

A M E N D M E N T

OFFERED IN THE HOUSE:

By: H.E.S.S.

To: _____ HOUSE BILL No. CS 2d SS HB 11 (*Hess*)

SENATE BILL No. _____

PAGE: 8

LINE: 15

new paragraph
Add (4) to Sec. 08.69.150;

"(4) ensure each infant is screened in accordance with AS 18.15.200."

COMMITTEE REPORT

HOUSE

4/2

(5)

FURTHER: FINANCE

3/17/82

Date: 4/1/82

Mr. Speaker:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had 2d SSHB 11

"An Act relating to midwifery."

under consideration and (a-majority-of-the-committee)-(the-committee)----- reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for 2d SSHB 11 (Hers) same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
 with Zero fiscal impact
- For Bill only
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING DO PASS

Terry Montan

John R. ...

MEMBERS HAVING OTHER RECOMMENDATIONS:

J. Malone - Do Pass w/ amendment

Mr. Malone is really "do pass w/ am as the other 2"

E.

John R. ...

CHAIRMAN

Cook

Original sponsors: Rogers and Vaska

Offered: 4/2/82
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR 2d SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to midwifery."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. FINDINGS AND INTENT. The legislature recognizes the unique
9 physical and emotional aspects of childbirth, and the need to protect and
10 enhance the religious, cultural, and individual freedoms in the manner,
11 setting, and cost of childbirth. The legislature finds that the traditional
12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
16 petency levels of their health care providers, and that licensing of midwives
17 does not remove from the parents the responsibility for choosing where, when,
18 how, and with whom to deliver their babies.

19 * Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

20 (24) Board of Midwifery.

21 * Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

22 (21) Board of Midwifery (AS 08.69.030) -- June 30, 1987.

23 * Sec. 4. AS 08 is amended by adding a new chapter to read:

24 CHAPTER 69. MIDWIFERY.

25 Sec. 08.69.010. MIDWIFE PRACTICE. (a) A person who practices as
26 a licensed midwife shall obtain a license as provided in this chapter
27 and shall practice midwifery in accordance with this chapter.

28 (b) Nothing in this section prohibits the practice of midwifery in
29 the state without a license.

Keith J. J. J.
Zero Fiscal Note

1 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
2 person to represent oneself as a licensed midwife or use any designation
3 that implies that the person is licensed or certified by the state to
4 act as a midwife unless the person is currently licensed under this
5 chapter.

6 Sec. 08.69.030. MEMBERSHIP AND TERM OF OFFICE OF THE BOARD OF
7 MIDWIFERY. (a) There is established the Board of Midwifery consisting
8 of five members. One member shall be a physician licensed to practice
9 medicine in the state. Two members shall be licensed under this chapter
10 or eligible to receive licenses under AS 08.69.050(1) - (3). One member
11 shall be a person who has received or paid for the services of a midwife
12 licensed under this chapter or who has received or paid for the services
13 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).
14 One member shall be selected by the governor.

15 (b) Members of the board are appointed by the governor after
16 consideration of recommendations submitted by childbirth consumer educa-
17 tion groups, persons who provide health care, or persons who have re-
18 ceived or paid for the services of a midwife. Each board member serves
19 for a term of five years and until his successor is appointed and quali-
20 fied. An appointment to a vacancy is for the unexpired term.

21 Sec. 08.69.040. DUTIES OF THE BOARD. The Board of Midwifery shall

22 (1) approve the licensure of persons to practice midwifery;
23 (2) prepare and administer a comprehensive examination that
24 tests competence in all aspects of the practice of midwifery.

25 (3) prescribe a biennial license fee for licensed midwives
26 not to exceed \$25;

27 (4) develop a bibliography and guide to the examination
28 administered to applicants and make it available at a reasonable cost;

29 (5) require the compliance of licensed midwives with vital

1 statistic recording requirements;

2 (6) require licensed midwives to maintain statistics relating
3 to births they attend;

4 (7) hold hearings and order disciplinary sanctions under
5 AS 08.69.160;

6 (8) adopt regulations necessary to carry out the purposes of
7 this chapter.

8 Sec. 08.69.050. LICENSURE AS A MIDWIFE. A person is eligible for
9 licensure as a midwife if that person

10 (1) is at least 18 years of age;

11 (2) furnishes proof of having received a high school degree
12 or its equivalent and of having completed two years of nursing training
13 or its equivalent;

14 (3) furnishes proof of having attended at least 20 births as
15 a midwife in the two-year period immediately preceding the date of
16 application or has completed a midwife apprenticeship under AS 08.69.-
17 170; proof is by affidavit of the applicant for births that occurred
18 before January 1, 1982;

19 (4) passes an examination administered by the board that
20 tests competence in midwifery;

21 (5) pays the license fee prescribed in this chapter.

22 Sec. 08.69.060. LICENSURE BY ENDORSEMENT. A person who is li-
23 censed as a midwife by another state or country may be licensed as a
24 midwife in this state without taking an examination if the requirements
25 for that license are essentially the same as the requirements for licen-
26 sure under AS 08.69.050.

27 Sec. 08.69.070. REEXAMINATION. A person who fails an examination
28 offered under AS 08.69.050(4) may take the examination again if

29 (1) the applicant presents proof satisfactory to the board of

1 having served as a midwife for at least 10 births while under the super-
2 vision of a sponsor during the year preceding application; and

3 (2) at least one year has passed following the date the
4 person last failed the examination.

5 Sec. 08.69.080. RENEWAL OF LICENSES. (a) A midwife's license is
6 renewable biennially on June 30. Notice of renewal shall be mailed to
7 every licensed midwife on or before May 1 of each even-numbered year.

8 (b) A license not renewed by June 30 lapses on July 1 unless the
9 licensee is granted inactive status under AS 08.69.090.

10 (c) A lapsed license shall be reinstated if the licensee complies
11 with renewal requirements within 90 days after the license lapses.

12 (d) The board shall establish requirements that must be met before
13 a license may be renewed, including a requirement that an applicant for
14 renewal has attended as sponsor or midwife during 10 births in the
15 previous two years and has completed 20 hours of continuing education.
16 Continuing education may include childbirth-related postsecondary course-
17 work, workshops, practice in association with another midwife, a combi-
18 nation of training and experience, or a combination of experience and
19 continuing education.

20 Sec. 08.69.090. INACTIVE STATUS. A midwife licensed under this
21 chapter may apply to the board for inactive status for a period not to
22 exceed two years. A midwife licensed under this chapter who is granted
23 inactive status is not required to comply with AS 08.69.080 until the
24 inactive status is terminated.

25 Sec. 08.69.100. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF A
26 LICENSE. (a) The board may revoke or suspend the license of a midwife,
27 or the licensee may be reprimanded, censured, or disciplined if the
28 board finds after a hearing that the licensee has

29 (1) obtained or attempted to obtain a license under this

1 chapter by fraud or deceit;

2 (2) wilfully violated a provision of this chapter;

3 (3) engaged in unprofessional conduct; or

4 (4) engaged in intentional or negligent conduct that results
5 in injury to a client or significant risk to the health or safety of a
6 client.

7 (b) The board shall afford a midwife whose license has been denied
8 or revoked the opportunity to have the license reinstated by demonstrat-
9 ing ability to resume the competent practice of midwifery with reasonable
10 skill and safety.

11 Sec. 08.69.110. SCOPE OF PRACTICE. (a) A midwife licensed under
12 this chapter may perform functions within the scope of practice. The
13 scope of practice for licensed midwives includes

14 (1) recognition of pregnancy and management of prenatal care;

15 (2) preparation and management of the delivery site and
16 lying-in area;

17 (3) management of the birth process and delivery of the
18 infant;

19 (4) clamping and severing the umbilical cord;

20 (5) delivery of the placenta, with anti-hemorrhage tech-
21 niques;

22 (6) recognition of an emergency labor or delivery situation
23 involving the mother or infant;

24 (7) emergency procedures for asphyxiation, convulsions,
25 malformation, and infectious diseases of the newborn;

26 (8) administration of preventive prophylaxis for ophthalmia
27 neonatorum;

28 (9) postnatal care of mother and infant;

29 (10) suturing;

1 (11) routine laboratory investigation for normal prenatal
2 care.

3 (b) In a medical emergency the scope of practice, to the extent
4 needed for the emergency includes

- 5 (1) intramuscular injections for maternal hemorrhage;
6 (2) penetration of human tissue for emergency episiotomy;
7 (3) oxygen use.

8 (c) The board shall by regulation designate the medications,
9 therapeutic agents, and techniques that a licensed midwife is authorized
10 to administer and the circumstances under which those medications,
11 therapeutic agents, and techniques may be administered.

12 Sec. 08.69.120. INFORMED CONSENT FORM. (a) The board shall
13 develop an informed consent form that a licensed midwife shall provide
14 for clients at the initial meeting. The form shall contain notice that
15 injuries sustained during a home birth may not be covered by malpractice
16 insurance even if a midwife or physician is in attendance. The form
17 shall recommend a physical examination of the pregnant woman by a physi-
18 cian and inform clients of vital statistic reporting requirements. The
19 form shall also describe the licensed midwife's

- 20 (1) philosophy of practice;
21 (2) education and training;
22 (3) experience;
23 (4) services and fees;
24 (5) procedures for meeting medical emergencies.

25 (b) The licensed midwife shall inform the client that the statis-
26 tical information required by AS 08.69.130 is maintained by the licensed
27 midwife and is available for public inspection.

28 Sec. 08.69.130. STATISTICS. (a) The board shall determine the
29 information concerning the practice of midwifery that must be collected

1 by a licensed midwife. The information is required to be retained in
2 statistical form and shall include information on

- 3 (1) infections;
- 4 (2) hemorrhage;
- 5 (3) hospital transfers;
- 6 (4) malpresentations;
- 7 (5) normal deliveries;
- 8 (6) absence of physical examinations performed by a physician
9 and the reason examinations were not performed.

10 (b) The statistical information required under (a) of this section
11 shall be filed with the Department of Commerce and Economic Development
12 every six months on a form prescribed by the department and made avail-
13 able for public inspection.

14 Sec. 08.69.140. MEDICAL HISTORIES. (a) The board shall require
15 licensed midwives to maintain a comprehensive medical and obstetrical
16 history of each client. The history shall include the following infor-
17 mation:

- 18 (1) the mother's name and address;
- 19 (2) the mother's date of birth;
- 20 (3) the mother's gravidity and parity;
- 21 (4) a description of the mother's progress in pregnancy,
22 including routine laboratory investigation;
- 23 (5) a description of the progress of mother and infant in
24 labor and delivery;
- 25 (6) a report of the characteristics of placental delivery and
26 cessation of bleeding of mother;
- 27 (7) a report of the immediate postpartum progress of mother
28 and infant;
- 29 (8) a statement of the general health of mother and infant at

1 the time the midwife services terminate;

2 (9) other information required by the board.

3 Sec. 08.69.150. PRACTICE OF A LICENSED MIDWIFE. A person licensed
4 as a midwife under this chapter must

5 (1) ensure that if reasonably possible before the onset of
6 labor the mother has received a general physical examination by a physi-
7 cian;

8 (2) recommend that the mother be transferred to the care of a
9 physician if a medical emergency is indicated;

10 (3) ensure that a physician licensed in the state agrees to
11 be available for consultation regarding the practice of midwifery and
12 agrees to be available to render medical treatment during emergencies on
13 a standby basis unless, due to extraordinary conditions, the board
14 exempts the midwife from the requirements of this paragraph.

15 Sec. 08.69.160. USE OF DRUGS. A licensed midwife may, in accor-
16 dance with regulations of the board, possess and administer oxygen,
17 antibiotic eye drops, and drugs used to stop maternal hemorrhage. The
18 board shall designate by regulation drugs that may be administered under
19 this section. The administration of oxygen or drugs by a licensed
20 midwife under this section is not the practice of medicine under
21 AS 08.64.

22 Sec. 08.69.170. MIDWIFE APPRENTICESHIP. (a) A person may com-
23 plete a midwifery apprenticeship by observing and assisting in the
24 management and care of the mother and infant in at least 20 births under
25 the supervision of a sponsor. In the course of 10 of those births the
26 apprentice must assume responsibility for the prenatal, intrapartal, and
27 postpartal management and care of the mother and child. A person under-
28 taking a midwifery apprenticeship shall register with the board at the
29 beginning of the apprenticeship.

1 (b) A sponsor may not supervise more than three apprentice mid-
2 wives simultaneously.

3 Sec. 08.69.180. DEFINITIONS. In this chapter

4 (1) "board" means the Board of Midwifery;

5 (2) "medical emergency" means a situation of a serious nature
6 which develops suddenly and unexpectedly and demands immediate action
7 during pregnancy, labor or delivery;

8 (3) "sponsor" means a physician or a midwife licensed to
9 practice in this state and authorized to act as a sponsor by the board;

10 (4) "unprofessional conduct" includes the habitual overuse of
11 alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as
12 defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as
13 defined in AS 17.12.230(13).

14 * Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

15 (b) AS 17.15.010 and 17.15.020 do not apply to the sale at retail
16 by pharmacies to midwives licensed in the state to possess and admin-
17 ister drugs designated by the Board of Midwifery under AS 08.69.160.

18 * Sec. 6. AS 44.62.330(a) is amended by adding a new paragraph to read:

19 (52) Board of Midwifery (AS 08.69.030)
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cook

Introduced: 3/17/82
Referred: Health, Education &
Social Services and Finance

1 IN THE HOUSE BY ROGERS AND VASKA
2 2d SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 TWELFTH LEGISLATURE - SECOND SESSION
5 A BILL

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12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
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17 does not remove from the parents the responsibility for choosing where, when,
18 how, and with whom to deliver their babies.

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27 and shall practice midwifery in accordance with this chapter.

28 (b) Nothing in this section prohibits the practice of midwifery in
29 the state without a license.

1 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
2 person to represent oneself as a licensed midwife or use any designation
3 that implies that the person is licensed or certified by the state to
4 act as a midwife unless the person is currently licensed under this
5 chapter.

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7 MIDWIFERY. (a) There is established the Board of Midwifery consisting
8 of five members. Two members shall be licensed under this chapter or
9 eligible to receive licenses under AS 08.69.050(1) - (3). One member
10 shall be a person who has received or paid for the services of a midwife
11 licensed under this chapter or who has received or paid for the services
12 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).
13 Two members shall be selected by the governor.

14 (b) Members of the board are appointed by the governor after
15 consideration of recommendations submitted by childbirth consumer educa-
16 tion groups, persons who provide health care, or persons who have re-
17 ceived or paid for the services of a midwife. Each board member serves
18 for a term of five years and until his successor is appointed and quali-
19 fied. An appointment to a vacancy is for the unexpired term.

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21 (1) approve the licensure of persons to practice midwifery;

22 (2) prepare and administer an examination that tests compe-
23 tence in midwifery;

24 (3) prescribe a biennial license fee for licensed midwives
25 not to exceed \$25;

26 (4) develop a bibliography and guide to the examination
27 administered to applicants and make it available at a reasonable cost;

28 (5) require the compliance of licensed midwives with vital
29 statistic recording requirements;

1 (6) require licensed midwives to maintain statistics relating
2 to births they attend;

3 (7) hold hearings and order disciplinary sanctions under
4 AS 08.69.100;

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6 this chapter.

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8 licensure as a midwife if that person

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10 (2) furnishes proof of having received a high school degree
11 or its equivalent;

12 (3) furnishes proof of having attended at least 20 births as
13 a midwife in the two-year period immediately preceding the date of
14 application or has completed a midwife apprenticeship under AS 08.69.-
15 170; proof is by affidavit of the applicant for births that occurred
16 before January 1, 1982;

17 (4) passes an examination administered by the board that
18 tests competence in midwifery;

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23 for that license are essentially the same as the requirements for licen-
24 sure under AS 08.69.050.

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26 offered under AS 08.69.050(4) may take the examination again if

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29 vision of a sponsor during the year preceding application; and

1 (2) at least one year has passed following the date the
2 person last failed the examination.

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7 licensee is granted inactive status under AS 08.69.090.

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13 previous two years and has completed 20 hours of continuing education.
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17 continuing education.

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22 inactive status is terminated.

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25 or the licensee may be reprimanded, censured, or disciplined if the
26 board finds after a hearing that the licensee has

27 (1) obtained or attempted to obtain a license under this
28 chapter by fraud or deceit;

29 (2) wilfully violated a provision of this chapter;

1 (3) engaged in unprofessional conduct; or

2 (4) engaged in intentional or negligent conduct that results
3 in injury to a client or significant risk to the health or safety of a
4 client.

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6 or revoked the opportunity to have the license reinstated by demonstrat-
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8 skill and safety.

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16 infant;

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19 niques;

20 (6) recognition of an emergency labor or delivery situation
21 involving the mother or infant;

22 (7) emergency procedures for asphyxiation, convulsions,
23 malformation, and infectious diseases of the newborn;

24 (8) administration of preventive prophylaxis for ophthalmia
25 neonatorum;

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29 care.

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14 vital statistic reporting requirements. The form shall also describe
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22 tical information required by AS 08.69.130 is maintained by the licensed
23 midwife and is available for public inspection.

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5 and the reason examinations were not performed.

6 (b) The statistical information required under (a) of this section
7 shall be filed with the Department of Commerce and Economic Development
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9 able for public inspection.

10 Sec. 08.69.140. MEDICAL HISTORIES. (a) The board shall require
11 licensed midwives to maintain a comprehensive medical and obstetrical
12 history of each client. The history shall include the following infor-
13 mation:

- 14 (1) the mother's name and address;
15 (2) the mother's date of birth;
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17 (4) a description of the mother's progress in pregnancy,
18 including routine laboratory investigation;
19 (5) a description of the progress of mother and infant in
20 labor and delivery;
21 (6) a report of the characteristics of placental delivery and
22 cessation of bleeding of mother;
23 (7) a report of the immediate postpartum progress of mother
24 and infant;
25 (8) a statement of the general health of mother and infant at
26 the time the midwife services terminate;
27 (9) other information required by the board.

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2 labor the mother has received a general physical examination by a physi-
3 cian;

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5 physician if a medical emergency is indicated.

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18 postpartal management and care of the mother and child. A person under-
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29 practice in this state;

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5 * Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

6 (b) AS 17.15.010 and 17.15.020 do not apply to the sale at retail
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8 ister drugs designated by the Board of Midwifery under AS 08.69.160.

9 * Sec. 6. AS 44.62.330(a) is amended by adding a new paragraph to read:

10 (52) Board of Midwifery (AS 08.69.030)



Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

April 1, 1982

The Hon. Joe Hayes, Speaker
House of Representatives

Dear Mr. Speaker:

It is the intent of this Committee that this bill, CS2dSS HB 11, establish a legislative basis for licensure of midwives in Alaska. This optional licensure is expected to result in an upgrading of the services provided by all midwives in the state.

The examination provided for in this legislation should be structured so as to uphold the standards of the occupation. Whenever possible, the examination should include oral, written and practical components. This Committee recognized that the unique features of Alaskan geography and culture demand flexibility in the implementation of this intent.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mike Beirne".

Mike Beirne, Chairman
House H.E.S.S.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. 2d Sponsor Substitute for House Bill No. 11
 Title "An Act relating to midwifery."
 Requested by Commissioner's Office Date 3/17/82

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/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 82	FY 83	FY 84	FY 85	FY 86	FY 87
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
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify 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 Instruction, Section III)

IV. DATE 3/19/82 PREPARED BY David Spence, M.D. JCC
 AGENCY Health and Social Services
 Original: Legislative Finance PHONE 465-3100
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/81)

Cook

ALASKA STATE LEGISLATURE

TWELFTH Legislature SECOND Session
24 SPONSOR SUBSTITUTE
HOUSE BILL NO. 11
By ROGERS AND VASKA

"An Act relating to midwifery."

Midwifery

Introduced in the House ..3/17..., 19. 82

HISTORY IN THE HOUSE

19 82
Mar 17
Read first time and referred to Committee on
HESS and Finance
Reported back with recommendation that
Read second time and
Read third time and
PASS Effective Date
Yeas Yeas
Nays Nays
Absent Absent
Excused Excused
Reconsideration
PASS Effective Date
Yeas Yeas
Nays Nays
Absent Absent
Excused Excused
Reported correctly engrossed
Signed by Speaker
Sent to Senate
CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19
Read first time and referred to Committee on
Reported back with recommendation that
Read second time and
Read third time and
PASS Effective Date
Yeas Yeas
Nays Nays
Absent Absent
Excused Excused
Reconsideration
PASS Effective Date
Yeas Yeas
Nays Nays
Absent Absent
Excused Excused
Reported correctly engrossed
Signed by President
Returned to House
SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

19
Received from Senate
Concurred in Senate amendment thus adopting:
VOTE
Failed to concur in Senate amendment; asked Senate to recede
VOTE
Senate receded from amendment
VOTE
Senate failed to recede from amendment
VOTE
CC appointed by House
CC appointed by Senate
CC adopted by House
VOTE
CC adopted by Senate
VOTE
To enrolling
Reported correctly enrolled
Sent to Governor
..... by Governor
Filed with Lt. Governor
Chapter No.

REVISED POSITION PAPER
CS for 2d Sponsor Substitute for HOUSE BILL No. 11 (HESS)

"An Act relating to Midwifery"

WHAT THE BILL DOES

This bill creates an examining and licensing Board of Midwifery and establishes criteria to be used in issuing such licenses. However, since a license would not be required to practice midwifery, it would create three levels of midwifery care: (a) certified nurse midwife (under 12 AAC 44.400), (b) licensed midwife, and (c) unlicensed midwife.

DISCUSSION

Historical Background - Alaska, like many states, had existing policies and procedures concerning lay-midwifery practice in the early part of this century. Before widespread availability of medical facilities, adequate transportation and professional providers, this Department promoted training for birth attendants in remote village areas through maternal and child health nurse consultants. In 1968, specific training was discontinued because of the establishment of the Community Health Aide training program by the Alaska Native Health Service. This program emphasizes the Community Health Aide's collaborative relationship with the Alaska Native Health physicians, which has resulted in moving the vast majority of village home births to the protected environment of hospitals.

Current Situation - While it is difficult to summarize the States' laws in this area, it can be stated that 13 states have licensure statutes for lay midwives. Some of these while remaining on the books, are not operational in terms of issuance of new licenses. Of the remaining 37 states, approximately 8 have statutes which prohibit practice of lay midwifery. This information is summarized from a survey of states' laws printed in Mothering, Fall 1981, page 63. There are three states (Washington, South Carolina and New Hampshire) that have passed legislature within the last year dealing with this issue. These states have established midwifery regulatory boards which have the authority to establish licensure criteria and procedures. Typically, these boards include physician(s), certified nurse-midwives and consumers in addition to lay midwives.

Position Paper
CS 2d SSHB 11
Page 2

Problem Areas and Recommendations - The revised bill addresses some of the requirements which the Department suggests to assure consumer protection in assistance with childbirth. It needs to be emphasized that assisting with childbirth is both an art and a science although the process usually proceeds to a normal outcome, requiring only artful and non-intervention. In some instances, however, the process requires utmost scientific knowledge and skill.

Since it is not possible to know in advance which cases will require this higher level of care, it is in the best interest of Alaska's citizens to require quality care in as many births as possible.

To assure consumer protection, the following recommendations are made:

1. Law should apply to all individuals that practice lay midwifery, therefore, Sec 08.69.010 part b line 28 and 29 should be deleted.
2. Sec. 08.69.030 P 2 line 7:
The Board of Midwifery should consist of a board certified obstetrician/gynecologist or a physician experienced in neonatology, a certified nurse-midwife, 2 licensed lay midwives and one consumer.
3. Sec. 08.69.050 P 3 line 11 and 19:
The legislative intent should include directions for the board to establish regulations which outline the courses they must have successfully completed in their educational experience. Examination should include oral, written and practical components.
4. Sec 08.69.120: Physicians should be protected by statute from liability related to the care of a client not directly under her/his supervision.
5. Sec 08.69.150 Page 8 line 10: Documented evidence of the established agreement between midwives and physicians should be a requirement, similar to the regulation (12 AAC 44.400) for certified nurses-midwives.

Position Paper
CS 2d SSHB 11
Page 3

Page 8 line 13 and 14: delete exemption clause. Failure to have an established agreement could jeopardize the life and health of the woman and newborn.

Sec 08.69.150 page line 15 as amended: add "(4) ensure each infant is screened in accordance with AS 18.15.200."

6. Sec 08.69.180 page 9 line 8: include physicians that are in the military or employed by the Public Health Service.

DEPARTMENTAL POSITION

The Department supports passage of this bill if the foregoing recommendations are included to assure protection of the consumers.

Recommended by:

E. S. Rabeau
E.S. Rabeau, M.D., Director
Division of Public Health

Date:

April 4, 1982

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date:

4-11-82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS 2d Sponsor Substitute for House Bill No. 11

Title "An Act Relating to Midwifery."

Requested by Commissioner's Office Date 4/9/82

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Health/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 82	FY 83	FY 84	FY 85	FY 86	FY 87
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
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify 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 Instruction, Section III)

IV. DATE 4/9/82

PREPARED BY Lois M. Bergerson

AGENCY Health & Social Services

PHONE 465-3150

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE - AMENDED

I. REQUEST

Bill/Resolution No. CS for 2d SSHB 11 (HESS)
Title An Act relating to midwifery.
Requested by House Rules Date 4-2-82

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, Or Subprogram(s) Affected Regulation & licensing of professions.
(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 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES		27.9	27.9	27.9	27.9	27.9
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		16.0	17.4	18.9	20.6	22.4
400 COMMODITIES		5	5	5	5	5
500 EQUIPMENT		2.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		56.6	56.1	58.7	61.5	64.5

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND		56.6	56.1	58.7	61.5	64.5
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME		1	1	1	1	1
PART TIME						
TEMPORARY						

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

PERSONAL SERVICES - FY '82 salary schedule and benefits.

1 Licensing Examiner I, range 12, gen.govt., 12 mos. 27.9

TRAVEL - 10% inflation factor projected.

Board of Midwifery, 5 members (anticipate 1-Anch, 1-Fbks, 1-Southeast, 1-Kenai area, and 1-Nome area); 3 meetings per year (1 ea. in Anch, Fbks, & S.E), travel costs plus 3 days per diem @\$80/day \$6,000.00

Department staff: 1-licensing examiner to attend meetings of the Board of Midwifery, travel costs plus per diem 1,200.00

1-regulations specialist to hold hearings and assist board in promulgation of regulations, travel and per diem 1,200.00

1-investigator, travel and per diem costs to investigate complaints concerning lay midwifery; average 1 trip every 4 months @\$200/trip plus per diem @ \$80/day 1,000.00

IV. DATE April 12, 1982

PREPARED BY Marjorie Odland
AGENCY Division of Occupational Licensing

Original: Legislative Finance
cc: Budget and Management

PHONE 465-2535

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

Printing of new statute booklets, applications and licenses for midwives desiring to become licensed.	\$ 2,000.00
Meeting notices, regulation publications, mailing costs of application packets and statute booklets	800.00
General operating costs including phones, computer time (prorated by board), and similar daily costs.	1,000.00
Development of examination, professional services contract basis, including updates, pool of questions for use by state board, storage in in-house computer system	5,000.00

Licensing/Disciplinary Hearings - Anticipate three hearings per year. In estimating one day hearings, the following costs are considered:

Average 6 hour days:

Hearing Officer, @\$75/hr	450.00
Court Reporter, @\$25/hr	150.00
10 exhibits, \$.45 ea.	4.50
3 witnesses, 1/2 day ea. @ \$12.50	37.50
1 expert witness, 2 hrs. @ \$150./hr.	300.00
Transcript, avg. 210 pages @ \$4.50/page	945.00
	<hr/> 1,887.00
	X 3
	<hr/> \$ 5,661.00

Room Rental for examinations: 2 exams per year., 1 day each.	200.00
Proctors for examinations: Head Proctor - \$50/day	100.00
Monitor - \$35/day	70.00

Rental Space - 1 licensing examiner position: 60 sq.ft X \$1.70 X 12 mos. = 1.2

COMMODITIES

General supplies needed by licensing examiner such as tapes for meetings, file folders, paper etc.	.5
--	----

EQUIPMENT - one time cost in FY'83.

1 desk, double pedestal 60" x 30"	426.92
1 chair, posture without arms (contour)	170.57
1 typewriter, correcting selectric, dual pitch	1,028.81
1 typewriter table	101.92
1 credenza, 90" x 62"	470.90
1 side chair	95.15
2 file cabinets, 4 drawer legal	505.20
	<hr/> \$2,799.48



Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

April 1, 1982

The Hon. Joe Hayes, Speaker
House of Representatives

Dear Mr. Speaker:

It is the intent of this Committee that this bill, CS2dSS HB 11, establish a legislative basis for licensure of midwives in Alaska. This optional licensure is expected to result in an upgrading of the services provided by all midwives in the state.

The examination provided for in this legislation should be structured so as to uphold the standards of the occupation. Whenever possible, the examination should include oral, written and practical components. This Committee recognized that the unique features of Alaskan geography and culture demand flexibility in the implementation of this intent.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mike Beirne".

Mike Beirne, Chairman
House H.E.S.S.

A M E N D M E N T

OFFERED IN THE HOUSE:

By: H.E.S.S.

To: _____ HOUSE BILL No. CS 2d SS HB 11 (Hess)

SENATE BILL No. _____

PAGE: 8

LINE: 15

new paragraph
Add (4) to Sec. 08.69.150;

"(4) ensure each infant is screened in accordance with AS 18.15.200."

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. 2d Sponsor Substitute for House Bill No. 11
 Title "An Act relating to midwifery."
 Requested by Commissioner's Office Date 3/17/82

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/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 82	FY 83	FY 84	FY 85	FY 86	FY 87
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
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify 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 Instruction, Section III)

IV. DATE 3/19/82 PREPARED BY David Spence, M.D.
 AGENCY Health and Social Services
 Original: Legislative Finance PHONE 465-3100
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/81)

Original sponsors: Rogers and Vaska

Offered: 4/2/82
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR 2d SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to midwifery."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. FINDINGS AND INTENT. The legislature recognizes the unique
9 physical and emotional aspects of childbirth, and the need to protect and
10 enhance the religious, cultural, and individual freedoms in the manner,
11 setting, and cost of childbirth. The legislature finds that the traditional
12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
16 petency levels of their health care providers, and that licensing of midwives
17 does not remove from the parents the responsibility for choosing where, when,
18 how, and with whom to deliver their babies.

19 * Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

20 (24) Board of Midwifery.

21 * Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

22 (21) Board of Midwifery (AS 08.69.030) -- June 30, 1987.

23 * Sec. 4. AS 08 is amended by adding a new chapter to read:

24 CHAPTER 69. MIDWIFERY.

25 Sec. 08.69.010. MIDWIFE PRACTICE. (a) A person who practices as
26 a licensed midwife shall obtain a license as provided in this chapter
27 and shall practice midwifery in accordance with this chapter.

28 (b) Nothing in this section prohibits the practice of midwifery in
29 the state without a license.

1 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
2 person to represent oneself as a licensed midwife or use any designation
3 that implies that the person is licensed or certified by the state to
4 act as a midwife unless the person is currently licensed under this
5 chapter.

6 Sec. 08.69.030. MEMBERSHIP AND TERM OF OFFICE OF THE BOARD OF
7 MIDWIFERY. (a) There is established the Board of Midwifery consisting
8 of five members. One member shall be a physician licensed to practice
9 medicine in the state. Two members shall be licensed under this chapter
10 or eligible to receive licenses under AS 08.69.050(1) - (3). One member
11 shall be a person who has received or paid for the services of a midwife
12 licensed under this chapter or who has received or paid for the services
13 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).
14 One member shall be selected by the governor.

15 (b) Members of the board are appointed by the governor after
16 consideration of recommendations submitted by childbirth consumer educa-
17 tion groups, persons who provide health care, or persons who have re-
18 ceived or paid for the services of a midwife. Each board member serves
19 for a term of five years and until his successor is appointed and quali-
20 fied. An appointment to a vacancy is for the unexpired term.

21 Sec. 08.69.040. DUTIES OF THE BOARD. The Board of Midwifery shall

22 (1) approve the licensure of persons to practice midwifery;

23 (2) prepare and administer a comprehensive examination that
24 tests competence in all aspects of the practice of midwifery;

25 (3) prescribe a biennial license fee for licensed midwives
26 not to exceed \$25;

27 (4) develop a bibliography and guide to the examination
28 administered to applicants and make it available at a reasonable cost;

29 (5) require the compliance of licensed midwives with vital

1 statistic recording requirements;

2 (6) require licensed midwives to maintain statistics relating
3 to births they attend;

4 (7) hold hearings and order disciplinary sanctions under
5 AS 08.69.100;

6 (8) adopt regulations necessary to carry out the purposes of
7 this chapter.

8 Sec. 08.69.050. LICENSURE AS A MIDWIFE. A person is eligible for
9 licensure as a midwife if that person

10 (1) is at least 18 years of age;

11 (2) furnishes proof of having received a high school degree
12 or its equivalent and of having completed two years of nursing training
13 or its equivalent;

14 (3) furnishes proof of having attended at least 20 births as
15 a midwife in the two-year period immediately preceding the date of
16 application or has completed a midwife apprenticeship under AS 08.69.-
17 170; proof is by affidavit of the applicant for births that occurred
18 before January 1, 1982;

19 (4) passes an examination administered by the board that
20 tests competence in midwifery;

21 (5) pays the license fee prescribed in this chapter.

22 Sec. 08.69.060. LICENSURE BY ENDORSEMENT. A person who is li-
23 censed as a midwife by another state or country may be licensed as a
24 midwife in this state without taking an examination if the requirements
25 for that license are essentially the same as the requirements for licen-
26 sure under AS 08.69.050.

27 Sec. 08.69.070. REEXAMINATION. A person who fails an examination
28 offered under AS 08.69.050(4) may take the examination again if

29 (1) the applicant presents proof satisfactory to the board of

1 having served as a midwife for at least 10 births while under the super-
2 vision of a sponsor during the year preceding application; and

3 (2) at least one year has passed following the date the
4 person last failed the examination.

5 Sec. 08.69.080. RENEWAL OF LICENSES. (a) A midwife's license is
6 renewable biennially on June 30. Notice of renewal shall be mailed to
7 every licensed midwife on or before May 1 of each even-numbered year.

8 (b) A license not renewed by June 30 lapses on July 1 unless the
9 licensee is granted inactive status under AS 08.69.090.

10 (c) A lapsed license shall be reinstated if the licensee complies
11 with renewal requirements within 90 days after the license lapses.

12 (d) The board shall establish requirements that must be met before
13 a license may be renewed, including a requirement that an applicant for
14 renewal has attended as sponsor or midwife during 10 births in the
15 previous two years and has completed 20 hours of continuing education.
16 Continuing education may include childbirth-related postsecondary course-
17 work, workshops, practice in association with another midwife, a combi-
18 nation of training and experience, or a combination of experience and
19 continuing education.

20 Sec. 08.69.090. INACTIVE STATUS. A midwife licensed under this
21 chapter may apply to the board for inactive status for a period not to
22 exceed two years. A midwife licensed under this chapter who is granted
23 inactive status is not required to comply with AS 08.69.080 until the
24 inactive status is terminated.

25 Sec. 08.69.100. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF A
26 LICENSE. (a) The board may revoke or suspend the license of a midwife,
27 or the licensee may be reprimanded, censured, or disciplined if the
28 board finds after a hearing that the licensee has

29 (1) obtained or attempted to obtain a license under this

1 chapter by fraud or deceit;

2 (2) wilfully violated a provision of this chapter;

3 (3) engaged in unprofessional conduct; or

4 (4) engaged in intentional or negligent conduct that results
5 in injury to a client or significant risk to the health or safety of a
6 client.

7 (b) The board shall afford a midwife whose license has been denied
8 or revoked the opportunity to have the license reinstated by demonstrat-
9 ing ability to resume the competent practice of midwifery with reasonable
10 skill and safety.

11 Sec. 08.69.110. SCOPE OF PRACTICE. (a) A midwife licensed under
12 this chapter may perform functions within the scope of practice. The
13 scope of practice for licensed midwives includes

14 (1) recognition of pregnancy and management of prenatal care;

15 (2) preparation and management of the delivery site and
16 lying-in area;

17 (3) management of the birth process and delivery of the
18 infant;

19 (4) clamping and severing the umbilical cord;

20 (5) delivery of the placenta, with anti-hemorrhage tech-
21 niques;

22 (6) recognition of an emergency labor or delivery situation
23 involving the mother or infant;

24 (7) emergency procedures for asphyxiation, convulsions,
25 malformation, and infectious diseases of the newborn;

26 (8) administration of preventive prophylaxis for ophthalmia
27 neonatorum;

28 (9) postnatal care of mother and infant;

29 (10) suturing;

1 (1) routine laboratory investigation for normal prenatal
2 care.

3 (b) In a medical emergency the scope of practice, to the extent
4 needed for the emergency includes

- 5 (1) intramuscular injections for maternal hemorrhage;
6 (2) penetration of human tissue for emergency episiotomy;
7 (3) oxygen use.

8 (c) The board shall by regulation designate the medications,
9 therapeutic agents, and techniques that a licensed midwife is authorized
10 to administer and the circumstances under which those medications,
11 therapeutic agents, and techniques may be administered.

12 Sec. 08.69.120. INFORMED CONSENT FORM. (a) The board shall
13 develop an informed consent form that a licensed midwife shall provide
14 for clients at the initial meeting. The form shall contain notice that
15 injuries sustained during a home birth may not be covered by malpractice
16 insurance even if a midwife or physician is in attendance. The form
17 shall recommend a physical examination of the pregnant woman by a physi-
18 cian and inform clients of vital statistic reporting requirements. The
19 form shall also describe the licensed midwife's

- 20 (1) philosophy of practice;
21 (2) education and training;
22 (3) experience;
23 (4) services and fees;
24 (5) procedures for meeting medical emergencies.

25 (b) The licensed midwife shall inform the client that the statis-
26 tical information required by AS 08.69.130 is maintained by the licensed
27 midwife and is available for public inspection.

28 Sec. 08.69.130. STATISTICS. (a) The board shall determine the
29 information concerning the practice of midwifery that must be collected

1 by a licensed midwife. The information is required to be retained in
2 statistical form and shall include information on

- 3 (1) infections;
- 4 (2) hemorrhage;
- 5 (3) hospital transfers;
- 6 (4) malpresentations;
- 7 (5) normal deliveries;
- 8 (6) absence of physical examinations performed by a physician
9 and the reason examinations were not performed.

10 (b) The statistical information required under (a) of this section
11 shall be filed with the Department of Commerce and Economic Development
12 every six months on a form prescribed by the department and made avail-
13 able for public inspection.

14 Sec. 08.69.140. MEDICAL HISTORIES. (a) The board shall require
15 licensed midwives to maintain a comprehensive medical and obstetrical
16 history of each client. The history shall include the following infor-
17 mation:

- 18 (1) the mother's name and address;
- 19 (2) the mother's date of birth;
- 20 (3) the mother's gravidity and parity;
- 21 (4) a description of the mother's progress in pregnancy,
22 including routine laboratory investigation;
- 23 (5) a description of the progress of mother and infant in
24 labor and delivery;
- 25 (6) a report of the characteristics of placental delivery and
26 cessation of bleeding of mother;
- 27 (7) a report of the immediate postpartum progress of mother
28 and infant;
- 29 (8) a statement of the general health of mother and infant at

1 the time the midwife services terminate;

2 (9) other information required by the board.

3 Sec. 08.69.150. PRACTICE OF A LICENSED MIDWIFE. A person licensed
4 as a midwife under this chapter must

5 (1) ensure that if reasonably possible before the onset of
6 labor the mother has received a general physical examination by a physi-
7 cian;

8 (2) recommend that the mother be transferred to the care of a
9 physician if a medical emergency is indicated;

10 (3) ensure that a physician licensed in the state agrees to
11 be available for consultation regarding the practice of midwifery and
12 agrees to be available to render medical treatment during emergencies on
13 a standby basis unless, due to extraordinary conditions, the board
14 exempts the midwife from the requirements of this paragraph.

15 Sec. 08.69.160. USE OF DRUGS. A licensed midwife may, in accor-
16 dance with regulations of the board, possess and administer oxygen,
17 antibiotic eye drops, and drugs used to stop maternal hemorrhage. The
18 board shall designate by regulation drugs that may be administered under
19 this section. The administration of oxygen or drugs by a licensed
20 midwife under this section is not the practice of medicine under
21 AS 08.64.

22 Sec. 08.69.170. MIDWIFE APPRENTICESHIP. (a) A person may com-
23 plete a midwifery apprenticeship by observing and assisting in the
24 management and care of the mother and infant in at least 20 births under
25 the supervision of a sponsor. In the course of 10 of those births the
26 apprentice must assume responsibility for the prenatal, intrapartal, and
27 postpartal management and care of the mother and child. A person under-
28 taking a midwifery apprenticeship shall register with the board at the
29 beginning of the apprenticeship.

1 (b) A sponsor may not supervise more than three apprentice mid-
2 wives simultaneously.

3 Sec. 08.69.180. DEFINITIONS. In this chapter

4 (1) "board" means the Board of Midwifery;

5 (2) "medical emergency" means a situation of a serious nature
6 which develops suddenly and unexpectedly and demands immediate action
7 during pregnancy, labor or delivery;

8 (3) "sponsor" means a physician or a midwife licensed to
9 practice in this state and authorized to act as a sponsor by the board;

10 (4) "unprofessional conduct" includes the habitual overuse of
11 alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as
12 defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as
13 defined in AS 17.12.230(13).

14 * Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

15 (b) AS 17.15.010 and 17.15.020 do not apply to the sale at retail
16 by pharmacies to midwives licensed in the state to possess and admin-
17 ister drugs designated by the Board of Midwifery under AS 08.69.160.

18 * Sec. 6. AS 44.62.330(a) is amended by adding a new paragraph to read:

19 (52) Board of Midwifery (AS 08.69.030)
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Introduced: 3/17/82
Referred: Health, Education &
Social Services and Finance

1 IN THE HOUSE

BY ROGERS AND VASKA

2 2d SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to midwifery."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. FINDINGS AND INTENT. The legislature recognizes the unique
9 physical and emotional aspects of childbirth, and the need to protect and
10 enhance the religious, cultural, and individual freedoms in the manner,
11 setting, and cost of childbirth. The legislature finds that the traditional
12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
16 petency levels of their health care providers, and that licensing of midwives
17 does not remove from the parents the responsibility for choosing where, when,
18 how, and with whom to deliver their babies.

19 * Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

20 (24) Board of Midwifery.

21 * Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

22 (21) Board of Midwifery (AS 08.69.030) -- June 30, 1987.

23 * Sec. 4. AS 08 is amended by adding a new chapter to read:

24 CHAPTER 69. MIDWIFERY.

25 Sec. 08.69.010. MIDWIFE PRACTICE. (a) A person who practices as
26 a licensed midwife shall obtain a license as provided in this chapter
27 and shall practice midwifery in accordance with this chapter.

28 (b) Nothing in this section prohibits the practice of midwifery in
29 the state without a license.

1 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
2 person to represent oneself as a licensed midwife or use any designation
3 that implies that the person is licensed or certified by the state to
4 act as a midwife unless the person is currently licensed under this
5 chapter.

6 Sec. 08.69.030. MEMBERSHIP AND TERM OF OFFICE OF THE BOARD OF
7 MIDWIFERY. (a) There is established the Board of Midwifery consisting
8 of five members. Two members shall be licensed under this chapter or
9 eligible to receive licenses under AS 08.69.050(1) - (3). One member
10 shall be a person who has received or paid for the services of a midwife
11 licensed under this chapter or who has received or paid for the services
12 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).
13 Two members shall be selected by the governor.

14 (b) Members of the board are appointed by the governor after
15 consideration of recommendations submitted by childbirth consumer educa-
16 tion groups, persons who provide health care, or persons who have re-
17 ceived or paid for the services of a midwife. Each board member serves
18 for a term of five years and until his successor is appointed and quali-
19 fied. An appointment to a vacancy is for the unexpired term.

20 Sec. 08.69.040. DUTIES OF THE BOARD. The Board of Midwifery shall

21 (1) approve the licensure of persons to practice midwifery;

22 (2) prepare and administer an examination that tests compe-
23 tence in midwifery;

24 (3) prescribe a biennial license fee for licensed midwives
25 not to exceed \$25;

26 (4) develop a bibliography and guide to the examination
27 administered to applicants and make it available at a reasonable cost;

28 (5) require the compliance of licensed midwives with vital
29 statistic recording requirements;

1 (6) require licensed midwives to maintain statistics relating
2 to births they attend;

3 (7) hold hearings and order disciplinary sanctions under
4 AS 08.69.100;

5 (8) adopt regulations necessary to carry out the purposes of
6 this chapter.

7 Sec. 08.69.050. LICENSURE AS A MIDWIFE. A person is eligible for
8 licensure as a midwife if that person

9 (1) is at least 18 years of age;

10 (2) furnishes proof of having received a high school degree
11 or its equivalent;

12 (3) furnishes proof of having attended at least 20 births as
13 a midwife in the two-year period immediately preceding the date of
14 application or has completed a midwife apprenticeship under AS 08.69.-
15 170; proof is by affidavit of the applicant for births that occurred
16 before January 1, 1982;

17 (4) passes an examination administered by the board that
18 tests competence in midwifery;

19 (5) pays the license fee prescribed in this chapter.

20 Sec. 08.69.060. LICENSURE BY ENDORSEMENT. A person who is li-
21 censed as a midwife by another state or country may be licensed as a
22 midwife in this state without taking an examination if the requirements
23 for that license are essentially the same as the requirements for licen-
24 sure under AS 08.69.050.

25 Sec. 08.69.070. REEXAMINATION. A person who fails an examination
26 offered under AS 08.69.050(4) may take the examination again if

27 (1) the applicant presents proof satisfactory to the board of
28 having served as a midwife for at least 10 births while under the super-
29 vision of a sponsor during the year preceding application; and

1 (2) at least one year has passed following the date the
2 person last failed the examination.

3 Sec. 08.69.080. RENEWAL OF LICENSES. (a) A midwife's license is
4 renewable biennially on June 30. Notice of renewal shall be mailed to
5 every licensed midwife on or before May 1 of each even-numbered year.

6 (b) A license not renewed by June 30 lapses on July 1 unless the
7 licensee is granted inactive status under AS 08.69.090.

8 (c) A lapsed license shall be reinstated if the licensee complies
9 with renewal requirements within 90 days after the license lapses.

10 (d) The board shall establish requirements that must be met before
11 a license may be renewed, including a requirement that an applicant for
12 renewal has attended as sponsor or midwife during 10 births in the
13 previous two years and has completed 20 hours of continuing education.
14 Continuing education may include childbirth-related postsecondary course-
15 work, workshops, practice in association with another midwife, a combi-
16 nation of training and experience, or a combination of experience and
17 continuing education.

18 Sec. 08.69.090. INACTIVE STATUS. A midwife licensed under this
19 chapter may apply to the board for inactive status for a period not to
20 exceed two years. A midwife licensed under this chapter who is granted
21 inactive status is not required to comply with AS 08.69.080 until the
22 inactive status is terminated.

23 Sec. 08.69.100. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF A
24 LICENSE. (a) The board may revoke or suspend the license of a midwife,
25 or the licensee may be reprimanded, censured, or disciplined if the
26 board finds after a hearing that the licensee has

27 (1) obtained or attempted to obtain a license under this
28 chapter by fraud or deceit;

29 (2) wilfully violated a provision of this chapter;

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- (3) engaged in unprofessional conduct; or
- (4) engaged in intentional or negligent conduct that results in injury to a client or significant risk to the health or safety of a client.

(b) The board shall afford a midwife whose license has been denied or revoked the opportunity to have the license reinstated by demonstrating ability to resume the competent practice of midwifery with reasonable skill and safety.

Sec. 08.69.110. SCOPE OF PRACTICE. (a) A midwife licensed under this chapter may perform functions within the scope of practice. The scope of practice for licensed midwives includes

- (1) recognition of pregnancy and management of prenatal care;
- (2) preparation and management of the delivery site and lying-in area;
- (3) management of the birth process and delivery of the infant;
- (4) clamping and severing the umbilical cord;
- (5) delivery of the placenta, with anti-hemorrhage techniques;
- (6) recognition of an emergency labor or delivery situation involving the mother or infant;
- (7) emergency procedures for asphyxiation, convulsions, malformation, and infectious diseases of the newborn;
- (8) administration of preventive prophylaxis for ophthalmia neonatorum;
- (9) postnatal care of mother and infant;
- (10) suturing;
- (11) routine laboratory investigation for normal prenatal care.

1 (b) In a medical emergency the scope of practice, to the extent
2 needed for the emergency includes

- 3 (1) intramuscular injections for maternal hemorrhage;
4 (2) penetration of human tissue for emergency episiotomy;
5 (3) oxygen use.

6 (c) The board shall by regulation designate the medications,
7 therapeutic agents, and techniques that a licensed midwife is authorized
8 to administer and the circumstances under which those medications,
9 therapeutic agents, and techniques may be administered.

10 Sec. 08.69.120. INFORMED CONSENT FORM. (a) The board shall
11 develop an informed consent form that a licensed midwife shall provide
12 for clients at the initial meeting. The form shall recommend a physical
13 examination of the pregnant woman by a physician and inform clients of
14 vital statistic reporting requirements. The form shall also describe
15 the licensed midwife's

- 16 (1) philosophy of practice;
17 (2) education and training;
18 (3) experience;
19 (4) services and fees;
20 (5) procedures for meeting medical emergencies.

21 (b) The licensed midwife shall inform the client that the statis-
22 tical information required by AS 08.69.130 is maintained by the licensed
23 midwife and is available for public inspection.

24 Sec. 08.69.130. STATISTICS. (a) The board shall determine the
25 information concerning the practice of midwifery that must be collected
26 by a licensed midwife. The information is required to be retained in
27 statistical form and shall include information on

- 28 (1) infections;
29 (2) hemorrhage;

1 (3) hospital transfers;
2 (4) malpresentations;
3 (5) normal deliveries;
4 (6) absence of physical examinations performed by a physician
5 and the reason examinations were not performed.

6 (b) The statistical information required under (a) of this section
7 shall be filed with the Department of Commerce and Economic Development
8 every six months on a form prescribed by the department and made avail-
9 able for public inspection.

10 Sec. 08.69.140. MEDICAL HISTORIES. (a) The board shall require
11 licensed midwives to maintain a comprehensive medical and obstetrical
12 history of each client. The history shall include the following infor-
13 mation:

- 14 (1) the mother's name and address;
15 (2) the mother's date of birth;
16 (3) the mother's gravidity and parity;
17 (4) a description of the mother's progress in pregnancy,
18 including routine laboratory investigation;
19 (5) a description of the progress of mother and infant in
20 labor and delivery;
21 (6) a report of the characteristics of placental delivery and
22 cessation of bleeding of mother;
23 (7) a report of the immediate postpartum progress of mother
24 and infant;
25 (8) a statement of the general health of mother and infant at
26 the time the midwife services terminate;
27 (9) other information required by the board.

28 Sec. 08.69.150. PRACTICE OF A LICENSED MIDWIFE. A person licensed
29 as a midwife under this chapter must

1 (1) ensure that if reasonably possible before the onset of
2 labor the mother has received a general physical examination by a physi-
3 cian;

4 (2) recommend that the mother be transferred to the care of a
5 physician if a medical emergency is indicated.

6 Sec. 08.69.160. USE OF DRUGS. A licensed midwife may, in accor-
7 dance with regulations of the board, possess and administer oxygen,
8 antibiotic eye drops, and drugs used to stop maternal hemorrhage. The
9 board shall designate by regulation drugs that may be administered under
10 this section. The administration of oxygen or drugs by a licensed
11 midwife under this section is not the practice of medicine under
12 AS 08.64.

13 Sec. 08.69.170. MIDWIFE APPRENTICESHIP. (a) A person may com-
14 plete a midwifery apprenticeship by observing and assisting in the
15 management and care of the mother and infant in at least 20 births under
16 the supervision of a sponsor. In the course of 10 of those births the
17 apprentice must assume responsibility for the prenatal, intrapartal, and
18 postpartal management and care of the mother and child. A person under-
19 taking a midwifery apprenticeship shall register with the board at the
20 beginning of the apprenticeship.

21 (b) A sponsor may not supervise more than three apprentice mid-
22 wives simultaneously.

23 Sec. 08.69.180. DEFINITIONS. In this chapter

24 (1) "board" means the Board of Midwifery;

25 (2) "medical emergency" means a situation of a serious nature
26 which develops suddenly and unexpectedly and demands immediate action
27 during pregnancy, labor or delivery;

28 (3) "sponsor" means a physician or a midwife licensed to
29 practice in this state;

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(4) "unprofessional conduct" includes the habitual overuse of alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as defined in AS 17.12.230(13).

* Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

(b) AS 17.15.010 and 17.15.020 do not apply to the sale at retail by pharmacies to midwives licensed in the state to possess and administer drugs designated by the Board of Midwifery under AS 08.69.160.

* Sec. 6. AS 44.62.330(a) is amended by adding a new paragraph to read:

(52) Board of Midwifery (AS 08.69.030)

Alaska House of Representatives

MEMO



Phone: 465-3725
Room: 214 Capitol

From the desk of CHIEF CLERK

TO: FINANCE DATE: 3/17

Pls give the page your committee copy
of SSHB 11 as we now have a 2d SS - which
is being sent to HESS and then Finance.

Thank you.

pick up.

Rec'd After bill
sent to chief clerk
4/2/82

REVISED POSITION PAPER
2d Sponsor Substitute for House Bill No. 11

"An Act relating to midwifery."

WHAT THE BILL DOES

This bill creates an examining and licensing Board of Midwifery and establishes criteria to be used in issuing such licenses. However, since a license would not be required to practice midwifery, it would create three levels of midwifery care: (a) certified nurse (under 12 AAC 44.400), (b) licensed midwife, and (c) unlicensed midwife.

DISCUSSION

Historical Background - Alaska, like many states, had existing policies and procedures concerning lay-midwifery practice in the early part of this century. Before widespread availability of medical facilities, adequate transportation and professional providers, this Department promoted training for birth attendants in remote village areas through maternal and child health nurse consultants. In 1968, specific training was discontinued because of the establishment of the Community Health Aide training program by the Alaska Native Health Service. This program emphasizes the Community Health Aide's collaborative relationship with the Alaska Native Health physicians, which has resulted in moving the vast majority of village home births to the protected environment of hospitals.

Current Situation - While it is difficult to summarize the states' laws in this area, it can be stated that 13 states have licensure statutes for lay midwives. Some of these, while remaining on the books, are not operational in terms of issuance of new licenses. Of the remaining 37 states, approximately 8 have statutes which prohibit practice of lay midwifery. This information is summarized from a survey of states' laws printed in Mothering, Fall 1981, p. 63. There are three states (Washington, South Carolina, and New Hampshire) that have passed legislation within the last year dealing with this issue. These states have established midwifery regulatory boards which have the authority to establish licensure criteria and procedures. Typically, these boards include physician(s), certified nurse midwives and consumers in addition to lay midwives.

Problem areas of this bill - Assisting with childbirth is both an art and a science. In most instances the process proceeds to a normal outcome with nothing more than artful support and non-intervention. In some instances, however, the process requires utmost scientific knowledge and skill. Since it is not possible to know in advance which cases will require this higher level of care, it is in the best interest of Alaska's citizens to require quality care in as many births as possible. The licensure criteria in this bill are simply not adequate to assure that the licensee would have the judgment needed to recognize and refer the problem cases.

These deficiencies are in both formal education and in practical supervised training and experience. A required period of 9 months of formal training and participation in at least 50 births have been suggested by the National Midwives Association. The Washington law calls for 3 years of training and 100 births.

This Department has recently been appraised of the problem that lay midwives are having in getting prenatal blood tests performed. AS 18.15.150 currently addresses the legal issues in this matter. This bill (p. 5, line 28) will solve this problem only for the licensed midwife. This illustrates a much larger problem - that of the collaborative relationship between a lay midwife and a physician to whom any problems would be referred. This relationship is required for physician's assistants and for certified nurse midwives. Once a woman in labor develops a problem requiring referral there is not sufficient time to start searching for a physician with whom to consult. One of the basic tenets of midwifery practice is to handle only normal or low risk clients. This risk assessment can best be approached through a collaborative relationship with a physician. The collaborating physician should be protected by statute from liability related to the care of a client not directly under his supervision.

POSITION

This Department is opposed to passage of this bill as written. Inclusion of requirements for formal as well as practical training and a requirement for a collaborative relationship with a licensed physician are essential features. In addition to the Board members stated in Sec. 08,69.030(a), there should be a licensed physician who is a practicing obstetrician and a certified nurse midwife. Any contemplated legislation should include requirements for these practitioners to comply with AS 18.15.150 and AS 18.15.200 regarding prenatal blood work and newborn metabolic testing respectively.

Recommended by:

E. S. Rabeau
E. S. Rabeau, M.D., Director
Division of Public Health

Date:

March 24, 1982

Approved by:

H. D. Birne
Helen D. Birne, Commissioner
Department of Health and
Social Services

Date:

3-24-82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. 2d Sponsor Substitute for House Bill No. 11
Title "An Act relating to midwifery."
Requested by Commissioner's Office Date 3/17/82

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
Program Category Affected Health/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 82	FY 83	FY 84	FY 85	FY 86	FY 87
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
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify 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 Instruction, Section III)

IV. DATE 3/19/82 PREPARED BY David Spence, M.D.
AGENCY Health and Social Services
Original: Legislative Finance PHONE 465-3100
cc: Budget and Management
Prime Sponsor (First Legislator Named)
33-001 (Rev. 12/81)

Rec'd after bill returned to Chief Clerk 3/31/82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE - AMENDED

I. REQUEST

Bill/Resolution No. 2d SSHB 11
Title An Act relating to midwifery.
Requested by Rogers Date 2-11-82

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, Or Subprogram(s) Affected Regulation & licensing of professions.
(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 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES		27.9	27.9	27.9	27.9	27.9
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		16.0	17.4	18.9	20.6	22.4
400 COMMODITIES		.5	.5	.5	.5	.5
500 EQUIPMENT		2.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		56.6	56.1	58.7	61.5	64.5

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND		56.6	56.1	58.7	61.5	64.5
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME		1	1	1	1	1
PART TIME						
TEMPORARY						

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

PERSONAL SERVICES - FY'82 salary schedule and benefits.

1 Licensing Examiner I, range 12, gen.govt., 12 mos. 27.9

TRAVEL - 10% inflation factor projected.

Board of Midwifery, 5 members (anticipate 1-Anch, 1-Fbks, 1-Southeast, 1-Kenai area, and 1-Nome area); 3 meetings per year (1 ea. in Anch, Fbks, & S.E), travel costs plus 3 days per diem @\$80/day \$6,000.00

Department staff: 1-licensing examiner to attend meetings of the Board of Midwifery, travel costs plus per diem 1,200.00

1-regulations specialist to hold hearings and assist board in promulgation of regulations, travel and per diem 1,200.00

1-investigator, travel and per diem costs to investigate complaints concerning lay midwifery; average 1 trip every 4 months @\$200/trip plus per diem @ \$80/day 1,000.00

IV. DATE March 25, 1982

PREPARED BY Marjorie Odland

AGENCY Division of Occupational Licensing

Original: Legislative Finance

PHONE 465-2535

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

Printing of new statute booklets, applications and licenses for midwives desiring to become licensed.	\$ 2,000.00
Meeting notices, regulation publications, mailing costs of application packets and statute booklets	800.00
General operating costs including phones, computer time (prorated by board), and similar daily costs.	1,000.00
Development of examination, professional services contract basis, including updates, pool of questions for use by state board, storage in in-house computer system	5,000.00
Licensing/Disciplinary Hearings - Anticipate three hearings per year. In estimating one day hearings, the following costs are considered:	
Average 6 hour days:	
Hearing Officer, @\$75/hr	450.00
Court Reporter, @\$25/hr	150.00
10 exhibits, \$.45 ea.	4.50
3 witnesses, 1/2 day ea. @ \$12.50	37.50
1 expert witness, 2 hrs. @ \$150./hr.	300.00
Transcript, avg. 210 pages @ \$4.50/page	945.00
	<hr/> 1,887.00
	X 3
	<hr/> \$ 5,661.00

Room Rental for examinations: 2 exams per year., 1 day each.	200.00
Proctors for examinations:	
Head Proctor - \$50/day	100.00
Monitor - \$35/day	70.00

Rental Space - 1 licensing examiner position: 60 sq.ft X \$1.70 X 12 mos. = 1.2

COMMODITIES

General supplies needed by licensing examiner such as tapes for meetings, file folders, paper etc. .5

EQUIPMENT - one time cost in FY'83.

1 desk, double pedestal 60" x 30"	426.92
1 chair, posture without arms (contour)	170.57
1 typewriter, correcting selectric, dual pitch	1,028.81
1 typewriter table	101.92
1 credenza, 90" x 62"	470.90
1 side chair	95.15
2 file cabinets, 4 drawer legal	505.20
	<hr/> \$2,799.48

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSSSHB 11 (Finance) (DRAFT)
Title An Act relating to midwifery.
Requested by House Finance Date 2-26-82

II. FISCAL DETAIL
Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, Or Subprogram(s) Affected Regulation & licensing of professions; admin, investigator
(Note: If more than one budget component is affected, separate line-item boards, and amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		14.8	16.1	17.5	19.1	20.9
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		24.2	26.4	28.9	31.6	34.6

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND		24.2	26.4	28.9	31.6	34.6
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME		0	0	0	0	0
PART TIME						
TEMPORARY						

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

TRAVEL - 10% inflation factor projected.

Board of Midwifery; 5 members (anticipate 1-Anch, 1-Fbks, 1-Southeast, 1-Kenai area, and 1-Nome area); 3 meetings per year (1 ea. in Anch., Fbks, & S.E.), travel costs plus 3 days per diem @ \$80/day

\$ 6,000.00

Department staff - 1 licensing examiner to attend meetings of the Board of Midwifery, travel costs plus per diem 1,200.00

1-Regulations Specialist to hold regulation hearings throughout the state, travel costs plus per diem 1,200.00

1-Investigator, additional travel costs to investigate complaints concerning lay midwives; average 1 trip every 4 months @\$200/trip plus per diem @\$80/day 1,000.00

\$ 9,400.00

IV. DATE March 2, 1982 PREPARED BY Marjorie Odland (continued...)
AGENCY Division of Occupational Licensing

Original: Legislative Finance PHONE 465-2535
cc: Budget and Management
Prime Sponsor (First Legislator Named)
33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

Printing of new statute booklets, applications and licenses for midwives desiring to become licensed.	\$ 2,000.00
Meeting notices, regulation publications, mailing costs of application packets and statute booklets	800.00
General operating costs including phones, computer time (projected by board), and similar daily costs.	1,000.00
Development of examination, professional services contract basis, including updates, pool of questions for use by state board, storage in in-house computer system	5,000.00
Licensing/Disciplinary Hearings - Anticipate three hearings per year. In estimating one day hearings, the following costs are considered:	
Average 6 hour days:	
Hearing Officer, @\$75/hr	450.00
Court Reporter, @\$25/hr	150.00
10 exhibits, \$.45 ea.	4.50
3 witnesses, 1/2 day ea. @ \$12.50	37.50
1 expert witness, 2 hrs. @ \$150./hr.	300.00
Transcript, avg. 210 pages @ \$4.50/page	945.00
	<hr/> 1,887.00
	X 3
	<hr/> \$ 5,661.00
Room Rental for examinations: 2 exams per year., 1 day each.	200.00
Proctors for examinations:	
Head Proctor - \$50/day	100.00
Monitor - \$35/day	70.00
	<hr/>
TOTAL CONTRACTUAL -	\$ 14,831.00

Original sponsors: Rogers and Vaska

Offered: 5/22/81
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to midwifery."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. FINDINGS AND INTENT. The legislature recognizes the unique
9 physical and emotional aspects of childbirth, and the need to protect and
10 enhance the religious, cultural, and individual freedoms in the manner,
11 setting, and cost of childbirth. The legislature finds that the traditional
12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
16 petency levels of their health care providers, and that licensing of mid-
17 wives does not remove from the parents the responsibility for choosing
18 where, when, how, and with whom to deliver their babies.

19 * Sec. 2. AS 08 is amended by adding a new chapter to read:

20 CHAPTER 69. MIDWIFERY.

21 Sec. 08.69.010. LICENSED MIDWIFE PRACTICE. A person who practices
22 as a licensed midwife shall obtain a license granted by the Department
23 of Commerce and Economic Development as provided in this chapter and
24 shall practice midwifery in accordance with this chapter.

25 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
26 person to represent oneself as a licensed midwife or use any designation
27 that implies that the person is licensed or certified by the state to
28 act as a midwife unless the person is currently licensed under this
29 chapter. A violation of the provisions of this section is a violation

1 as described in AS 11.81.250(a)(6).

2 Sec. 08.69.030. DUTIES OF THE DEPARTMENT. The department shall

3 (1) license persons to practice midwifery;

4 (2) prepare and administer examinations which test compe-
5 tence in midwifery;

6 (3) prescribe a biennial license fee for licensed midwives
7 not to exceed \$25;

8 (4) develop, publish, and make available to interested
9 parties at a reasonable cost, a bibliography and guide to the examina-
10 tion administered to applicants;

11 (5) require the compliance of licensed midwives with vital
12 statistic recording requirements;

13 (6) require licensed midwives to maintain statistics relating
14 to births they attend.

15 Sec. 08.69.040. LICENSURE AS A MIDWIFE. A person is eligible for
16 licensure as a midwife if that person

17 (1) is at least 18 years of age;

18 (2) furnishes proof of having attended at least 30 births as
19 a midwife in the two-year period immediately preceding the date of
20 application or has completed a midwife apprenticeship under AS 08.69.-
21 150; proof is by affidavit of the applicant for births which occurred
22 before January 1, 1982;

23 (3) passes an examination administered by the department
24 meeting the requirements of AS 08.69.060;

25 (4) pays the license fee prescribed in this chapter.

26 Sec. 08.69.050. LICENSURE BY ENDORSEMENT. A person who is li-
27 censed as a midwife by another state may be licensed as a midwife if
28 the requirements for that license are essentially the same as the
29 requirements for licensure under AS 08.69.040.

1 Sec. 08.69.060. EXAMINATION OF APPLICANTS. (a) The examination
2 for licensure as a midwife shall be administered at times and locations
3 selected by the department.

4 (b) Subjects examined by the examination shall include, and are
5 limited to,

- 6 (1) anatomy of the pelvis and female genital organs;
- 7 (2) physiology of the female genital organs;
- 8 (3) recognition and management of pregnancy;
- 9 (4) understanding fetal presentations and positions;
- 10 (5) mechanisms and management of normal labor;
- 11 (6) management of puerperium;
- 12 (7) injuries to the genital organs following labor;
- 13 (8) sepsis and antisepsis in relation to labor;
- 14 (9) preparation and management of the delivery site and
15 lying-in area;
- 16 (10) hygiene of mother and infant;
- 17 (11) asphyxiation, convulsions, malformation, and infectious
18 diseases of the newborn;
- 19 (12) causes, effects, and prevention of ophthalmia neonatorum;
- 20 (13) emergency occurrences requiring the attention of a
21 physician;
- 22 (14) requirements of vital statistics law relating to report-
23 ing of births and infectious diseases of the newborn;
- 24 (15) the pharmacology of drugs used in emergency maternity
25 care for both mother and infant following childbirth;
- 26 (16) nutrition as it relates to the prenatal, partal and
27 postpartum period;
- 28 (17) management of breast feeding;
- 29 (18) knowledge of the bonding process and family interrela-

1 tionships;

2 (19) knowledge of conscious control techniques for labor
3 management.

4 Sec. 08.69.070. RENEWAL OF LICENSES. (a) A midwife's license is
5 renewable biennially on June 30.

6 (b) Notice of renewal will be mailed to every currently licensed
7 midwife on or before May 1 of each even-numbered year.

8 (c) A license not renewed by June 30 will lapse on July 1 or be
9 placed on the inactive list at the request of the licensee.

10 (d) A lapsed license will be reinstated within 90 days of lapse
11 upon receipt of payment of the license renewal fee and satisfaction of
12 other renewal requirements.

13 (e) The department shall establish requirements which must be met
14 before a license may be renewed, which must include a requirement that
15 an applicant for renewal has attended 20 births in the previous two
16 years and has completed 20 hours of continuing education. Continuing
17 education shall include childbirth-related postsecondary coursework,
18 workshops, or any combination of training and experience or a combina-
19 tion of experience and continuing education.

20 Sec. 08.69.080. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF
21 A LICENSE. (a) The department shall revoke or suspend the license of
22 a midwife, or the licensee may be reprimanded, censured, or disciplined
23 if the department finds after a hearing that

24 (1) the midwife has obtained or attempted to obtain a license
25 under this chapter by fraud or deceit;

26 (2) the licensed midwife has wilfully violated a provision
27 of this chapter;

28 (3) the licensed midwife has engaged in unprofessional
29 conduct; or

1 (4) the licensed midwife has engaged in intentional or
2 negligent conduct that results in a significant risk to the health or
3 safety of a client or that results in injury to a client.

4 (b) The department shall afford a midwife whose license has been
5 denied or revoked the opportunity to have the license reinstated by
6 demonstrating ability to resume the competent practice of midwifery
7 with reasonable skill and safety.

8 Sec. 08.69.090. SCOPE OF PRACTICE. (a) A midwife licensed under
9 this chapter may perform functions within the scope of practice. The
10 scope of practice for licensed midwives includes

11 (1) recognition of pregnancy and management of prenatal
12 care;

13 (2) preparation and management of the delivery site and
14 lying-in area;

15 (3) management of the birth process and delivery of the
16 infant;

17 (4) clamping and severing the umbilical cord;

18 (5) delivery of the placenta, with anti-hemorrhage tech-
19 niques;

20 (6) recognition of an emergency labor or delivery situation
21 involving the mother or infant;

22 (7) emergency procedures for asphyxiation, convulsions,
23 malformation, and infectious diseases of the newborn;

24 (8) administration of preventive prophylaxis for ophthalmia
25 neonatorum;

26 (9) postnatal care of mother and infant;

27 (10) suturing;

28 (11) routine laboratory investigation for normal prenatal
29 care.

1 (b) In a medical emergency the scope of practice, to the extent
2 needed for the emergency includes

- 3 (1) intramuscular injections for maternal hemorrhage;
4 (2) penetration of human tissue for emergency episiotomy,
5 repair, and severing the umbilical cord;
6 (3) oxygen use.

7 (c) The department shall designate the medications, therapeutic
8 agents, and techniques which a licensed midwife is authorized to admin-
9 ister and the circumstances under which those medications, therapeutic
10 agents, and techniques may be administered.

11 Sec. 08.69.100. INFORMED CONSENT FORM. (a) The department shall
12 develop an informed consent form which the licensed midwife shall
13 provide for clients at their initial meeting. The form will describe
14 the licensed midwife's

- 15 (1) philosophy of practice;
16 (2) education and training;
17 (3) experience;
18 (4) services and fees;
19 (5) procedures for meeting medical emergencies.

20 (b) The licensed midwife shall inform the client that the statis-
21 tical information required by AS 08.69.110 is maintained by the licensed
22 midwife and is available for inspection.

23 Sec. 08.69.110. STATISTICS. (a) The department shall determine
24 the information concerning the practice of midwifery which must be
25 collected and retained. This information is subject to audit by the
26 department. The information is required to be retained in statistical
27 form and shall include

- 28 (1) infections;
29 (2) hemorrhage;

1 (3) hospital transfers;
2 (4) malpresentations;
3 (5) normal deliveries;
4 (6) absence of physical examinations performed by a physi-
5 cian and the reason examinations were not performed.

6 (b) The statistical information required shall be filed with the
7 department every six months on a form prescribed by the department.

8 Sec. 08.69.120. MEDICAL HISTORIES. (a) The department shall
9 require licensed midwives to maintain a comprehensive medical and
10 obstetrical history of each client. The history shall include

- 11 (1) the mother's name and address;
12 (2) the mother's date of birth;
13 (3) the mother's gravidity and parity;
14 (4) progress in pregnancy, including routine laboratory
15 investigation;
16 (5) progress of mother and infant in labor and delivery;
17 (6) characteristics of placental delivery and cessation of
18 bleeding of mother;
19 (7) APGAR administered to infant;
20 (8) immediate postpartum progress of mother and infant;
21 (9) general health of mother and infant at the time the
22 midwife services terminate;
23 (10) other information required by the department.

24 Sec. 08.69.130. PRACTICE OF A LICENSED MIDWIFE. A person licensed
25 as a midwife under this chapter must

- 26 (1) ensure that if reasonably possible before the onset of
27 labor the mother has received a general physical examination by a
28 physician or a nurse midwife;
29 (2) recommend that the mother be transferred to the care of

1 a physician if a medical emergency is indicated; and

2 (3) have transportation reasonably available during labor
3 and delivery to transfer the mother to a hospital or physician if a
4 medical emergency requires it.

5 Sec. 08.69.140. POSSESSION OF DRUGS. A licensed midwife may
6 possess and administer in accordance with a prescription from a consult-
7 ing physician agents used to stop maternal hemorrhage, oxygen, and
8 antibiotic eye drops.

9 Sec. 08.69.150. MIDWIFE APPRENTICESHIP. (a) A person may com-
10 plete a midwifery apprenticeship by observing and assisting in the
11 management and care of the mother and infant in at least 30 births. In
12 the course of 20 of those births, the apprentice must assume primary
13 responsibility, under the supervision and observation of the sponsor,
14 for the prenatal, intrapartal, and postpartal management and care of
15 the mother and child. A person undertaking a midwifery apprenticeship
16 shall register with the department at the beginning of the apprentice-
17 ship.

18 (b) A midwife apprenticeship must be under the immediate super-
19 vision of a sponsor. A sponsor may not supervise more than three
20 apprentice midwives simultaneously. The sponsor shall secure the
21 compliance of the apprentice midwife with this chapter.

22 Sec. 08.69.160. DEFINITIONS. In this chapter

23 (1) "department" means the Department of Commerce and Eco-
24 nomic Development;

25 (2) "medical emergency" means a situation of a serious
26 nature which develops suddenly and unexpectedly and demands immediate
27 action during pregnancy, labor or delivery;

28 (3) "normal childbirth" means a normal physiological state
29 of health in which the expectant mother is in a stable condition with-

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out disease or complications;

(4) "sponsor" means a physician, a nurse midwife, or a midwife licensed to practice in this state;

(5) "unprofessional conduct" includes the habitual overuse of alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as defined in AS 17.12.230(13).

Introduced: 4/27/81
Referred: Health, Education &
Social Services

1 IN THE HOUSE

BY ROGERS AND VASKA

2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to midwifery."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. FINDINGS AND INTENT. The legislature recognizes the unique
9 physical and emotional aspects of childbirth, and the need to protect and
10 enhance the religious, cultural, and individual freedoms in the manner,
11 setting, and cost of childbirth. The legislature finds that the traditional
12 and cultural use of midwives continues and that the demand for midwifery
13 service is increasing in Alaska without adequate regulation and licensure.
14 Therefore, the legislature intends that midwifery be regulated in the public
15 interest to assure that users of midwifery services are aware of the com-
16 petency levels of their health care providers, and that licensing of mid-
17 wives does not remove from the parents the responsibility for choosing
18 where, when, how, and with whom to deliver their babies.

19 * Sec. 2. AS 08 is amended by adding a new chapter to read:

20 CHAPTER 69. MIDWIFERY.

21 Sec. 08.69.010. LICENSED MIDWIFE PRACTICE. A person who practices
22 as a licensed midwife shall obtain a license granted by the Department
23 of Commerce and Economic Development as provided in this chapter and
24 shall practice midwifery in accordance with this chapter.

25 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
26 person to represent oneself as a licensed midwife unless the person is
27 currently licensed under this chapter.

28 Sec. 08.69.030. DUTIES OF THE DEPARTMENT. The department shall
29 (1) license persons to practice midwifery;

1 (2) prepare and administer examinations which test compe-
2 tence in midwifery;

3 (3) prescribe a biennial license fee for licensed midwives
4 not to exceed \$25;

5 (4) develop, publish, and make available to interested
6 parties at a reasonable cost, a bibliography and guide to the examina-
7 tion administered to applicants;

8 (5) require the compliance of licensed midwives with vital
9 statistic recording requirements;

10 (6) require licensed midwives to maintain statistics relating
11 to births they attend.

12 Sec. 08.69.040. LICENSURE AS A MIDWIFE. A person is eligible for
13 licensure as a midwife if that person

14 (1) is at least 18 years of age;

15 (2) furnishes proof of having received a high school degree
16 or its equivalent;

17 (3) furnishes proof of having attended at least 20 births as
18 a midwife in the two-year period immediately preceding the date of
19 application or has completed a midwife apprenticeship; proof is by
20 affidavit of the applicant for births which occurred before January 1,
21 1982;

22 (4) passes an examination administered by the department
23 meeting the requirements of AS 08.69.060;

24 (5) pays the license fee prescribed in this chapter.

25 Sec. 08.69.050. LICENSURE BY ENDORSEMENT. A person who is li-
26 censed as a midwife by another state may be licensed as a midwife if
27 the requirements for that license are essentially the same as the
28 requirements for licensure under AS 08.69.040.

29 Sec. 08.69.060. EXAMINATION OF APPLICANTS. (a) The examination

1 for licensure as a midwife shall be administered at times and locations
2 selected by the department.

3 (b) The examination shall be in written form.

4 (c) Subjects examined by the examination shall include, and are
5 limited to,

- 6 (1) anatomy of the pelvis and female genital organs;
- 7 (2) physiology of the female genital organs;
- 8 (3) recognition and management of pregnancy;
- 9 (4) understanding fetal presentations and positions;
- 10 (5) mechanisms and management of normal labor;
- 11 (6) management of puerperium;
- 12 (7) injuries to the genital organs following labor;
- 13 (8) sepsis and antisepsis in relation to labor;
- 14 (9) preparation and management of the delivery site and
15 lying-in area;
- 16 (10) hygiene of mother and infant;
- 17 (11) asphyxiation, convulsions, malformation, and infectious
18 diseases of the newborn;
- 19 (12) causes, effects, and prevention of ophthalmia neonatorum;
- 20 (13) emergency occurrences requiring the attention of a
21 physician;
- 22 (14) requirements of vital statistics law relating to report-
23 ing of births and infectious diseases of the newborn;
- 24 (15) the pharmacology of drugs used in emergency maternity
25 care for both mother and infant following childbirth;
- 26 (16) nutrition as it relates to the prenatal, partal and
27 postpartum period;
- 28 (17) management of breast feeding;
- 29 (18) knowledge of the bonding process and family interrela-

1 tionships;

2 (19) knowledge of conscious control techniques for labor
3 management.

4 Sec. 08.69.070. RENEWAL OF LICENSES. (a) A midwife's license is
5 renewable biennially on June 30.

6 (b) Notice of renewal will be mailed to every currently licensed
7 midwife on or before May 1 of each even-numbered year.

8 (c) A license not renewed by June 30 will lapse on July 1 or be
9 placed on the inactive list at the request of the licensee.

10 (d) A lapsed license will be reinstated within 90 days of lapse
11 upon receipt of payment of the license renewal fee and satisfaction of
12 other renewal requirements.

13 (e) The department shall establish requirements which must be met
14 before a license may be renewed, which must include a requirement that
15 an applicant for renewal has attended 20 births in the previous two
16 years or has completed 20 hours of continuing education. Continuing
17 education may include childbirth-related postsecondary coursework,
18 workshops, or practice in association with another midwife, or any
19 combination of training and experience or a combination of experience
20 and continuing education.

21 Sec. 08.69.080. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF
22 A LICENSE. (a) The department may revoke or suspend the license of a
23 midwife, or the licensee may be reprimanded, censured, or disciplined
24 if the board finds after a hearing that

25 (1) the midwife has obtained or attempted to obtain a license
26 under this chapter by fraud or deceit;

27 (2) the licensed midwife has wilfully violated a provision
28 of this chapter; or

29 (3) the licensed midwife has engaged in unprofessional

1 conduct.

2 (b) The department shall afford a midwife whose license has been
3 denied or revoked the opportunity to have the license reinstated by
4 demonstrating ability to resume the competent practice of midwifery
5 with reasonable skill and safety.

6 Sec. 08.69.090. SCOPE OF PRACTICE. (a) A midwife licensed under
7 this chapter may perform functions within the scope of practice. The
8 scope of practice for licensed midwives includes

9 (1) recognition of pregnancy and management of prenatal
10 care;

11 (2) preparation and management of the delivery site and
12 lying-in area;

13 (3) management of the birth process and delivery of the
14 infant;

15 (4) clamping and severing the umbilical cord;

16 (5) delivery of the placenta, with anti-hemorrhage tech-
17 niques;

18 (6) recognition of an emergency labor or delivery situation
19 involving the mother or infant;

20 (7) emergency procedures for asphyxiation, convulsions,
21 malformation, and infectious diseases of the newborn;

22 (8) administration of preventive prophylaxis for ophthalmia
23 neonatorum;

24 (9) postnatal care of mother and infant;

25 (10) suturing;

26 (11) routine laboratory investigation for normal prenatal
27 care.

28 (b) In a medical emergency the scope of practice, to the extent
29 needed for the emergency includes

- 1 (1) intramuscular injections for maternal hemorrhage;
2 (2) penetration of human tissue for emergency episiotomy,
3 repair, and severing the umbilical cord;
4 (3) oxygen use.

5 (c) The department shall designate the medications, therapeutic
6 agents, and techniques which a licensed midwife is authorized to admin-
7 ister and the circumstances under which those medications, therapeutic
8 agents, and techniques may be administered.

9 Sec. 08.69.100. INFORMED CONSENT FORM. (a) The department shall
10 develop an informed consent form which the licensed midwife shall
11 provide for clients at their initial meeting. The form will describe
12 the licensed midwife's

- 13 (1) philosophy of practice;
14 (2) education and training;
15 (3) experience;
16 (4) services and fees;
17 (5) procedures for meeting medical emergencies.

18 (b) The licensed midwife shall inform the client that the statis-
19 tical information required by AS 08.69.110 is maintained by the licensed
20 midwife and is available for inspection.

21 Sec. 08.69.110. STATISTICS. (a) The department shall determine
22 the information concerning the practice of midwifery which must be
23 collected and retained. This information is subject to audit by the
24 department. The information is required to be retained in statistical
25 form and shall include

- 26 (1) infections;
27 (2) hemorrhage;
28 (3) hospital transfers;
29 (4) malpresentations;

1 (5) normal deliveries;

2 (6) absence of physical examination; performed by a physi-
3 cian and the reason examinations were not performed.

4 (b) The statistical information required shall be filed with the
5 department every six months on a form prescribed by the department.

6 Sec. 08.69.120. MEDICAL HISTORIES. (a) The department shall
7 require licensed midwives to maintain a comprehensive medical and
8 obstetrical history of each client. The history shall include

9 (1) the mother's name and address;

10 (2) the mother's date of birth;

11 (3) the mother's gravidity and parity;

12 (4) progress in pregnancy, including routine laboratory
13 investigation;

14 (5) progress of mother and infant in labor and delivery;

15 (6) characteristics of placental delivery and cessation of
16 bleeding of mother;

17 (7) APGAR administered to infant;

18 (8) immediate postpartum progress of mother and infant;

19 (9) general health of mother and infant at the time the
20 midwife services terminate;

21 (10) other information required by the department.

22 Sec. 08.69.130. PRACTICE OF A LICENSED MIDWIFE. A person licensed
23 as a midwife under this chapter must

24 (1) ensure that if reasonably possible before the onset of
25 labor the mother has received a general physical examination by a
26 physician;

27 (2) recommend that the mother be transferred to the care of
28 a physician if a medical emergency is indicated.

29 Sec. 08.69.140. POSSESSION OF DRUGS. A licensed midwife may

1 possess and administer in accordance with a prescription from a consult-
2 ing physician agents used to stop maternal hemorrhage, oxygen, and
3 antibiotic eye drops.

4 Sec. 08.69.150. MIDWIFE APPRENTICESHIP. (a) A person may com-
5 plete a midwifery apprenticeship by observing and assisting in the
6 management and care of the mother and infant in at least 50 births. In
7 the course of 25 of those births, the apprentice must assume primary
8 responsibility, under the supervision and observation of the sponsor,
9 for the prenatal, intrapartal, and postpartal management and care of
10 the mother and child. A person undertaking a midwifery apprenticeship
11 shall register with the department at the beginning of the apprentice-
12 ship.

13 (b) A midwife apprenticeship must be under the immediate super-
14 vision of a sponsor. A sponsor may not supervise more than three
15 apprentice midwives simultaneously. The sponsor shall secure the
16 compliance of the apprentice midwife with this chapter.

17 Sec. 08.69.160. DEFINITIONS. In this chapter

18 (1) "department" means the Department of Commerce and Eco-
19 nomic Development;

20 (2) "medical emergency" means a situation of a serious
21 nature which develops suddenly and unexpectedly and demands immediate
22 action during pregnancy, labor or delivery;

23 (3) "normal childbirth" means a normal physiological state
24 of health in which the expectant mother is in a stable condition with-
25 out disease or complications;

26 (4) "sponsor" means a physician or a midwife licensed to
27 practice in this state;

28 (5) "unprofessional conduct" includes the habitual overuse
29 of alcoholic beverages or depressant, hallucinogenic or stimulant

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drugs, as defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as defined in AS 17.12.230(13).

CS SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

An Act Entitled "An Act relating to midwifery".....

DISCUSSION

Before widespread availability of medical facilities, adequate transportation and professional providers, the Department promoted training for birth attendants in remote village areas through maternal and child health nurse consultants. In 1968, specific training was discontinued because of the establishment of the Community Health Aide training program by the Alaska Native Health Service. This program emphasizes the Community Health Aide's collaborative relationship with the Alaska Native Health physicians, which has resulted in moving the vast majority of village home births to the protected environment of hospitals.

Since that time there has been increasing demand for alternative birthing situations, including increased use of nurse midwives and birth attendants. This growing phenomenon is happening primarily in urban Alaska and is due to both economic reasons and to the desires for a family-oriented birthing experience. Analysis of birth statistics (with an approximation for the number of unreported home births) in 1979 indicates that 200-300 out of 9,000 births probably occurred at home. These home births occurred primarily in Anchorage, Fairbanks, Homer and Juneau. The few home births that occurred in remote areas were primarily due to medical emergencies and hazardous travel conditions.

Alaska is attempting to address the needs of these individuals by:

1. expanding Medicaid coverage for maternity care;
2. extending general relief medical assistance for those not eligible for Medicaid;
3. providing support for family centered birthing attitudes and procedures in hospitals;
4. providing medical care assistance through Improved Pregnancy Outcome and high risk pregnancy projects; and
5. supporting the practice of nurse-midwives.

Alaska recognized the advanced nurse practitioner role by adopting regulation 12 AAC.44.400 which addresses the scope of practice and certification requirements. These increased training and educational requirements for nurse midwives have evolved to assure competent, quality, alternative health care for pregnant women.

RECOMMENDATIONS

Section 06.69.010 provides that a person who practices as a licensed midwife shall obtain a license. Since there is neither specific language requiring birth attendants to be licensed nor disciplinary action for practicing without a license, as presently worded only birth attendants who want to represent themselves as licensed midwives need to obtain a license.

Section 08.69.040 establishes requirements for licensure which include a minimum of 20 births or a completion of an apprenticeship and passing an examination administered by the Department of Commerce. Since the specific purpose of regulation of a profession is to limit entry to those persons qualified to administer the services and to protect the consumers (in this instance mothers and children), these proposed statutes may be insufficient to assure that birth attendants will have the minimum base skill level necessary to practice safely. The National Midwives Association regards training and experience as essential components to any regulation, and they recommend a minimum of 50 births with a practicing midwife for licensure. Arizona, which has birth attendant licensure, requires attendance at 15 births. These statutes are seen to be highly deficient by the National Midwives Association. The Department recommends that an apprenticeship be required for all persons who have not completed a course of study that includes a period of apprenticeship.

Section 08.69.070 provides for the renewal of birth attendants licenses. The proposed statutes require an applicant to have attended 20 births in the previous two years and to have completed 20 hours of continuing education. Since the practice of birth attendants is based both in knowledge and skills, it is recommended that experience be deleted as a substitute for continuing education.

Section 08.69.130 outlines the conditions under which the birth attendant may practice. It provides that the client of a birth attendant must have a general physical examination by a physician or nurse midwife, and that the mother be transferred to the care of a physician if a medical emergency is indicated. The Department recommends that:

- (1) the section regarding transferred to medical care be changed to:

"The mother will be transferred to the care of the physician if she develops any medical high risk conditions (e. g., toxemia, bleeding).

- (2) that the following requirement be added:

"Birth attendants shall have an approved written collaborative relationship with a physician". This requirement would be similar to regulation of nurse-practitioner and physician assistant and is essential to assuring that the mid-level practitioner have sufficient medical backup. The collaborating physician should be protected by statute from liability related to the care of a client not directly under his supervision.

Section 08.69.160 provides for definitions. The Department recommends that Section 08.69.160(4) be revised to delete "midwife" from the definition of a "sponsor"; As presently written, a birth attendant (lay midwife) could serve as a sponsor to another birth attendant; this may not assure that the apprentice is trained by a practitioner with sufficient knowledge and skills to be a trainer. The Department believes the minimum skill level necessary to serve as sponsor are those possessed by nurse midwives or a physician.

Department Position

In order to assure clients a safe, alternative to physician services, nurse midwives have to meet specific educational, apprenticeship, and collaborating physician requirements. The Department fully supports the mode of nurse midwife practice and recommends that birth attendants (lay midwives) should have similar requirements in order to assure clients of an optimal outcome.

Recommended by: David Bruce
David Bruce, Deputy Director
Division of Public Health

Date: June 2, 1981

Approved by: Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date: 6-16-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS Sponsor Substitute for House Bill No. 11
 Title An Act relating to midwifery
 Requested by HESS Committee Date 5/22/81

II. FISCAL DETAIL

Agency Affected Dept. of Health & Social Services
 Program Category Affected Div. 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 81	FY 82	FY 83	FY 84	FY 85	FY 86
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
TOTAL	0	0	0	0	0	0

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
	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)

IV. DATE June 2, 1981 PREPARED BY Dave Spence, MD
 AGENCY Section of Family Health
 PHONE 465-3104
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) M&B Approval [Signature] Date 6/8/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSSHB 11

Title An act relating to midwifery.

Requested by House HESS Committee

Date 5-22-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development

Program Category Affected Public Protection

BRU, Program, or Subprogram(s) Affected Regulation & licensing of professions; admin/investigat

(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	-	0	0	0	0	0
200 TRAVEL	-	4.2	4.7	5.3	5.9	6.6
300 CONTRACTUAL	-	114.7	112.0	119.8	128.1	137.0
400 COMMODITIES	-	0	0	0	0	0
500 EQUIPMENT	-	0	0	0	0	0
600 LAND & STRUCTURES	-	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	-	0	0	0	0	0
TOTAL		118.9	116.7	119.8	128.1	137.0

FUNDING (Thousands of Dollars)

	118.9	116.7	119.8	128.1	137.0
GENERAL FUND					
FEDERAL FUNDS					
OTHER (Specify Fund Source)					

POSITIONS

	0	0	0	0	0
FULL TIME					
PART TIME					
TEMPORARY					

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

TRAVEL - 12% inflation factor projected.

Dept. staff to administer examination, 2 times per year	\$ 700.00
Dept. staff to attend regulation hearings, Anch/Fbks/Juneau	1,600.00
Additional travel and field work by investigators, located in Anchorage & Juneau, to investigate midwifery complaints:	
2 investigators { 1 day per diem/mo, @ \$67 per day	
{ 1 trip every 4 mos, @ \$160 per trip	1,900.00
Total	\$ 4,200.00

CONTRACTUAL - 7% inflation factor projected.

Duplication of statute booklets, new applications and forms in FY'82	\$ 2,000.00 (1 time)
Contract costs of examination preparation by examination service	10,000.00
Legal notices, publications, mailing and distribution costs of statute booklets, applications etc.	1,000.00

IV. DATE 6-3-81

PREPARED BY Marjorie Odland, Regulations Specialist

AGENCY Division of Occupational Licensing

PHONE 465-2535

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

Fiscal Note on CSSH B 11 continued. . .

Hearings: estimated 2 hearings on licensed midwives per year. Costs estimated at \$50,000 per hearing; hearing officer @ \$55/hr., plus travel and expenses; court reporter @ \$20/hr; judicial process approximately \$1,000 per hearing	100,000.00
Room rental for examinations and hearings:	
2 exams per year, ANCO./FBKS/JUNO, 1 day each	900.00
2 regulatory hearings per year, 2 days each	600.00
Proctors for examinations:	
\$50 for head proctors	
\$35 for monitors	200.00
	<hr/>
Total	\$ 114,700.00

* ADMINISTRATIVE SUPPORT FUNCTIONS could be absorbed
by staff budgeted for in FY'82 budget.

SSHB 11

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SSHB 11
 Title An Act relating to midwifery.
 Requested by Rogers Date 4-27-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
 Program Category Affected Public Protection
 BRU, Program, or Subprogram(s) Affected Regulation & licensing of professions; admin/investigation
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	-	0	0	0	0	0
200 TRAVEL	-	4.2	4.7	5.3	5.9	6.6
300 CONTRACTUAL	-	104.7	112.0	119.8	128.1	137.0
400 COMMODITIES	-	0	0	0	0	0
500 EQUIPMENT	-	0	0	0	0	0
600 LAND & STRUCTURES	-	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	-	0	0	0	0	0
TOTAL		108.9	116.7	125.1	134.0	143.6

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		108.9	116.7	125.1	134.0	143.6
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		0	0	0	0	0
PART TIME						
TEMPORARY						

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

TRAVEL - 12% inflation factor projected.
 Dept. staff to administer examination, 2 times/yr. \$ 700.00
 Dept. staff to attend regulation hrgs., Anch/Fbks/Jnu 1,600.00
 Additional travel and field work by investigators, located in Anchorage & Juneau, to investigate midwife complaints:
 2 Investigators (1 day per diem/mo, @ \$67 per day 1,900.00
 (1 trip every 4 mos, @ \$160 per trip \$ 4,200.00

CONTRACTUAL - 7% inflation factor projected.
 Legal notices, publications, duplicating and printing costs of applications, consent forms etc.; printing/mailing/distribution costs of statute and regulation booklets; development of exam. \$ 3,000.00
 (continued next page.)

IV. DATE 5-1-81 PREPARED BY Marjorie Odland
 AGENCY Division of Occupational Licensing
 PHONE 465-2535
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Hearings - estimated 2 hearings concerning midwives per year.	100,000.00
Costs estimated at \$50,000 per hearing: hearing officer @ \$55/hr, plus travel & expenses; court reporter @ \$20/hr; judicial process approx. \$1,000 per hearing.	
Room Rental for examinations and hearings.	
2 exams per year, in Anch/Fbks/Jnu, 1 day ea.	900.00
2 regulatory hearings per year, 2 days ea.	600.00
Proctors for examinations.	200.00
\$50 for head proctor	
\$35 for monitors	
Total contractual	\$104,700.00

*Administrative support functions could be absorbed by staff budgeted for in FY'82 budget.

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

An Act Entitled "An Act relating to midwifery".....

DISCUSSION

Before widespread availability of medical facilities, adequate transportation and professional providers, the Department promoted training for birth attendants in remote village areas through maternal and child health nurse consultants. In 1968, specific training was discontinued because of the establishment of the Community Health Aide training program by the Alaska Native Health Service. This program emphasizes the Community Health Aide's collaborative relationship with the Alaska Native Health physicians, which has resulted in moving the vast majority of village home births to the protected environment of hospitals.

Since that time there has been increasing demand for alternative birthing situations, including increased use of nurse midwives and birth attendants. This growing phenomenon is happening primarily in urban Alaska and is due to both economic reasons and to the desires for a family oriented birthing experience. Analysis of birth statistics (with an approximation for the number of unreported home births) in 1979 indicates that 200-300 out of 9,000 births probably occurred at home. These home births occurred primarily in Anchorage, Fairbanks, Homer and Juneau. The few home births that occurred in remote areas were primarily due to medical emergencies and hazardous travel conditions.

Alaska is attempting to address the needs of these individuals by:

1. expanding Medicaid coverage for maternity care;
2. extending general relief medical assistance for those not eligible for Medicaid;
3. providing support for family centered birthing attitudes and procedures in hospitals;
4. providing medical care assistance through Improved Pregnancy Outcome and high risk pregnancy projects; and
5. supporting the practice of nurse-midwives.

Alaska recognized the advanced nurse practitioner role by adopting regulation 12 AAC.44.400 which addresses the scope of practice and certification requirements. These increased training and educational requirements for nurse midwives have evolved to assure competent, quality, alternative health care for pregnant women.

RECOMMENDATIONS

Section 06.69.010 provides that a person who practices as a licensed midwife shall obtain a license. Since there is neither specific language requiring birth attendants to be licensed nor disciplinary action for practicing without a license, as presently worded only birth attendants who want to represent themselves as licensed midwives need to obtain a license. We question if this is the intent of licensing this field, when non-licensees are not prohibited from practicing.

Section 08.69.040 establishes requirements for licensure which include a minimum of 20 births or a completion of an apprenticeship and passing an examination administered by the Department of Commerce. Since the specific purpose of regulation of a profession is to limit entry to those persons qualified to administer the services and to protect the consumers (in this instance mothers and children), these proposed statutes may be insufficient to assure that birth attendants will have the minimum base skill level necessary to practice safely. The National Midwives Association regards training and experience as essential components to any regulation, and they recommend a minimum of 50 births with a practicing midwife for licensure. Arizona, which has birth attendant licensure, requires attendance at 15 births. These statutes are seen to be highly deficient by the National Midwives Association. The Department recommends that an apprenticeship be required for all persons who have not completed a course of study that includes a period of apprenticeship.

Section 08.69.070 provides for the renewal of birth attendants licenses. The proposed statutes require an applicant to have attended 20 births in the previous two years or to have completed 20 hours of continuing education. Since the practice of birth attendants is based both in knowledge and skills, the Department recommends that both continuing practice and continuing education be required for license renewal. It is recommended that continuing education requirements be in childbirth related courses only, and that practice with a midwife be deleted as a substitute for continuing education.

Section 08.69.08 outlines the conditions under which a license may be revoked or suspended, or the licensee may be reprimanded, censured, or disciplined. The Department recommends that a section be included that covers intentional or negligent conduct that results in a significant risk to the health or safety of a client or in injury to a client. This would be similar to the proposed statutes in Senate Bill No. 238 "An Act relating to the practice of nursing".

Section 08.69.130 outlines the conditions under which the birth attendant may practice. It provides that the client of a birth attendant must have a general physical examination by a physician, and that the mother be transferred to the care of a physician if a medical emergency is indicated. The Department recommends that:

- (1) a required general physical examination of client be done by a physician or a nurse midwife. This will allow more flexibility, and the nurse midwife is qualified to perform a general physical exam.

(2) that the section of regarding transferred to medical care be changed to:

"The mother will be transferred to the care of the physician if she develops any high risk conditions; and that the birthing attendant have available adequate resources during labor and delivery to transfer the mother to a hospital and/or physician if a medical emergency develops".

(3) that the following requirement be added:

"Birth attendants shall have an approved written collaborative relationship with a physician. This requirement would be similar to regulation of nurse-practitioner and physician assistant and is essential to assuring that the mid-level practitioner have sufficient medical back-up. The collaborating physician should be protected by statute from liability related to the care of a client not directly under his supervision".

Section 08.69.160 provides for definitions. The Department recommends that Section 08.69.160(4) be revised to read "sponsor" means a physician or a nurse midwife licensed to practice in this State. As presently written, a birth attendant (lay midwife) could serve as a sponsor to another birth attendant; this may become problematic in terms of assuring that the apprentice is trained by a practitioner with sufficient knowledge and skills to be a trainer. The Department believes the minimum skill level necessary to serve as sponsor are those possessed by nurse midwives or a physician.

DEPARTMENT POSITION

In order to assure clients a safe, alternative to physician services, nurse midwives have to meet specific educational, apprenticeship, and collaborating physician requirements. The Department fully supports the mode of nurse midwife practice and recommends that birth attendants (lay midwives) should have similar requirements in order to assure clients of an optimal outcome.

Recommended by:

David Bruce
David Bruce, Deputy Director
Division of Public Health

Date:

April 30, 1981

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner
Dept. of Health & Social Services

Date:

7/30/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

Title "An Act Relating to Midwifery"...

Requested by HOUSE HESS

Date 4/28/81

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Health

BRU, Program, or Subprogram(s) Affected Family Health

(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0					
200 TRAVEL	0					
300 CONTRACTUAL	0					
400 COMMODITIES	0					
500 EQUIPMENT	0					
600 LAND & STRUCTURES	0					
700 GRANTS, CLAIMS, ETC.	0					
TOTAL	0					

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

IV. DATE 4/30/81

PREPARED BY Vernellia Randall-Phillips

AGENCY Division of Public Health

PHONE 465-3100

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

M&B Approval [Signature]

Date 4/30/81

POSITION PAPER
HOUSE BILL NO. 240 and 241

"Acts establishing the Vocational Education Task Force and providing pecuniary support."

This bill creates a task force that will have 8-10 months to analyze the need and make recommendations for vocational and technical education in Alaska.

In light of the extensive historical involvement of the Bureau of Indian Affairs in this field of education for Alaska Natives and in light of the continuing needs of Alaska Native young people to have appropriate opportunities there should be an addition to page 1, line 27: (10) an employee of the Bureau of Indian Affairs who has had experience with the vocational training programs.

There should be an interface of the University of Alaska with the vocational education that is being offered. Teacher training and actual vocational training in certain fields are two specific desired aspects of this interface. Therefore a suggested addition to page 1, line 27 is: (11) an employee of the University of Alaska who is familiar with curriculum development in the university system.

The Department supports the concept of these bills.

Recommended by: David Bruce
David Bruce, Deputy Director
Division of Public Health

Date: March 23, 1981

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

Date: 3-24-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HOUSE BILL NO. 240 and 241
 Title "Acts establishing the Vocational Education Task Force and Providing pecuniary support"
 Requested by Helen D. Beirne Date March 3, 1981

II. FISCAL DETAIL

Agency Affected Health and Social Services
 Program Category Affected Public Health
 BRU, Program, or Subprogram(s) Affected Family Health

(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
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
TOTAL	0	0	0	0	0	0

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)

Zero fiscal impact.

IV. DATE March 11, 1981 PREPARED BY David A. Spence, M.D.
 AGENCY Family Health
 PHONE 465-3100

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) M&B Approval [Signature] Date 5/12/81