

HB

802

POSITION PAPER

HOUSE BILL NO. 802

"An Act relating to nurse midwives."

HB. No. 802 requires that hospitals extend staff privileges to nurse midwives as a condition of licensure. The Bill also defines the coverage of nurse midwives' practice under health and disability insurance policies by requiring coverage by those policies that pay for maternity care. The Bill also requires a medical service corporation, hospital service corporation, and combined medical and hospital service corporation cover nurse midwife services under certain conditions. The Bill also amends the definition of "participant physician" to include a nurse midwife, and adds a new definition defining "nurse midwife" to the Alaska Statutes.

The Department of Health and Social Services will limit its comments to the areas of the practice of the nurse midwife and the requirements of hospitals to extend staff privileges to the midwife as a condition of State licensure. It is our understanding that the Department of Commerce and Economic Development, Division of Insurance, will be commenting separately on the sections dealing with mandatory insurance coverage.

Practice of Nurse Midwives

Nurse midwives have been a part of the American health care system for over fifty years. The practice of nurse midwifery, including the management of labor and delivery, is recognized in the laws of all states except Kansas, Michigan, and Wisconsin. The typical recent graduate of a nurse midwifery educational program has six years of professional nursing experience and a bachelor's degree in addition to nine months to two years of midwifery training. Upon successful completion of the course and a national certification examination, the nurse midwife is prepared to care for women's health needs, including normal childbirth and uncomplicated gynecological and family planning services.

The nurse midwife, according to Alaska law, collaborates with a physician. Nationally, nurse midwives are employed by hospitals, public health agencies, private physicians, the military, prepaid health plans, and birthing centers. Their practice, typically, extends beyond pregnancy and birth to include the post-partum care of the well woman and neonatal care of the infant. Health education is a vital component of the role of the nurse midwife.

The use of nurse midwives can offer greater availability of quality prenatal care, delivery, and post-natal care in medically underserved

areas. As a member of the health care team, the nurse midwife can provide professional care to the normal obstetrical or postpartum patient, thus freeing her collaborating physician to concentrate on patients with problems requiring his or her medical expertise. An expanded use of nurse midwives also can offer an alternative style of care to families at a special time in their lives. The desire of certain families for such an alternative may partially account for the apparent increase in home deliveries, a practice which involves a greater risk.

Requirement of Extension of Staff Privileges to Nurse Midwives as a Condition of Hospital Licensure

The purpose of licensure, rules, regulations, and standards for hospitals is "...promoting safe and adequate treatment of individuals in the interest of public health, safety and welfare..." (AS 18.20.060).

Historically, the State's responsibility began as licensure and inspection of public facilities to look for fire, environmental health, and other standards for the condition of buildings. It then was extended into the area of professional standards requiring certain levels of competence and experience to have been reached by the staff providing care in the hospital. The strictest requirement for hospitals comes as a result of the need to be certified in order for the hospital to be eligible for Federal Medicare and Medicaid reimbursement. Nowhere in State Statute or regulation are hospitals required, as a condition of licensure, to extend staff privileges to professional groups (such as dentists) or paraprofessional groups (such as therapists). HB 802 would break with past precedence by requiring such an extension as a condition of hospital licensure to nurse midwives.

Department Position

The Department of Health and Social Services recognizes the valuable contribution that nurse midwives can make to the overall physical and emotional health of the family at time of pregnancy and delivery. We would encourage hospitals to provide staff privileges to well-qualified nurse midwives who meet the requirements of the Advanced Nurse Practitioner Guidelines issued by the Alaska Board of Nursing. However, the Department believes that the decision to use the services of nurse midwives or other qualified allied health personnel appropriately should rest with each individual hospital, its governing body and administrative staff, and not with the Department of Health and Social Services licensing authority.

Recommended by:

Dean F. Tirador  
Dean F. Tirador, M.D.  
Director, Division  
of Public Health

Date:

3/5/80

Joe Betit  
Joe Betit, Acting Coordinator  
Office of State Health  
Planning & Development

Date:

3/5/80

Approved by:

Heleen D. Beirne  
Heleen D. Beirne  
Commissioner

Date:

3/5/80

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 802  
 Title "An Act relating to nurse midwives."  
 Requested by Commissioner's Office Date 3/5/80

II. FISCAL DETAIL

Department of Health and Social Services  
 Agency Affected \_\_\_\_\_  
 Program Category Affected Health/Division of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) \_\_\_\_\_

Prepared by: Mary Deaver Date: 3/5/80  
 Division/Office: P.H. Admin. PH: 3090  
 Department of Health & Social Services



Representative Thelma Buchholdt  
Page 2  
March 5, 1980

Page 2  
B. 2

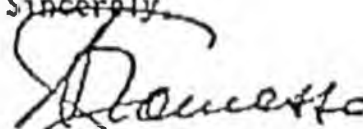
European model sometimes trains for a couple of years. This further demonstrates the special interest involved. They are certainly not the same, and cannot be grouped together in terms of training, abilities and experience.

4. Currently, under our medical by-laws and those of other hospitals, para-professionals are permitted to practice medicine only under the direction of the sponsoring physicians who monitor the privileges granted and quality of care delivered.

We also endorse the hiring of these practitioners (para-professionals), by hospitals, to deliver nursing care.

Thank you for the opportunity of expressing our position on this bill.

Sincerely,



Al M. Gamusso  
Administrator

AMC/mm

cc: Senator Glenn Hackney  
Senator Mike Colletta  
Senator Arliss Sturgulewski  
Max Kersbergen  
William Dann  
Charles Rigden  
Ron Hammett  
Donald DeJers  
Jack Brown  
Alaskan Hospital Administrators  
Advisory Board

\* TELRCOPY INSTRUCTIONS: For Immediate Delivery to Committee

Copy to Rep. Buchholdt  
Members House HBSS Committee  
Above Listed Senators

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

POUCH D  
JUNEAU, ALASKA 99811

March 4, 1980

Honorable Thelma Buchholdt  
Chairman  
House Education & Social  
Services Committee  
Alaska House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Ms. Buchholdt:

RE: House Bill 802

You have requested a position paper for House Bill 802. The Division of Insurance has in the past opposed mandated or required coverages for disability insurance policies. We have on two occasions ventured across this line to support mandated coverages. The first was in support of coverage for newly-born children which became law in 1975 (AS 21.42.345). The second was with Senate Bill 227 which would mandate alcoholism benefits. This bill was before your committee last year and is presently in House Rules.

In both cases there was substantial imperative for the types of benefits sought. With newly-born children, the practice of insurers was to provide no coverage until 14 days after birth, which when coupled with the preexisting conditions clause in many policies, gave rise to some substantial financial burdens on new parents with sick, ill or defective newborn children. In the case of a mandated alcoholism benefit, the imperative was, and is, that alcoholism is generally recognized as Alaska's number one health problem. We do not believe that similar imperatives exist to suggest a required maternity or nurse midwife coverage.

We have prepared a section-by-section analysis or commentary which may help in our view of this legislation.

Section 1. This section would most appropriately be commented on by the Department of Health and Social Services. The section is not crucial to the insurance aspects of the bill, which represents the remaining portion of the proposed legislation.

Section 2. Under this section coverages provided on an expense incurred basis shall provide that the health insurance benefits applicable to maternity coverage consider benefits provided by nurse midwife. This language is not objectionable. The title of the section, however, is somewhat misleading and might better be called "COVERAGE FOR COST OF SERVICES PROVIDED BY NURSE MIDWIVES."

Section 3. The language suggests that maternity benefits are required to be provided under an expense incurred policy. Presently, federal law requires maternity benefits on group coverages where the group has more than 15 persons. This proposal would extend to individual policies and to smaller groups. We are opposed to an expansion of this concept because of cost. We believe that removal of this section will not impair the bill since it is really a repeat of Section 2 of the bill. This same comment applies to Section 4 and Section 5.

Section 6. This section in effect mandates maternity benefits for medical service corporations, of which there are two now in the State. The first is Delta Dental Plans which is a dental medical service corporation and the second is Fairbanks Physicians which is currently inoperative. Blue Cross is a hospital service corporation and would appear to be unaffected by this section due to repeated references to AS 21.87.120.

Section 7. This section is not objectionable but does not really affect anyone presently except for the Delta Dental Plan. AS 21.87.330(9) which defines "physician" as distinguished from "participating physicians" should be modified to include nurse midwife.

Section 8. This section is not objectionable.

Finally, the Commerce Committee of the House is presently considering House 882 which permits the Director of Insurance to minimum standards on various lines of insurance which can potentially resolve the problems that this bill appears to address. If all expense incurred policies had to include nurse midwives as physicians or participating physician then I think this bill would become a moot issue.

To summarize, we believe that a number of amendments should be made to this bill to make it a bill that can be supported by the Administration. These references are:

Page 1, line 14, remove the words "REQUIRED PROVISION FOR" and change the word "OF" between "COVERAGE" and "COST" to read "FOR."

Page 1, lines 22 through 29. Eliminate.

Page 2. Eliminate entire page.

Page 3, lines 1 through 3. Eliminate.

March 4, 1980

Page 3 between lines 3 and 4. Establish new section to read:

AS 21.84.590(6) is amended to read. (6) AS 21.42.290 and AS 21.42.347.

Page 3, line 4. Renumber the section as appropriate and retain the wording that appears on lines 5 through line 8.

Page 3 between lines 8 and 9. Add a new section to read:

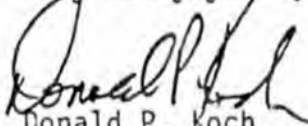
AS 21.87.330(9) is amended to read. (9) "physician" [includes also] means a doctor, dentist, osteopath, optometrist, chiropractor, nurse midwife, surgeon, or other licensed health care practitioner.

Page 3, line 14. Add a new section to read:

AS 21.87340(15) is amended to read: (15) 21.42.345 and AS 21.42.347.

The above amendments would result in a bill acceptable to the Division of Insurance. If you have any additional questions, we would be happy to assist in answering them for you.

Very truly yours,



Donald P. Koch  
Chief of Market Surveillance

DPK/kkk2/1



# ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET  
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

March 5, 1980

Theima Bucholdt  
Chairman - Health and Social  
Services Committee  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Re: H.B. 802  
"An act relating to  
nurse midwives"

Dear Representative Bucholdt:

The Alaska State Hospital Association representing seventeen institutional members who provide obstetrical care is extremely concerned over H.B. 802. While the intent, I am sure, was to make available to patients an alternative which would provide greater access to O.B. services at a possibly reduced cost, a number of considerations should be evaluated before proceeding with this proposal.

1. Sec. 18.20.055 Nurse Midwife Staff Privileges:

Criteria for the licensure of hospitals which is acceptable under present state and federal regulations does not require that para-professionals be accorded staff privileges in order to retain state licensure. To legislate such a requirement would be legally contestable, as it is contrary to accepted standards of safeguards provided under present licensing and hospital by-laws related to the admission of patients to hospitals. Such legislation would open the door to numerous medical paraprofessionals to mandate similar consideration.

Such action would circumvent the protection that all patients presently may expect from a licensed hospital, i.e. that a board (trustees), medical staff organization and a competent administration are responsible for assuring that minimal standards of training and licensing have been met by practicing staff. A nurse practitioner does not meet the level of training required for physicians, nor do they meet by-law standards for staff privileges.

2. The continued availability and/or additional cost of hospital mal-practice should such legislation be enacted leads one to question the prudence of such a proposal. One of the protections that patients and hospitals presently have is recourse for a financial settlement for adjudicated damages. The removal of that protection by a withdrawal of insurance coverage, or a significant increase in the cost of such coverage, due to the inclusion of paraprofessionals as attending staff is a serious concern for our members.

March 5, 1980

3. Limited investigation due to the shortness of notification of this proposal has identified that third party carriers are not presently able to assure any reduction in premium costs due to O.B. services provided by paraprofessionals. Lack of experience with this concept does not yet provide a historical base upon which to draw conclusions.

Although for the above stated reasons our association cannot support the proposed bill, let me hasten to add that under the appropriate medical direction and approved hospital standards of medical treatment, paraprofessionals can be effectively utilized in the hospital setting to deliver a sophisticated level of health care.

Thank you for this opportunity to express our concerns and recommendations on this proposal.

Sincerely,



Max Kersbergen  
Executive Director

MK/lc

# Fairbanks Memorial Hospital

1650 Cowles St.

FAIRBANKS, ALASKA 99701

OPERATED BY  
LUTHERAN HOSPITALS AND HOMES SOCIETY  
FARGO, NORTH DAKOTA 58102

March 12, 1980

Honorable Thelma Buchholdt  
Pouch V  
Juneau, Alaska 99811

Re: Position Paper - House Bill No. 802  
An Act Relating to Nurse Midwives

Dear Representative Buchholdt:

Fairbanks Memorial Hospital recently submitted preliminary comments on House Bill 802, an act relating to nurse midwives. The Hospital has recently gone back and done more research on this bill and would like to submit the following position on House Bill 802.

Fairbanks Memorial Hospital cannot support House Bill 802 because of the following reasons:

1. The bill as it is currently written would let a nurse midwife work in the hospital without a physician's supervision. To my knowledge all hospitals in the state require nurse midwives, physicians assistants and other para-professionals to be directly supervised by a physician preceptor. If this bill passed, this would prevent nurse midwives from being required to have this physician supervision.
2. The bill as it currently stands grants a nurse midwife hospital privileges. At the current time no para-professional in any Alaska hospital to my knowledge is granted full privileges, but is rather granted an extension of their physician preceptor's privileges. This requires the para-professional to be supervised and to do only those procedures and exams the physician preceptor has privileges to perform.
3. Fairbanks Memorial Hospital does not believe that a hospital's license should be dependent upon any one para-professional group. We believe that if this bill was passed, other para-professionals would request similar status.

Representative Thelma Buchholdt  
March 12, 1980  
Page Two

4. As I am sure you are aware, there is a severe difference between certified nurse practitioner midwives and certified nurse midwives. A certified nurse practitioner midwife attends a specific midwife program only for a few months after she has gained the status of nurse practitioner while a certified nurse midwife has at least several years of training in order to become a certified nurse midwife. This bill directly addresses the least trained of the two categories.
5. Under Section 7.AS2. 87.330 we feel that a nurse midwife should not be included under the definition of a participant physician.
6. As the hospital reads section 21.87.125 of the bill we interpret this to mean that all hospitals in the state and other medical service corporations will be required to hire nurse midwives and to have these services available even though some pre-paid plans might not address maternity care.

In closing, the Hospital cannot support this bill as it currently stands. It should be pointed out that Fairbanks Memorial is not objecting to nurse midwives since the hospital has provisions in our bylaws for nurse midwives, physicians assistants and other para-professionals to work in the hospital under the direct supervision of physicians. We are very much against any bill which indicates that a physician would not be supervising this individual.

Thank you for the opportunity to express our position on this bill.

Sincerely,

  
Tom Mingen  
Administrator

TM/mw

# Ketchikan General Hospital

3100 TONGASS AVE.  
KETCHIKAN, ALASKA 99901  
907 - 225-5171

March 6, 1980

Representative Terry Gardiner  
House of Representatives  
State of Alaska  
Pouch "V"  
Juneau, Alaska 99811

Dear Terry:

The Medical Staff of Ketchikan General Hospital has asked me to write to you in regard to House Bill 802, introduced by McKinnon, nurse-midwives, particularly in relation to provision of coverage of cost of services provided by nurse-midwives by state licensed insurance companies.

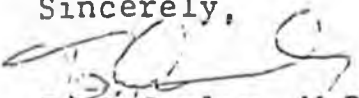
In general, we are in support of the bill and feel it effectively recognizes the role of nurse-midwives in the provision of medical care in the State of Alaska. We have only one problem with the bill and that is Section 18.20.005 which states that a hospital may not be issued a license unless the hospital permits nurse-practitioners to practice in the hospital.

Our objection is essentially a disinterested one as we have a nurse-midwife on the staff at Ketchikan General Hospital who will be accorded full privileges as soon as her certification comes through which we expect within the next two months. We previously had a certified nurse-midwife on the staff and she had full privileges. We are fully in support of the concept of such practitioners functioning in the Ketchikan area. Nonetheless, to restrict a hospital's license simply because it does not choose to employ nurse-midwives seems to be an unnecessary interference in the provision of medical care and an unwarranted intrusion of government regulations into what is essentially a private contractual matter. The intrusion might be warranted if it could be demonstrated that failure to provide nurse-midwifery services would reduce the quality of medical care and jeopardize patients, but I can think of no way of proving such a contention.

It is our feeling that nurse-midwifery is very much a coming thing and it will gradually be accepted throughout the country. We see no need to force the matter and indeed to force the matter only raises resentment.

With alteration of this provision we feel we could support the measure. Thank you for your interest in this matter.

Sincerely,

  
T.L. Conley, M.D.  
Chief of Medical Staff

KCH

March 14, 1980

Representative Thelma Buchholdt  
House Hess Committee  
Pouch V  
Juneau, Alaska 99811

To Legislator:

I would like to lend my support to House Bill 802. As a professional in women's health care, I support the concept of midwifery. Present medicine has evolved to treating pregnancy as an illness rather than as a natural process. A common characteristic of Alaskans is the desire to have control over all aspects of their lives. A Nurse Midwife can provide a cost-effective, personal, scientific, and safe birthing service. Nurses attending modern nurse midwife programs receive much more training in normal pregnancy and delivery than family practice physicians.

This bill can provide the needed impetus for using the nursing talent already residing in this state to a fuller extent.

Thank you for your time,  
Kay Kindt R.N., N.P.  
Susan Emory, r.n.

KK/mts

cc: Ramona Barnes  
Mike Beirne  
C.V. Chatterton  
Vernon Helburt  
Bill Miles  
Joyce Munson, Vice Chair

Fairbanks Health Center  
800 Airport Way  
Fairbanks, Alaska  
99701

March 11, 1980

Holly Debenham  
SR 20114A  
Fairbanks, AK 99701

Dear Sir:

I am writing this letter in support of H. B. 802. I believe that our community could definitely benefit from having nurse practitioners at Fairbanks Memorial Hospital. The doctors would have more of their time to spend with other in needful patients if nurse practitioners were allowed to practice (work) in the hospital.

Also the insurance coverage seems to be very important as most doctors, physicians etc have ample insurance coverage, also nurse midwives should be able to get this type of insurance.

I am very happy to see a bill of <sup>this</sup> sort finally coming through the legislature. It has all of my support.

Holly Debenham

RICHARD J. BABCOCK, M.D.

OBSTETRICS AND GYNECOLOGY

P. O. BOX 513

KETCHIKAN, ALASKA 99901

February 25, 1980

Dear Representative Gardiner:

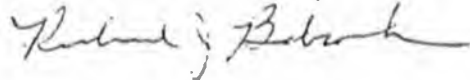
We would like to add our strong support to House Bill #82, "An Act Relating to Nurse Midwives." The practice of insurance companies in limiting payment arbitrarily to certain health providers while excluding others is grossly unfair to their patrons.

The Nurse Midwife is a well trained, highly skilled practitioner whose services deserve compensation the same as any other recognized member of the healing arts.

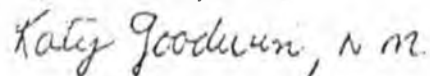
Your support of this measure is strongly urged.

Thank you.

Richard J. Babcock, M.D.



Kat Goodwin, N.M.



cc: Representatives: McKinnon  
Rogers  
Philips

*pink*

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TO: HOUSE HESS COMMITTEE AND SHANNON GARRETT A.A.

FM: GLENDA STRAUBE, P. O. BOX 31958, FBX AK 99708 PHONE - 479-7692

RE: HB 802

I STRONGLY SUPPORT HB 802, AN ACT RE TO NURSE MIDWIVES. I BELIEVE IT IS A GOOD STEP IN THE RIGHT DIRECTION. NURSE MIDWIFERY SHOULD BE RECOGNIZED AND COVERED BY HEALTH INSURANCE POLICIES AND SHOULD ALSO BE AFFORDED THE SAME INDEMNITY AFFORDED TO DOCTORS. THOUGH I DO SUPPORT THE BILL, I DO NOT FEEL THAT IT GOES FAR ENOUGH IN RECOGNIZING THAT BIRTHING IS A NATURAL EXPERIENCE AND NOT AN ILLNESS. I FEEL NURSE MIDWIVES SHOULD BE PERMITTED TO PRACTICED OUTSIDE THE HOSPITALS AND I DO NOT MEAN IN THE PARKING LOTS!

CAN BE CONTACTED DAYS.

FBX LJO/LJ

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HB

TO: HOUSE H.E.S.S. COMMITTEE

FROM: ENID GEIST (CERTIFIED CHILD BIRTH EDUCATOR)  
ER BOX 40022, FAIRBANKS, 99701 PH. 452-8740

RE: HB 802

I SUPPORT THIS BILL, I DO NOT THINK THAT IT GOES FAR ENOUGH  
THAT HOME BIRTH SHOULD BE INCLUDED WITH MEDICAL BACK-UP.

FBX/LIO/MW

SC10433  
Fairbanks Alaska 99701  
March 13, 1980

Thelma Buckholzt, Chairman  
House HESS Committee  
Pouch V - State Capital  
Seward, Alaska 99811

Dear Mrs Buckholzt,  
As chairman of the Council of Nursing I have been  
asked to respond to HB 802 on behalf of the Board.  
Since our mission is to protect the public, I do not  
think it appropriate that the Board take a position  
on a matter of self-interest to the nursing profession.

As an individual, however, I support the bill.  
We currently have no nurse-midwives authorized to  
practice under our regulations. We have one application  
which is still being processed. The bill would provide an  
incentive to attract more of these highly qualified  
individuals to Alaska.

I do think the matter of mandating third party  
payment to reimburse nurse-midwives directly needs to be  
looked at with reference to the availability of medical  
insurance within the state. Would insurance companies  
refuse to comply, and hence no insurance coverage  
would be available to many citizens of our State? I must  
confess I am ignorant in this matter, but assume your  
committee will research it.

Yours truly,  
S. Rex Hoxstano

Name	Address and Phone	Organization/Self	For/Against or Observing
1/ <u>Joe McKenna</u>		<u>Sponsor</u>	
2/ <u>Mrs. Barbara Walker</u>	<u>P.O. Box 282 Auke Bay 789-0977</u>	<u>Alaska Nurses Association</u>	<u>For</u>
3/ <u>DON KOCH</u>	<u>POUCH D JUNEAU 465 2577</u>	<u>DIVISION OF INSURANCE</u>	<u>FOR CONCEPT IF AMENDED</u>
4/			
5/			
6/			
7/			
8/			
9/			
10/			
11/			
12/			
13/			

Name	Address and Phone	Organization/Self	For/Against or Observing
1/ Joe McKinon			
1/ <sup>Beh</sup> June Deblis, introduce			
2/ Vernellia Randall Phillips		} H+SS (Dept H+SS)	
3/ Portia <del>Portia</del> Kaufman		} H+SS ("") Jun.-Health clinic	
4/ Margaret Crawford	(answers questions re: nurse midwife practice)		nurse mid-wife
5/ <del>Don</del> Don Koch		Dis. of Insurance.	
6/ Pam Bradley	7 hrs. 455-6152	herself	
7/ Beth Jensen		herself	
8/			
9/			
10/			
11/			
12/			
13/			

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

ALABAMA

(Professions and Businesses 4.34-19-1-.34-19-10)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		ALABAMA (Professions and Businesses 4.34-19-1-.34-19-10)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Licensed registered nurse; certificate from school for nurse-midwives.
	Limitations on Practice	Cases of normal childbirth; physician's supervision necessary.
	Special Statutory Provisions	All deliveries must be planned to take place in hospital.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	Lay midwives holding health department permits may continue to practice until permits are revoked by Board of Health.
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CALIFORNIA

(Business and Professional Codes 2.5.2746 - 2.5.2746.8; 12.5.2350-12.5.2359)

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Practice supervised by physician or surgeon (physician's presence not required); case of normal childbirth. Authorized to provide family-planning care. Shall not use instruments, or artificial, forcible, or mechanical means to assist childbirth, nor perform version; shall refer complicated cases to physician. Shall not perform abortion.

Special Statutory Provisions

Requirements for censure are left up to appropriate boards and committees. In general California's statutes establish the confines of the practice.

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Limitations on Practice

Special Statutory Provisions

LAY MIDWIFE

Requirements

Definition:

An individual who practices as a midwife but has not received formal professional training.

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CONNECTICUT

(377.20-75)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		CONNECTICUT (377.20-75)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	Graduate of school of midwifery.
	Limitations on Practice	Cases of normal labor (uncomplicated vertex or head presentation). Shall not use drug instruments, nor perform version or attempt to remove adherent placenta. Shall not attend a woman in labor until after seventh month of gestation.
	Special Statutory Provisions	Examination required for licensing.
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

FLORIDA

(30.485.011 - 30.485.091)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Limitations on Practice	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from school for midwives; sponsorship by two practicing physicians; ability to read manual intelligently and write legibly (this may be waived).
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Limitations on Practice	Cases of normal labor; shall not use drugs, instruments, nor assist labor in any artificial, forcible, or mechanical manner, nor attempt to remove adherent placenta. Shall not use poisonous drug or herb medicine, nor attempt treatment of disease when attendance of physician cannot be secured.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	Attendance, under the supervision of a physician, at not less than fifteen cases of labor and the care of fifteen or more mothers and newborns for periods of at least ten days; sponsorship by two physicians; ability to read manual intelligently and write legibly (this may be waived).
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Limitations on Practice	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	<p>Diploma from school of midwifery which has proper equipment to teach anatomy, physiology, hygiene, anticepsis, neurology, toxicology, and the proper management of labor; high school education; ability to read and write the English language*</p> <p>*There are few schools in this country which train midwives who are not nurses. Since many professional midwives were educated at foreign institutions, some states feel it necessary to require proficiency in English.</p>
	Limitations on Practice	
	Special Statutory Provisions	<p>(Statutes pertaining to midwifery in Indiana date to the late 1800's. Midwifery in the state is presently controlled by administrative code. Both the statutes and codes have been included.)</p> <p>Examination required for licensing. Gratuitous services in an emergency not prohibited by act, nor does it restrict licensed physicians.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MARYLAND

(Art. 43.82-94)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Certified by American College of Nurse-Midwives as a nurse-midwife.</p>
	<p>Limitations on Practice</p>	<p>Normal cases of pregnancy; cannot practice medicine or prescribe drugs. Shall not induce labor or produce abortion.</p>
	<p>Special Statutory Provisions</p>	<p>Person who is not licensed midwife may practice under the personal and direct supervision of a physician. Subtitle does not restrict physician or person volunteering service in an emergency.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	<p>Maryland midwifery laws updated 1970. Previous laws licensed midwives determined qualified by two practicing physicians. (These statutes have been included).</p>

MINNESOTA

(148.30 - 148.32)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	<p>Diploma from a school of midwifery.</p>
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	<p>Consent of seven members of the State Board of Medical Examiners given after examination of candidate.</p>
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MONTANA  
(66-1246)

Certificate in nurse-midwifery from the American College of Nurse-Midwives.

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Special Statutory Provisions

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Limitations on Practice

Special Statutory Provisions

LAY MIDWIFE

Requirements

Definition:

Individual who practices as a midwife but has not received formal professional training.

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

NEW JERSEY

(45:10)

NURSE-MIDWIFE

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Requirements

Limitations on Practice

Special Statutory Provisions

PROFESSIONAL MIDWIFE

Definition:

An individual who has received formal professional training as a midwife.

Requirements

Certificate from school of midwifery, or maternity hospital granted after 1800 hours instruction in not less than nine months.  
Certificate from foreign school of midwifery of equal requirements.  
Endorsement by physician.

Limitations on Practice

Shall not perform criminal abortion. Normal labor cases. only.

Special Statutory Provisions

Examination required. Topics covered by examination specifically laid out by statute  
Chapter does not restrict physician nor gratuitous service in an emergency.  
New Jersey midwifery laws similar to Washington's.

LAY MIDWIFE

Definition:

An individual who practices as a midwife but has not received formal professional training.

Requirements

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

OHIO  
(4731.30-4731.34)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Diploma from college for nurse-midwives</p>
	<p>Limitations on Practice</p>	<p>Practice under direction and supervision of physician. Shall not perform version, treat breech or face presentation, use instruments or treat abnormal condition, except in emergencies.</p>
	<p>Special Statutory Provisions</p>	<p>Examination may be required.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

UTAH

(58-44-1 - 58-44-11)

NURSE-MIDWIFE

Requirements

Completed approved certified nurse-midwifery education program.

Limitations on Practice

Under this act, may also provide normal gynecological services.

Special Statutory Provisions

Establishes committee to supervise practice of nurse-midwifery. Examination required by Act does not affect rights of parents to deliver their baby, where, when, how and with whom they choose regardless of certification.

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

PROFESSIONAL MIDWIFE

Requirements

Limitations on Practice

Special Statutory Provisions

Definition:

An individual who has received formal professional training as a midwife.

LAY MIDWIFE

Requirements

Limitations on Practice

Special Statutory Provisions

Definition:

An individual who practices as a midwife but has not received formal professional training.

WASHINGTON

(18.50.090 - 18.50.110)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		WASHINGTON (18.50.090 - 18.50.110)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from legally incorporated school on midwifery in good standing, granted after least 2 courses of instruction of at least seven months each in different calendar years. Diploma from foreign institution on midwifery of equal requirements.
	Limitations on Practice	Shall not prescribe any drugs or medicine except some household remedy.
	Special Statutory Provisions	Examination required. Topics covered by examination specifically laid out by statute. Gratuitous service not prohibited by chapter. Washington's midwifery laws similar to New Jersey's.
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		(30-15-1 -30-15-8)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Graduate of school of midwifery; certified by American College of Nurse-Midwives.
	Limitations on Practice	Practice under the supervision of or in association with physician engaged in family practice or specialized field of gynecology or obstetrics.
	Special Statutory Provisions	Persons holding licenses issued before current laws enacted may continue to practice until expiration of licenses without privilege of renewal.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

ALABAMA

(Professions and Businesses 4.34-19-1-.34-19-10)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Licensed registered nurse; certificate from school for nurse-midwives.
	Limitations on Practice	Cases of normal childbirth; physician's supervision necessary.
	Special Statutory Provisions	All deliveries must be planned to take place in hospital.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	Lay midwives holding health department permits may continue to practice until permits are revoked by Board of Health.
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CALIFORNIA

(Business and Professional Codes 2.5.2746 - 2.5.2746.8; 12.5.2350-12.5.2359)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	<p>Practice supervised by physician or surgeon (physician's presence not required); cases of normal childbirth. Authorized to provide family-planning care. Shall not use instruments, or artificial, forcible, or mechanical means to assist childbirth, nor perform version; shall refer complicated cases to physician. Shall not perform abortions.</p>
	<p>Special Statutory Provisions</p>	<p>Requirements for censure are left up to appropriate boards and committees. In general, California's statutes establish the confines of the practice.</p>
	<p>Requirements</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CONNECTICUT

(377.20-75)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>		
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>		
	<p>Special Statutory Provisions</p>		
	<p>Requirements</p>	<p>Graduate of school of midwifery.</p>	
	<p>Limitations on Practice</p>	<p>Cases of normal labor (uncomplicated vertex or head presentation). Shall not use drugs, instruments, nor perform version or attempt to remove adherent placenta. Shall not attend woman in labor until after seventh month of gestation.</p>	
	<p>Special Statutory Provisions</p>	<p>Examination required for licensing.</p>	
	<p>Requirements</p>		
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>		<p>Limitations on Practice</p>	
		<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

FLORIDA

(30.485.011 - 30.485.091)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Diploma from school for midwives; sponsorship by two practicing physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	<p>Cases of normal labor; shall not use drugs, instruments, nor assist labor in any artificial, forcible, or mechanical manner, nor attempt to remove adherent placenta. Shall not use poisonous drug or herb medicine, nor attempt treatment of disease when attendance of physician cannot be secured.</p>
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Attendance, under the supervision of a physician, at not less than fifteen cases of labor and the care of fifteen or more mothers and newborns for periods of at least ten days each; sponsorship by two physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

INDIANA

STATUTORY PROVISIONS PER-  
TAINING TO LICENSING  
OF MIDWIVES

(25-22-1-5, 22-22-1-6; Admin. Rules (25-22.5-5-5)-1, (25-22.5-5-5)-2

<p align="center"><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p align="center">Requirements</p>	
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	
<p align="center"><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p align="center">Requirements</p>	<p>Diploma from school of midwifery which has proper equipment to teach anatomy, physiology, hygiene, anticepsis, neurology, toxicology, and the proper management of labor; high school education; ability to read and write the English language*</p> <p>*There are few schools in this country which train midwives who are not nurses. Since <del>many professional midwives were educated at foreign institutions, some states feel is</del> necessary to require proficiency in English.</p>
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	<p>(Statutes pertaining to midwifery in Indiana date to the late 1800's. Midwifery in the state is presently controlled by administrative code. Both the statutes and codes have been included.)</p> <p>Examination required for licensing. Gratuitous services in an emergency not prohibited by act, nor does it restrict licensed physicians.</p>
<p align="center"><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p align="center">Requirements</p>	
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MARYLAND

(Art. 43.82-94)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Certified by American College of Nurse-Midwives as a nurse-midwife.
	Limitations on Practice	Normal cases of pregnancy; cannot practice medicine or prescribe drugs. Shall not induce labor or produce abortion.
	Special Statutory Provisions	Person who is not licensed midwife may practice under the personal and direct supervision of a physician. Subtitle does not restrict physician or person volunteering service in an emergency.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	Maryland midwifery laws updated 1970. Previous laws licensed midwives determined qualified by two practicing physicians. (These statutes have been included).

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MINNESOTA

(148.30 - 148.32)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from a school of midwifery.
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	Consent of seven members of the State Board of Medical Examiners given after examination of candidate.
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MONTANA  
(66-1246)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Certificate in nurse-midwifery from the American College of Nurse-Midwives.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

NEW JERSEY

(45:10)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	<p>Certificate from school of midwifery, or maternity hospital granted after 1800 hours of instruction in not less than nine months.</p> <p>Certificate from foreign school of midwifery of equal requirements.</p> <p>Endorsement by physician.</p>
	Limitations on Practice	<p>Shall not perform criminal abortion. Normal labor cases. only.</p>
	Special Statutory Provisions	<p>Examination required. Topics covered by examination specifically laid out by statute.</p> <p>Chapter does not restrict physician nor gratuitous service in an emergency.</p> <p>New Jersey midwifery laws similar to Washington's.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PER-  
TAINING TO LICENSING  
OF MIDWIVES

OHIO

(4731.30-4731.34)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Diploma from college for nurse-midwives</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	<p>Practice under direction and supervision of physician. Shall not perform version, treat breech or face presentation, use instruments or treat abnormal condition, except in emergencies.</p>
	<p>Special Statutory Provisions</p>	<p>Examination may be required.</p>
	<p>Requirements</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

UTAH

(58-44-1 - 58-44-11)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Completed approved certified nurse-midwifery education program.
	Limitations on Practice	Under this act, may also provide normal gynecological services.
	Special Statutory Provisions	Establishes committee to supervise practice of nurse-midwifery. Examination required. Act does not affect rights of parents to deliver their baby, where, when, how and with who they choose regardless of certification.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

WASHINGTON

(18.50.090 - 18.50.110)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Diploma from legally incorporated school on midwifery in good standing, granted after at least 2 courses of instruction of at least seven months each in different calendar years. Diploma from foreign institution on midwifery of equal requirements.</p>
	<p>Limitations on Practice</p>	<p>Shall not prescribe any drugs or medicine except some household remedy.</p>
	<p>Special Statutory Provisions</p>	<p>Examination required. Topics covered by examination specifically laid out by statute. Gratuitous service not prohibited by chapter. Washington's midwifery laws similar to New Jersey's.</p>
	<p>Requirements</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

WEST VIRGINIA

(30-15-1 -30-15-8)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Graduate of school of midwifery; certified by American College of Nurse-Midwives.
	Limitations on Practice	Practice under the supervision of or in association with physician engaged in family practice or specialized field of gynecology or obstetrics.
	Special Statutory Provisions	Persons holding licenses issued before current laws enacted may continue to practice until expiration of licenses without privilege of renewal.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

Name	Address and Phone	Organization/Self	For/Against or Observing
1/ Joe McKenna		Sponsor	
2/ Mrs. Barbara Walker	P.O. Box 282 Culpe Bay 789-0977	Alaska Nurses Association	For
3/ DON KOCH	POUCH D JUNEAU 465 2577	DIVISION OF INSURANCE	FOR CONCEPT IF AMENDED
4/			
5/			
6/			
7/			
8/			
9/			
10/			
11/			
12/			
13/			

	Name	Address and Phone	Organization/Self	For/Against or Observing
	Joe McKeenan			
1/	Ther Delia <sup>Behr</sup> [unclear]			
2/	Vernellie Randall-Phillips		} H+SS (Dept H+SS)	
3/	Portia <del>Portia</del> Kaufman <del>(unclear)</del>			} H+SS ("") Jun. Health clinic
4/	Margaret Crawford (answer questions re: nurse-midwife practice)			nurse mid-wife
5/	<del>Don</del> Don Koch		Dir. of Insurance	
6/	Pam Bradley	7445. 455-6152	herself	
7/	Beth Larson		herself	
8/				
9/				
10/				
11/				
12/				
13/				

# PROVIDENCE HOSPITAL

3700 PROVIDENCE DRIVE - POUCH 6604  
ANCHORAGE, ALASKA 99502  
PHONE: (907) 276-4511



March 5, 1980

The Honorable Thelma Buchholdt  
Pouch V  
Juneau, Alaska 99811

Position Paper: H.B. 802 - "An Act relating to nurse midwives"

Dear Representative Buchholdt:

Providence Hospital cannot support passage of H.B. 802, "An Act relating to nurse midwives," because of the following reasons:

1. Licensure

To suggest that a hospital's licensure is dependent on permitting para-professionals such as nurse practitioner midwives to practice medicine is irresponsible and probably unconstitutional. The passing of this law would totally disregard the requirements of the medical staff by-laws, the quality assurance and the medical review processes, which are so important in maintaining quality patient care standards.

2. Malpractice Insurance

In the State of Alaska, where malpractice insurance has traditionally been difficult to obtain, requiring them to make available malpractice coverage to nurse practitioners, as primary admitters, would most likely, 1) make malpractice rates skyrocket, and 2) would probably send insurance companies running out of the state.

3. Types of Midwives

It is interesting to note that the bill specifically relates to certified nurse practitioner midwives -- and the traditional, and far more extensively trained certified nurse midwife commonly found in Europe and in a few places in the United States is left out.

The differences in training of these two categories is quite extensive. The nurse practitioner midwife goes to a program of a few months, whereas the Certified Nurse Midwife of the

Representative Thelma Buchholdt  
Page 2  
March 5, 1980

Page 2  
10/2

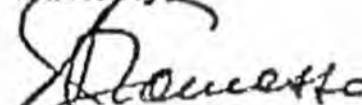
European model sometimes trains for a couple of years. This further demonstrates the special interest involved. They are certainly not the same, and cannot be grouped together in terms of training, abilities and experience.

4. Currently, under our medical by-laws and those of other hospitals, para-professionals are permitted to practice medicine only under the direction of the sponsoring physicians who monitor the privileges granted and quality of care delivered.

We also endorse the hiring of these practitioners (para-professionals), by hospitals, to deliver nursing care.

Thank you for the opportunity of expressing our position on this bill.

Sincerely,



Al M. Gamosso  
Administrator

AMC/mm

cc: Senator Glenn Hackney  
Senator Mike Colletta  
Senator Arliss Sturgulewski  
Max Kersbergen  
William Dann  
Charles Rigden  
Ron Hammett  
Donald Deiders  
Jack Brown  
Alaskan Hospital Administrators  
Advisory Board

**\* TELRCOPY INSTRUCTIONS: For Immediate Delivery to Committee**

Copy to Rep. Buchholdt  
Members House HESS Committee  
Above listed Senators

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

JAY S. HAMMOND, GOVERNOR

POUCH D  
JUNEAU, ALASKA 99811

March 4, 1980

Honorable Thelma Buchholdt  
Chairman  
House Education & Social  
Services Committee  
Alaska House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Ms. Buchholdt:

RE: House Bill 802

You have requested a position paper for House Bill 802. The Division of Insurance has in the past opposed mandated or required coverages for disability insurance policies. We have on two occasions ventured across this line to support mandated coverages. The first was in support of coverage for newly-born children which became law in 1975 (AS 21.42.345). The second was with Senate Bill 227 which would mandate alcoholism benefits. This bill was before your committee last year and is presently in House Rules.

In both cases there was substantial imperative for the types of benefits sought. With newly-born children, the practice of insurers was to provide no coverage until 14 days after birth, which when coupled with the preexisting conditions clause in many policies, gave rise to some substantial financial burdens on new parents with sick, ill or defective newborn children. In the case of a mandated alcoholism benefit, the imperative was, and is, that alcoholism is generally recognized as Alaska's number one health problem. We do not believe that similar imperatives exist to suggest a required maternity or nurse midwife coverage.

We have prepared a section-by-section analysis or commentary which may help in our view of this legislation.

Section 1. This section would most appropriately be commented on by the Department of Health and Social Services. The section is not crucial to the insurance aspects of the bill, which represents the remaining portion of the proposed legislation.

Section 2. Under this section coverages provided on an expense incurred basis shall provide that the health insurance benefits applicable to maternity coverage consider benefits provided by nurse midwife. This language is not objectionable. The title of the section, however, is somewhat misleading and might better be called "COVERAGE FOR COST OF SERVICES PROVIDED BY NURSE MIDWIVES."

Section 3. The language suggests that maternity benefits are required to be provided under an expense incurred policy. Presently, federal law requires maternity benefits on group coverages where the group has more than 15 persons. This proposal would extend to individual policies and to smaller groups. We are opposed to an expansion of this concept because of cost. We believe that removal of this section will not impair the bill since it is really a repeat of Section 2 of the bill. This same comment applies to Section 4 and Section 5.

Section 6. This section in effect mandates maternity benefits for medical service corporations, of which there are two now in the State. The first is Delta Dental Plans which is a dental medical service corporation and the second is Fairbanks Physicians which is currently inoperative. Blue Cross is a hospital service corporation and would appear to be unaffected by this section due to repeated references to AS 21.87.120.

Section 7. This section is not objectionable but does not really affect anyone presently except for the Delta Dental Plan. AS 21.87.330(9) which defines "physician" as distinguished from "participant physicians" should be modified to include nurse midwife.

Section 8. This section is not objectionable.

Finally, the Commerce Committee of the House is presently considering House 882 which permits the Director of Insurance to minimum standards on various lines of insurance which can potentially resolve the problems that this bill appears to address. If all expense incurred policies had to include nurse midwives as physicians or participating physician then I think this bill would become a moot issue.

To summarize, we believe that a number of amendments should be made to this bill to make it a bill that can be supported by the Administration. These references are:

Page 1, line 14, remove the words "REQUIRED PROVISION FOR" and change the word "OF" between "COVERAGE" and "COST" to read "FOR."

Page 1, lines 22 through 29. Eliminate.

Page 2. Eliminate entire page.

Page 3, lines 1 through 3. Eliminate.

March 4, 1980

Page 3 between lines 3 and 4. Establish new section to read:

AS 21.84.590(6) is amended to read. (6) AS 21.42.290 and AS 21.42.347.

Page 3, line 4. Renumber the section as appropriate and retain the wording that appears on lines 5 through line 8.

Page 3 between lines 8 and 9. Add a new section to read:

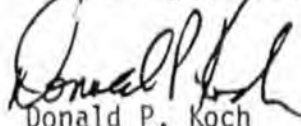
AS 21.87.330(9) is amended to read. (9) "physician" [includes also] means a doctor, dentist, osteopath, optometrist, chiropractor, nurse midwife, surgeon, or other licensed health care practitioner.

Page 3, line 14. Add a new section to read:

AS 21.87340(15) is amended to read: (15) 21.42.345 and AS 21.42.347.

The above amendments would result in a bill acceptable to the Division of Insurance. If you have any additional questions, we would be happy to assist in answering them for you.

Very truly yours,



Donald P. Koch  
Chief of Market Surveillance

DPK/kkk2/1

# Ketchikan General Hospital

3100 TONGASS AVE.

KETCHIKAN, ALASKA 99901

907 - 225-5171

March 6, 1980

Representative Terry Gardiner  
House of Representatives  
State of Alaska  
Pouch "V"  
Juneau, Alaska 99811

Dear Terry:

The Medical Staff of Ketchikan General Hospital has asked me to write to you in regard to House Bill 802, introduced by McKinnon, nurse-midwives, particularly in relation to provision of coverage of cost of services provided by nurse-midwives by state licensed insurance companies.

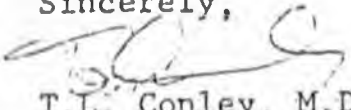
In general, we are in support of the bill and feel it effectively recognizes the role of nurse-midwives in the provision of medical care in the State of Alaska. We have only one problem with the bill and that is Section 18.20.005 which states that a hospital may not be issued a license unless the hospital permits nurse-practitioners to practice in the hospital.

Our objection is essentially a disinterested one as we have a nurse-midwife on the staff at Ketchikan General Hospital who will be accorded full privileges as soon as her certification comes through which we expect within the next two months. We previously had a certified nurse-midwife on the staff and she had full privileges. We are fully in support of the concept of such practitioners functioning in the Ketchikan area. Nonetheless, to restrict a hospital's license simply because it does not choose to employ nurse-midwives seems to be an unnecessary interference in the provision of medical care and an unwarranted intrusion of government regulations into what is essentially a private contractual matter. The intrusion might be warranted if it could be demonstrated that failure to provide nurse-midwifery services would reduce the quality of medical care and jeopardize patients, but I can think of no way of proving such a contention.

It is our feeling that nurse-midwifery is very much a coming thing and it will gradually be accepted throughout the country. We see no need to force the matter and indeed to force the matter only raises resentment.

With alteration of this provision we feel we could support the measure. Thank you for your interest in this matter.

Sincerely,

  
T.L. Conley, M.D.  
Chief of Medical Staff

KGH

March 14, 1980

Representative Thelma Buchholdt  
House Hess Committee  
Pouch V  
Juneau, Alaska 99811

To Legislator:

I would like to lend my support to House Bill 802. As a professional in women's health care, I support the concept of midwifery. Present medicine has evolved to treating pregnancy as an illness rather than as a natural process. A common characteristic of Alaskans is the desire to have control over all aspects of their lives. A Nurse Midwife can provide a cost-effective, personal, scientific, and safe birthing service. Nurses attending modern nurse midwife programs receive much more training in normal pregnancy and delivery than family practice physicians.

This bill can provide the needed impetus for using the nursing talent already residing in this state to a full extent.

Thank you for your time,  
Kay Kindt R.N., N.P.  
Susan Emory, r.n.

KK/mts

cc: Rainona Barnes  
Mike Beirne  
C.V. Chatterton  
Vernon Helburt  
Bill Miles  
Joyce Munson, Vice Chair

Fairbanks Health Center  
800 Airport Way  
Fairbanks, Alaska  
99701

March 11, 1980

Holly Debenham  
SR 20114A  
Fairbanks, AK 99701

Dear Sir:

I am writing this letter in support of H.B. 802. I believe that our community could definitely benefit from having nurse practitioners at Fairbanks Memorial Hospital. The doctors would have more of their time to spend with other in needful patients if nurse practitioners were allowed to practice (work) in the hospital.

Also the insurance coverage seems to be very important as most doctors, physicians etc. have ample insurance coverage, also nurse midwives should be able to get this type of insurance.

I am very happy to see a bill of <sup>this</sup> sort finally coming through the legislature. It has all of my support.

Holly Debenham

HB 802

RICHARD J. BABCOCK, M.D.

OBSTETRICS AND GYNECOLOGY

P. O. BOX 513

KETCHIKAN, ALASKA 99901

February 25, 1980

Dear Representative Gardiner:

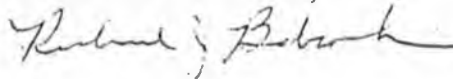
We would like to add our strong support to House Bill #82, "An Act Relating to Nurse Midwives." The practice of insurance companies in limiting payment arbitrarily to certain health providers while excluding others is grossly unfair to their patrons.

The Nurse Midwife is a well trained, highly skilled practitioner whose services deserve compensation the same as any other recognized member of the healing arts.

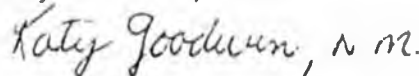
Your support of this measure is strongly urged.

Thank you.

Richard J. Babcock, M.D.



Katy Goodwin, N.M.



cc: Representatives: McKinnon  
Rogers  
Philips

*pink*

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##

TO: HOUSE NURS COMMITTEE AND SHANNON GARRETT A.A.

FM: GLENDA STRAUDE, P. O. BOX 8150, FBX AK 99708 PHONE - 479-7692

RE: HB 802

I STRONGLY SUPPORT HB 802, AN ACT RE TO NURSE MIDWIVES. I BELIEVE IT IS A GOOD STEP IN THE RIGHT DIRECTION. NURSE MIDWIFERY SHOULD BE RECOGNIZED AND COVERED BY HEALTH INSURANCE POLICIES AND SHOULD ALSO BE AFFORDED THE SAME INDEMNITY AFFORDED TO DOCTORS. THOUGH I DO SUPPORT THE BILL, I DO NOT FEEL THAT IT GOES FAR ENOUGH IN RECOGNIZING THAT BIRTHING IS A NATURAL EXPERIENCE AND NOT AN ILLNESS. I FEEL NURSE MIDWIVES SHOULD BE PERMITTED TO PRACTICE OUTSIDE THE HOSPITALS AND I DO NOT MEAN IN THE PARKING LOTS!

CAN BE CONTACTED DAYS.

FBX LJO/LJ

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##



# ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET  
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

March 5, 1980

Thelma Bucholdt  
Chairman - Health and Social  
Services Committee  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Re: H.B. 802  
"An act relating to  
nurse midwives"

Dear Representative Bucholdt:

The Alaska State Hospital Association representing seventeen institutional members who provide obstetrical care is extremely concerned over H.B. 802. While the intent, I am sure, was to make available to patients an alternative which would provide greater access to O.B. services at a possibly reduced cost, a number of considerations should be evaluated before proceeding with this proposal.

1. Sec. 18.20.055 Nurse Midwife Staff Privileges:

Criteria for the licensure of hospitals which is acceptable under present state and federal regulations does not require that para-professionals be accorded staff privileges in order to retain state licensure. To legislate such requirement would be legally contestable, as it is contrary to accepted standards of safeguards provided under present licensing and hospital by-laws related to the admission of patients to hospitals. Such legislation would open the door to numerous medical paraprofessionals to mandate similar consideration.

Such action would circumvent the protection that all patients presently may expect from a licensed hospital, i.e. that a board (trustee), medical staff organization and a competent administration are responsible for assuring that minimal standards of training and licensing have been met by practicing staff. A nurse practitioner does not meet the level or training required for physicians, nor do they meet by-law standards for staff privileges.

2. The continued availability and/or additional cost of hospital mal-practice should such legislation be enacted leads one to question the prudence of such a proposal. One of the protections that patients and hospitals presently have is recourse for a financial settlement for adjudicated damages. The removal of that protection by a withdrawal of insurance coverage, or a significant increase in the cost of such coverage, due to the inclusion of paraprofessionals as attending staff is a serious concern for our members.

March 5, 1980

3. Limited investigation due to the shortness of notification of this proposal has identified that third party carriers are not presently able to assure any reduction in premium costs due to O.B. services provided by paraprofessionals. Lack of experience with this concept does not yet provide a historical base upon which to draw conclusions.

Although for the above stated reasons our association cannot support the proposed bill, let me hasten to add that under the appropriate medical direction and approved hospital standards of medical treatment, paraprofessionals can be effectively utilized in the hospital setting to deliver a sophisticated level of health care.

Thank you for this opportunity to express our concerns and recommendations on this proposal.

Sincerely,



Max Kersbergen  
Executive Director

MK/lc

# Fairbanks Memorial Hospital

1650 Cowles St.

FAIRBANKS, ALASKA 99701

OPERATED BY  
LUTHERAN HOSPITALS AND HOMES SOCIETY  
FARGO, NORTH DAKOTA 58102

March 12, 1980

Honorable Thelma Buchholdt  
Pouch V  
Juneau, Alaska 99811

Re: Position Paper - House Bill No. 802  
An Act Relating to Nurse Midwives

Dear Representative Buchholdt:

Fairbanks Memorial Hospital recently submitted preliminary comments on House Bill 802, an act relating to nurse midwives. The Hospital has recently gone back and done more research on this bill and would like to submit the following position on House Bill 802.

Fairbanks Memorial Hospital cannot support House Bill 802 because of the following reasons:

1. The bill as it is currently written would let a nurse midwife work in the hospital without a physician's supervision. To my knowledge all hospitals in the state require nurse midwives, physicians assistants and other para-professionals to be directly supervised by a physician preceptor. If this bill passed, this would prevent nurse midwives from being required to have this physician supervision.
2. The bill as it currently stands grants a nurse midwife hospital privileges. At the current time no para-professional in any Alaska hospital to my knowledge is granted full privileges, but is rather granted an extension of their physician preceptor's privileges. This requires the para-professional to be supervised and to do only those procedures and exams the physician preceptor has privileges to perform.
3. Fairbanks Memorial Hospital does not believe that a hospital's license should be dependent upon any one para-professional group. We believe that if this bill was passed, other para-professionals would request similar status.

Representative Thelma Buchholdt

March 12, 1980

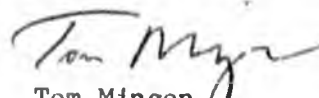
Page Two

4. As I am sure you are aware, there is a severe difference between certified nurse practitioner midwives and certified nurse midwives. A certified nurse practitioner midwife attends a specific midwife program only for a few months after she has gained the status of nurse practitioner while a certified nurse midwife has at least several years of training in order to become a certified nurse midwife. This bill directly addresses the least trained of the two categories.
5. Under Section 7.AS21.87.330 we feel that a nurse midwife should not be included under the definition of a participant physician.
6. As the hospital reads section 21.87.125 of the bill we interpret this to mean that all hospitals in the state and other medical service corporations will be required to hire nurse midwives and to have these services available even though some pre-paid plans might not address maternity care.

In closing, the Hospital cannot support this bill as it currently stands. It should be pointed out that Fairbanks Memorial is not objecting to nurse midwives since the hospital has provisions in our bylaws for nurse midwives, physicians assistants and other para-professionals to work in the hospital under the direct supervision of physicians. We are very much against any bill which indicates that a physician would not be supervising this individual.

Thank you for the opportunity to express our position on this bill.

Sincerely,



Tom Mingen  
Administrator

TM/mw

POSITION PAPER

HOUSE BILL NO. 802

"An Act relating to nurse midwives."

HB. No. 802 requires that hospitals extend staff privileges to nurse midwives as a condition of licensure. The Bill also defines the coverage of nurse midwives' practice under health and disability insurance policies by requiring coverage by those policies that pay for maternity care. The Bill also requires a medical service corporation, hospital service corporation, and combined medical and hospital service corporation cover nurse midwife services under certain conditions. The Bill also amends the definition of "participant physician" to include a nurse midwife, and adds a new definition defining "nurse midwife" to the Alaska Statutes.

The Department of Health and Social Services will limit its comments to the areas of the practice of the nurse midwife and the requirements of hospitals to extend staff privileges to the midwife as a condition of State licensure. It is our understanding that the Department of Commerce and Economic Development, Division of Insurance, will be commenting separately on the sections dealing with mandatory insurance coverage.

Practice of Nurse Midwives

Nurse midwives have been a part of the American health care system for over fifty years. The practice of nurse midwifery, including the management of labor and delivery, is recognized in the laws of all states except Kansas, Michigan, and Wisconsin. The typical recent graduate of a nurse midwifery educational program has six years of professional nursing experience and a bachelor's degree in addition to nine months to two years of midwifery training. Upon successful completion of the course and a national certification examination, the nurse midwife is prepared to care for women's health needs, including normal childbirth and uncomplicated gynecological and family planning services.

The nurse midwife, according to Alaska law, collaborates with a physician. Nationally, nurse midwives are employed by hospitals, public health agencies, private physicians, the military, prepaid health plans, and birthing centers. Their practice, typically, extends beyond pregnancy and birth to include the post-partum care of the well woman and neonatal care of the infant. Health education is a vital component of the role of the nurse midwife.

The use of nurse midwives can offer greater availability of quality prenatal care, delivery, and post-natal care in medically underserved

areas. As a member of the health care team, the nurse midwife can provide professional care to the normal obstetrical or postpartum patient, thus freeing her collaborating physician to concentrate on patients with problems requiring his or her medical expertise. An expanded use of nurse midwives also can offer an alternative style of care to families at a special time in their lives. The desire of certain families for such an alternative may partially account for the apparent increase in home deliveries, a practice which involves a greater risk.

#### Requirement of Extension of Staff Privileges to Nurse Midwives as a Condition of Hospital Licensure

The purpose of licensure, rules, regulations, and standards for hospitals is "...promoting safe and adequate treatment of individuals in the interest of public health, safety and welfare..." (AS 18.20.060).

Historically, the State's responsibility began as licensure and inspection of public facilities to look for fire, environmental health, and other standards for the condition of buildings. It then was extended into the area of professional standards requiring certain levels of competence and experience to have been reached by the staff providing care in the hospital. The strictest requirement for hospitals comes as a result of the need to be certified in order for the hospital to be eligible for Federal Medicare and Medicaid reimbursement. Nowhere in State Statute or regulation are hospitals required, as a condition of licensure, to extend staff privileges to professional groups (such as dentists) or paraprofessional groups (such as therapists). HB 802 would break with past precedence by requiring such an extension as a condition of hospital licensure to nurse midwives.

#### Department Position

The Department of Health and Social Services recognizes the valuable contribution that nurse midwives can make to the overall physical and emotional health of the family at time of pregnancy and delivery. We would encourage hospitals to provide staff privileges to well-qualified nurse midwives who meet the requirements of the Advanced Nurse Practitioner Guidelines issued by the Alaska Board of Nursing. However, the Department believes that the decision to use the services of nurse midwives or other qualified allied health personnel appropriately should rest with each individual hospital, its governing body and administrative staff, and not with the Department of Health and Social Services licensing authority.

Recommended by: DF Tirador  
Dean F. Tirador, M.D.  
Director, Division  
of Public Health

Date: 3/5/80

Joe Betit  
Joe Betit, Acting Coordinator  
Office of State Health  
Planning & Development

Date: 3/5/80

Approved by: Helen D. Beirne  
Helen D. Beirne  
Commissioner

Date: 3/5/80

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 802  
 Title "An Act relating to nurse midwives."  
 Requested by Commissioner's Office Date 3/5/80

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected Health/Division of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) \_\_\_\_\_

Prepared by: *Margaret Deaver* Date: 3/5/80  
 Division/Office: P.H. Admin. PH: 3090  
 Department of Health & Social Services



Official Business

# Alaska State Legislature

## House of Representatives

Committee on

### Health, Education & Social Services

Pouch V  
State Capitol  
Juneau, Alaska 99811

Dear Interested Persons,

This is to inform you that HB 802, An Act relating to nurse midwives, will be heard in the Health, Education and Social Services Committee at 1:30 p.m. on March 20th. If you care to make any comment on this bill it may be sent to this committee and we will gladly include it in each members file.

Please send any written comments or testimony to the above address.

A handwritten signature in cursive script that reads "Shannon Garrett".

Shannon Garrett  
Administrative Assistant  
House HESS Committee

Name	Address and Phone	Organization/Self	For/Against or Observing
Joe McClain			
1/ ✓ Hue Delia introduce			
2/ ✓ Vernellie Randall-Phillips		} P+SS	
3/ ✓ Portia Kaufman ( <del>with name</del> )		} P+SS in-health clinic	
4/ ✓ Margaret Crawford (answer questions re: nurse-midwifery practice)			
X 5/ ✓ <del>Don</del> Don Koch		Div. of Insurance	
X 6/ ✓ Pam Bradley	7 hrs. 455-6152	✓ herself	
X 7/ ✓ Beth Jensen		herself	
8/			
9/			
10/			
11/			
12/			
13/			

3/11/80 11.54

TO: CHAIRMAN THELMA BUCHHOLDT  
HOUSE H.E.S.S. COMMITTEE

FROM: PAMELA BRADLEY, BOX 10411, FAIRBANKS, 99701 PH. 455-6152

RE: HD 802

I WAS IN JUNEAU AND GAVE ORAL TESTIMONY ON THIS BILL. I'VE VOLUNTEERED TO GATHER WRITTEN TESTIMONY FROM FRIENDS AND SEND IT TO JUNEAU, ALONG WITH MY OWN. I NEED ADVANCE NOTICE OF THE HEARING TO GIVE PEOPLE TIME TO PREPARE AND SEND THEIR TESTIMONY IN. WOULD YOU POSSIBLY CONSIDER TELECONFERENCING THIS?

CONTACT: 452-7585 9 - 5:30PM OR 455-6152 EVENINGS OR WEEK-ENDS

FBX/LIO/MW

Handwritten signature: T. BUCHHOLDT

# Ketchikan Medical Clinic, Inc.

3612 TUNGASS  
KETCHIKAN, ALASKA 99901

H.J. Henricksen, M.D.  
D.E. Johnson, M.D.  
T.L. Conley, M.D.

Phone 225-5144  
Phone 225-5145

March 7, 1980

Honorable Terry Gardiner  
% Legislative Affairs  
State Capital  
Pouch Y  
Juneau, Alaska 99811

Dear Representative Gardiner:

I received a call from Sharon Garrett (whom I presume works in Representative Bucholdt's office) a few days ago with reference to drumming up physician support for House Bill #02. I promised to call her after I obtained the bill and set about my normal Sunday activity of trying to recover from the recent bridge tournament.

Today I was able to obtain the bill and here goes. I have been given the circumstances surrounding this bill's *raison d'etre* and certainly am in sympathy with the thinking behind the bill. However, there are problems.

The bill attempts to make the hospital do that which it is not in a position to do. Hospitals do not grant privileges to practitioners. That responsibility is delegated by the corporate body of the hospital to the attending medical staff. Thus, the bill fails, in this first paragraph, by attempting to legislate a requirement on the hospital that the hospital is not able to undertake.

Secondly, there are already sufficient laws, on the books, to offset the problems enumerated in or underlying this bill. The main legislation that works in this is the restraint of trade federal laws of which you are much more familiar than I. In the medical field, wherein a practitioner has felt unfairly denied access to the hospital to practice his/her trade or art or science, he/she has simply initiated a lawsuit and almost universally won when the condition of the denial of privileges was purely a restraint of trade. There are a fair number of cases on record, particularly in California, providing case law on this point, many of them having to do with family practitioners being denied privileges at certain hospitals governed by, or if you will, staffed by, sub-specialty interests. Thus, another reason for this part of the bill's inappropriateness is the fact that a mechanism for righting this wrong already exists and works well.

To reiterate, the bill attempts to make the hospital do that which it is not capable of doing. That is, assume the responsibility or granting of privileges and there is, not only no need for this but there is and has been a very tested way to right such wrongs as periodically crop up. In the case of the nurse mid-wife, he/she may simply obtain the services of a lawyer and institute a lawsuit on the denial of privileges on the basis of restraint of trade and very likely win the case. More to the point, such action would serve to publically put the medical staff on record in their restraint of trade exercise, which is probably valuable.

Since there are free legal services in this state, such court action is thusly available to all, including the poorest physicians or other practitioners who have unjustly been denied privileges.

For the practice of good medicine, i.e. for patient protection, it is imperative that the medical staff remain in total control of staff privileges (except for court intervention) because this is the entire basis of peer review (peer review is something we have done here for 13 years plus and is now mandated by federal law) which is the only effective handle we have on the practice of medicine at a hospital.

With regard to the rest of the bill I would simply say I strongly agree discrimination by third party people (insurance companies et al) is nonsense. A service should be paid for on the basis of the service performed, not on how (over) qualified the practitioner is who performs it, so long as the practitioner is indeed qualified.

I have reviewed the bill with Dr. Richard Babcock (OB Gyn) who has a nurse-midwife associate, Dr. Tom Conley, Chief of Staff at Ketchikan General Hospital and Dr. David Johnson, President-elect, Alaska Medical Association and all are in agreement with the position I have outlined.

Thank you for your time.

Sincerely,



Hilbert J. Henrickson, M.D.

HJH/bjr

S.C. 10033

Fairbanks Alaska 99701

March 13, 1980

Thelma Buckholz, Chairman  
House HE 55 Committee  
Pavak v. State Capital  
Juneau, Alaska 99811

Dear Mrs. Buckholz,

As chairman of the Board of Nursing I should like  
to ask to respond to HB 803 on behalf of the Board.  
Since our mission is to protect the public I do not  
think it appropriate that the Board take a position  
on a matter of self interest to the nursing profession.

As an individual, however, I support the bill.  
We currently have no nurse-midwives authorized to  
practice under our regulations. We have one application  
which is still being processed. The bill would provide an  
incentive to attract more of these highly qualified  
individuals to Alaska.

I do think the matter of mandating third party  
payment to reimburse nurse-midwives directly needs to be  
looked at with reference to the availability of medical  
insurance within the state. Would insurance companies  
refuse to comply, and hence no insurance coverage  
would be available to many citizens of our State? I must  
confess I am ignorant on this matter, but assume your  
Committee will research it.

Sincerely,  
S. Rex Hoxton

S. Rex Hoxton

TO: HOUSE H.E.S.S. COMMITTEE

FROM: ENID GEIST (CERTIFIED CHILD BIRTH EDUCATOR)  
SR BOX 40022, FAIRBANKS, 99701 PH. 452-8740

RE: HB 802

I SUPPORT THIS BILL, I DO NOT THINK THAT IT GOES FAR ENOUGH  
THAT HOME BIRTH SHOULD BE INCLUDED WITH MEDICAL BACK-UP.

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FBX/LIO/MW \