. This amount was also averaged in 2021 and 2020. **The cost savings to the State of Alaska from the care of CDM/CPMs is approximately 192 times more than the cost of administering the State Board of Certified Direct Entry Midwives.**

Here are the numbers:

Total vaginal deliveries attended by CPM/CDMs	567
Percentage paid by Medicaid (DKC)	38%
Total Medicaid births by CPM/CDMs for 2022	215
Medicaid payment to CPM/CDMs	\$982.74
<b>Birth Center Facility Fee for CPM/CDMs</b>	<b>\$2603.19</b>
Medicaid payment for NSVD OB/GYN	\$1130.15
<b>Hospital Facility Fee for Vaginal Delivery</b>	<b>\$26,659.00</b>

(This is just for the location of the birth. This amount does not include professional or physician fees, pediatrician visits, newborn fees)

Total for Home Birth = \$982.74

Total for Birth Center Birth = \$ 3585.93

Total for OB Hospital Birth = \$27,789.15

**Cost savings for a home birth vs a hospital birth for 215 births**

$\$982.74 \times 215 \text{ births} = \$211,289.10$  vs  $\$27,789.15 \times 215 \text{ births} = \$5,974,667.25$

**Saving Medicaid \$5,763,378.15\***

**Cost savings for a birth center vs a hospital birth for 215 births**

$\$3585.93 \times 215 \text{ births} = \$813,289.10$  vs  $\$27,789.15 \times 215 \text{ births} = \$5,974,667.25$

**Saving Medicaid \$5,161,378.15\***

When averaged midwives saved the State Medicaid Program \$5,462,378

**It costs one hospital birth to pay for our Board yearly, and remember, WE, the midwives, pay for it, not the state. We SAVE the state money, we don't cost them anything. Please vote NO on EO 130.**

**3. There are demonstrated improved outcomes for women and infants under CDM care.**

- **Significantly lower cesarean section rates** with the care of CDM/CPMs. (6% vs 23%)
- **CDM/CPMs have had 0 Maternal Deaths** vs the Hospital rates of 6-20 per year. (see Pregnancy – Associated Mortality in Alaska pdf)
- Significantly **fewer low birth weight babies and babies born prematurely** with the care of CDM/CPMs, all indicators for improved outcomes, especially for vulnerable populations.
- Significantly **higher breastfeeding rates (99% at birth and 99% at 6 weeks postpartum)** with the care of CDM/CPMs, with the accompanying demonstrated health benefits for mother and infants extending throughout lifetimes.
- **Higher rates of intact perineum** (without a tear or episiotomy); Lower rates of episiotomy.
- Lower unneeded medical interventions such as induced labor, continuous electronic fetal monitoring, and cesarean birth.
- **Better experiences with community birth with CDM/CPMs. Lower postpartum depression rates** due to being more satisfied with the personalization of their care, their care environment, quality of their relationship with their midwife, their ability to have a physiologic birth. The Board keeps costs down for families and the state by ensuring that midwives are practicing at and above national standards.

**4. The Board keeps costs down for families and the state by ensuring that midwives are practicing at and above national standards.**

Alaska Statute 08.65.030(a) authorizes the board to:

- examine and issue certificates and permits to qualified applicants;
- establish regulations for certification and practice requirements;
- order disciplinary sanctions when a person violates midwifery related statutes or regulations;
- approve curricula and adopt standards for basic education, training, and apprentice programs; and
- review and approve education, training, and apprentice programs
- Further, AS 08.65.030(b) states the board may, by regulation, require CDMs undergo a uniform or random period of peer review to ensure the quality of care.

**5. *The Board is the only agency authorized to license midwives in the state and, as such, does not duplicate the efforts of other agencies.* - Alaska State Legislature, Division of Legislative Audit, 2022. This was decided and resolved by the legislature October 14, 2022 and can be found on page four of the report.**

There are some areas of note that support keeping the Board of CDMs active that need to be known by the legislature. The prior 2020 audit of the Board of CDMs made three recommendations:

- The Board of Certified Direct-Entry Midwives (board) should recommend statutory changes that benefit the public, which the board did in 2021. These have been waiting on legislative approval for three years. Alaskan families are losing out on insurance coverage for their births because of this state level hold-up to the updating of our statutes. This is a staffing concern that affects Alaskan families greatly

regarding equitable access to care and choice in care. This is the first time the midwifery statutes have been updated in 40 years\*\* and they now match and exceed national standards for practice certification and licensure while streamlining the licensing process without requiring state employee involvement.

**\*\*It is IMPERATIVE that (HB 175) BE PASSED IMMEDIATELY BEFORE MARCH 31, 2024 to ensure that Alaskan families have the statute changes they need to access maternity care that is up to date per the Audit recommendations and guidance of NARM, the national credentialing body that governs North American Midwifery practice, as there are key changes to language in this bill that guarantee insurance coverage for birth choice for Alaskan families and help more rural families access the care that the need.\*\***

- The Division of Corporations, Business and Professional Licensing's (DCBPL) chief investigator should ensure investigations are completed timely. This was not done, at no fault of the Board. The report findings state *an investigation that concerned a threat to public safety was not addressed by DCBPL investigators in an efficient manner* and that *during the audit period, the case was reassigned to an investigator, but no work was performed from March 31, 2021, to June 9, 2022 (435 days).* **This alone should prove a State-run Department is NOT more efficient.** The Board has done its part to reduce all redundancies with statute changes and peer review updates that no longer allow this disregard by the State's staffing deficits to further risk Alaskan families and public safety.
- The board should improve oversight of the peer review process. This step was completed and has helped to keep costs down for the Board and the midwifery license fees due in full part to the fact that we were able to stop paying state employees unqualified in community healthcare provision to do jobs that require expertise that the state has not committed to training nor retaining. This lack of commitment has cost the Board of CDMs greatly in the past and this last audit recommendation compliance ensured the efficiency of keeping board costs down per the guidance of the Legislative Audit Committee. The board is now operating fully self-sufficient and posting a surplus.

***"Overall, the audit concludes that the board operated in the public's interest by conducting its meetings in an effective manner, by supporting statutory changes when deemed necessary, and by actively amending regulations...The Board is the only agency authorized to license midwives in the state and, as such, does not duplicate the efforts of other agencies."** - Results and Findings of the sunset review conducted on our Board October 14, 2022*

## **6. Keeping the Board of Midwives saves money, and it saves lives.**

Why do midwives have an autonomous board and why does that matter?

We have worked closely with state and legislative audit committees over the past 8 years to establish streamlined processes for licensing, peer review, investigative procedures, and more. This collaborative effort aimed to relieve the state of associated costs and responsibilities regarding the regulation of the practice of midwifery. By complying with legislative audit recommendations, we have strived to keep costs down for the State of Alaska, for new and practicing licensed midwives, and we have helped to ensure that Alaskan families receive the best possible care that their insurance will pay for, that exceeds national standards, and that delivers outstanding results. Our commitment to maintaining and exceeding national training and credentialing standards, as set by our certifying body, the North American Registry of Midwives and the credentialing

requirements of the Certified Professional Midwife, is reflected in the updated regulations and statutes that have been awaiting signature since 2021. This ongoing dedication by the Board of CDMs and the midwives of Alaska supports safe community healthcare care access and midwifery practice across the state while supporting efficient, economic practice regulation that is up-to-date and that continues to provide the best maternity care outcomes for families in the state.

**The evidence is resoundingly clear: The Board of Certified Direct-Entry Midwives (CDMs) is not only self-sustaining, but it also saves the State of Alaska millions of dollars annually. Our collaborative efforts with state and legislative audit committees have consistently demonstrated that we are the most efficient and cost-effective option for regulating the practice of midwifery at a mere \$28,000 yearly paid for completely by midwifery licensing fees.**

The Board's commitment to maintaining and exceeding national training and credentialing standards, as well as the successful implementation of streamlined processes, is a testament to our dedication to ensuring that Alaskan families receive the best possible care. The exceptional outcomes for women and infants under CDM care, including significantly lower cesarean section rates, zero maternal deaths, and improved breastfeeding rates, speak volumes about the quality and safety of the care we provide.

It is imperative that the autonomy of the Board of CDMs is preserved to continue this vital work.

Therefore, we urge you to **vote NO on EO 130** and to expedite the passage of the necessary statutes, by **voting YES on HB 175**, before March 31, 2024. By doing so, you will not only safeguard the economic interests of the state but also ensure the safety and well-being of Alaskan families. Keeping the responsibility in the hands of the Board of CDMs is the most efficient and effective choice for the residents and families of Alaska. We implore you to support our cause and help us continue to save lives across Alaska with safe practice and up-to-date board autonomy and regulation.

Sincerely,

The Board of Certified Direct Entry Midwives